



PROVIDER
DISCOUNT—SEE
INSIDE FOR DETAILS!

The 4th Annual RISE CALIFORNIA Summit

Best Practices for Successfully Managing
Risk and Driving Accountable Care

July 13-15, 2014 • Loews Coronado Bay • San Diego, CA

Key topics include:

- Risk Adjustment – revenue protection and coding accuracy
- CMS policy changes -- in-home assessment and where we go from here
- Health Insurance Exchanges – driving health reform market changes
- Accountable Care – bringing in new crops of providers
- Population health - leveraging Medicare Stars and Risk Adjustment
- Big Data – hot topic but what does it mean?
- NCQA – changing and taking the game up another level
- Workshops and case studies to share best practices
- Hospitalists - incorporating them into the care management program
- Onboarding and involving physicians to make accountability work
- Now for ICD-10: how is this going to work?
- Encounter Data for 2015: what will the impact be?
- Best practices running a Risk Adjustment shop



Keynote Address:

Has Your Team Adapted to the New HEDIS Standards and Audit Realities?

Paul Cotton, *Director of Federal Affairs*

NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA)

Recognizing the Financial and Regulatory Vortex in 2015 for Medicare Advantage

William MacBain, *Senior Vice President*

GORMAN HEALTH GROUP

Janet Fina, *Vice President, Risk Adjustment*

GORMAN HEALTH GROUP

Platinum



Gold



Silver



Bronze



Sponsors

TO REGISTER: CALL 866-676-7689 OR VISIT US AT WWW.FRALLC.COM/EVENTS/RISECALIFORNIA

Why You Cannot Miss This Event

Health reform and the regulatory cascade is gaining momentum and the ripple effects are impacting us in unforeseen ways, despite the broad stroke previews we have seen in the Affordable Care Act. This dynamic means that we have to stay abreast of an increasingly complex environment to understand the threats and risks as they emerge. But it also means that opportunities present themselves to nimble and adaptive plans and providers. Come and be sure these things are on your radar:

- 2015 CMS payment levels drop – revenue protection and coding accuracy are more important now than ever
- In-home assessments are threatened as diagnostic accuracy tools – the future of in-home assessment
- Health insurance exchanges – reshuffling insurance markets and the purchase decision power moves towards individual consumers
- Risk adjustment evolves as mainstream – health insurance exchange markets learn from Medicare Advantage and the whole process steps up and may spill over to Medicare
- Accountable care – now 40% of physicians are involved and it poses a sea-change for healthcare delivery
- Population health – the indispensable foundation for accountable care, yet so dependent on data accuracy and insights, while technology and big data emerge as crucial tools
- NCQA – changing and taking the game up another level
- Best practices – learning from one another, first-hand lessons learned and insights gained
- With all the changes, what does best practice look like running a Risk Adjustment shop?
- When is technical competence necessary but not sufficient by itself? What are the essential managerial competencies that have to be mastered in addition so it all comes together?

Come and absorb the information, but even better: come network with other plans and providers to build your own support network for the long run. Register today! Call 866-676-7689 or online at www.frallc.com/events/riseocalifornia.

Sincerely,

Kevin Mowll

Kevin Mowll, Executive Director

RESOURCE INITIATIVE & SOCIETY FOR EDUCATION

P.S. Join RISE and become a member of the RISE Network and take advantage of the benefits of a free standard membership!* Become a collaborator in the healthcare reform and accountable care movement. Please visit www.frallc.com/events/riseocalifornia

*for employees of health plans, insurers and providers

Who Should Attend?

Leaders and Senior Management from Medicare Advantage health plans, insurers, provider groups, pharmacy benefit managers, and ACOs from the following areas:

- Risk adjustment and HCC management
- Accountable care initiatives
- Quality improvement and performance management
- Care management integration
- Star ratings
- HEDIS/CAHPS/HOS
- Healthcare delivery reform strategies
- Provider relationship development and engagement
- Member outreach and engagement
- Medicare and government programs
- Product management and business development
- Analytics and data management
- Finance and revenue management
- Strategic planning
- Vendor management and purchasing of third party solutions
- Healthcare IT and infrastructure

Top Reasons to Attend

- Understand how Wall Street evaluates the future financial picture for the impact of healthcare reform on Medicare Advantage and insurers
- Get insights into the critical opportunities to protect CMS revenues
- Hear what is being done to adapt to shifting CMS policies around risk adjustment policies
- Learn about the way risk adjustment is morphing under the health insurance exchange market umbrella and its potential to spill over to Medicare
- See how insurers are positioning themselves in shift towards retail customer bases, and who is adapting best to this new reality
- Hear from provider organizations that envision a reformed and accountable model of healthcare delivery that incorporates nearly half of the providers in today's changing landscape
- Appreciate how the drive towards population health strategies is leveraging healthcare IT, big data strategies and physician engagement methodologies
- Hear from NCQA on how they view their role in shaping the way we define accountability
- Pick up insights and tips from hand-picked best practices showcase workshops
- Step back to look at the bigger picture on how to best operate a Risk Adjustment shop in today's dynamic and fast-paced environment
- Meet others who are ready to network with you and share their own experiences and insights during the event
- Make contacts that can provide you with your own network of peers for ongoing support and community once you return from the summit

Sunday, July 13, 2014

12:00 - 1:00

Workshop registration and networking
luncheon for workshop attendees and speakers



1:00 – 4:00

“RISE Best Practices” workshops

Workshop A: Optimizing HCC Coding

1:00 – 2:00 HCC Coding Best Practices: Managing Updates, Avoiding Errors and Educating Physicians and Staff

- What can be learned from different strategic responses to the model change?
- Managing issues with historic vs. current condition coding
- What techniques can you use to screen for discrepancies?
- Establishing a chart review protocol and best practices
- Why clinicians and HCC coders working together is critical to preventing errors
- Revitalizing your physician and staff education strategies
- Engaging providers in achieving coding accuracy and correct documentation of diagnoses
- Communication tools for overcoming coding inaccuracies for complex diagnoses, i.e. oncology, stroke and other acute issues
- Training providers and senior staff on ICD-10 documentation guidelines

2:00 – 2:15 Break

2:15 – 4:00 HCC Coding workshop: continued

Susan Wyatt, CPC, CPC-I, CPMA, CMM, *HCC Risk, Education and Auditing Manager*

CAREMORE / WELLPOINT

Workshop B: Optimizing the RA Program Management Process

1:00 – 2:00 Part One - Grassroots Strategies for Medical Records Centralization: Sharing between HEDIS and Risk Adjustment

- Practical experiences on what works and what doesn't
- A phased approach to building a best-practices model for medical records centralization

Camie Welch, *Director, Medicare Risk Adjustment*

WELLPOINT

2:00 – 2:15 Break

2:15 – 4:00 Part Two - Organizing and Optimizing the Risk Adjustment Program Operations: Industry lessons learned

- What kind of team do you need? Are you a technical or operational shop, or a hybrid?
- Organizational structure – what's the optimal structure for this madness?
- How do you manage the work? It's cyclical... but it's not
- There will always be vendors – how do you integrate them?
- Playing well with others – how do you lock-step with Stars, retention, IT, and other playmates?

Michelle Miller, Partner (former Vice President, Risk Adjustment, CIGNA /HEALTHSPRING)

MENLO FIELDS

1:00 - 4:00

Exhibitor set-up

5:00 - 6:30

Pre-conference registration and opening
night cocktail reception



= “Best Practice” sessions.

Exhibit Hours

Sunday, July 13, 2014

1:00-4:00 Exhibit Set-Up

Monday, July 14, 2014

8:00a-6:30p Exhibit Hall Open

6:30p Exhibit Hall Closes

Tuesday July 15, 2014

8:00a-4:00p Exhibit Hall Open

4:00p Exhibit Hall Closes and Tear Down

TO REGISTER: CALL 866-676-7689 OR VISIT US AT WWW.FRALLC.COM/EVENTS/RISECALIFORNIA

Monday, July 14, 2014

8:00 – 8:30

Registration sponsored by



Breakfast sponsored by



8:30 – 8:45 Chairperson's Welcome and Opening Remarks

- RISE – the association and what we are doing for members
- A call for community and collaboration

Kevin Mowll, *Executive Director*

RESOURCE INITIATIVE AND SOCIETY FOR EDUCATION (RISE)

8:45 – 9:30 Opening Featured Address: Recognizing the Financial and Regulatory Vortex in 2015 for Medicare Advantage

CMS payment rates are taking a steep drop from 2014 while the Medicare Stars payment rates drop dramatically with the expiration of the Stars Demo. Potential changes to CMS risk adjustment could also hurt revenues. What are the implications for MA plans and their at-risk partners? What are we advised to do?

William MacBain, *Senior Vice President*

GORMAN HEALTH GROUP

Janet Fina, *Vice President, Risk Adjustment*

GORMAN HEALTH GROUP

9:30 – 10:10 Innovation Transforming Quality Improvement and Risk Score Accuracy

- How the role of advanced data analytics coupled with highly targeted interventions is creating a seamless healthcare experience to provide value to the consumer
- Implementing big data analytics to drive objective improvement in clinical and quality outcomes, care management, and financial performance

- Overcoming significant challenges with EHR interoperability to embed patient-specific gaps to the point-of-care and automate medical record review
- What resulting innovations in technology could further impact the healthcare industry landscape?

Eric Sullivan, *Vice President Innovation & Data Management*

INOVALON

10:10 – 10:30

Morning Break sponsored by



10:30 – 11:15 Connecting Stars, Risk Adjustment, Quality & Care Delivery

- Some gaps aren't meant to be "closed" – why narrowing the gap is good for the patient and the plan
- A gap is not a gap when it's a medication adherence measure
- Creating composite measures that incorporate quality and risk adjustment
- Applying Stars to improve care delivery: the case of avoidable hospitalizations and preventable emergency department encounters
- Using HCC risk adjustment for non-payment applications

Richard Lieberman, *Executive Vice President, Plan Strategy*

PEAK HEALTH SOLUTIONS

11:15 – 11:50 RADV: A View from the Trenches: Extrapolation Risk Gets Real

- What are the financial risks now that extrapolation is really happening?
- What are some of the wild cards that remain?
- What are some critical retrospective and prospective RADV risk mitigation strategies?
- What are the most common over-coding and miscoding scenarios and what steps can prevent these in the future?

Dr. Richard Bernstein, *Chief Medical Advisor,*

MEDXM

Sy Zahedi, *President and Chief Executive Officer*

MEDXM

11:50 – 1:00 Networking Luncheon sponsored by



Track A

Track B

1:00 – 2:00 Leveraging the Hospitalist

Learn what to include in your own hospitalist program or how to leverage your contracted groups to improve outcomes and reduce costs for your highest-risk members.

- Learn the latest post-discharge innovations
- Enhance patient safety and quality of care
- Decrease unnecessary readmissions
- Reduce avoidable returns to the emergency department
- Explore ER diversion opportunities

1:00 – 2:00 ACOs Go Forward: Lessons Learned and Mapping the Future

- Practical experiences on what works and what doesn't - implications going forward
- How would you describe the before and after view of the provider organization as you took on the ACO initiative?
- What are the most critical changes in practice management that must change to enable the accountability mission to take root?
- What has made the biggest impact so far?

- Upgrade discharge planning functionalities
- Improve continuity of care and transitions across care settings
- Facilitate access to sub-specialty and post-acute follow-up services
- Fast-track post-discharge appointments
- Improve end-of-life care by focusing on palliative care

W. Dennis Young, MD, FAAFP, *Chief Medical Officer*

CENTRAL FLORIDA INPATIENT MEDICINE

Ana Handshuh, *Vice President, Managed Care Services*

CENTRAL FLORIDA INPATIENT MEDICINE

2:00 – 2:40 Evolving Member Engagement Programs to new CMS policies

Learn what plans need to do in order to drive improved quality of care and risk adjustment efforts

- Improve member engagement
- Tools to help coordinate care with PCPs and the health plan
- Continued engagement post assessments

Kevin J. Kearns, MD, *Chief Medical Officer*

ADVANCE HEALTH

- What are the remaining challenges to overcome?

Jordan Hall, *Director of Population Health Management and Comprehensive Care Coordination*

UCLA MEDICAL GROUP

Dr. Robert Janett, *Medical Director*

MT. AUBURN CAMBRIDGE IPA (MACIPA)

Jennifer Jackman, *Chief Operating Officer*

MEMORIALCARE MEDICAL FOUNDATION



2:00 – 2:40 Getting the Physicians to Play: Case Studies in Engagement and Participation in Accountable Care

- What were the triggers and what convinced the physicians to start down the ACO path?
- What have been the biggest hurdles?
- What are the biggest “wins” so far?

Mary Folladori, *System Director, Care Management*

MEMORIAL HERMANN PHYSICIANS NETWORK

Lisa Gintner-Sasko, *Managing Director, Physician Alignment and Program Innovation*

EVOLVENT HEALTH

2:40 – 3:00

Afternoon Break sponsored by



Track A

Track B



3:00 – 3:45 Now What? Implications and the Future of Retrospective and Prospective Risk Adjustment

- With the changes in CMS risk adjustment policies, how should we adapt?
- Core competencies change as risk adjustment gets more complex
- Industry trends: how are players adapting?
- Agency trends: where is CMS headed on risk adjustment?
- The growing role of compliance - reconfiguring your department

David Meyer, *Consultant*

BLUE SHIELD OF CALIFORNIA

Ryan Peterson, *Regional Vice President, Sales*

RECORDFLOW

3:45 – 4:30 Concurrent Diagnostic Coding to Optimize Accuracy and Documentation

- How effective is physician coding education in achieving sustained optimal coding?
- What kind of administrative cost does it take to hire coders to keep up your quality efforts?
- What are some early results in real time coding efforts?

Speaker TBA

APIXIO

3:00 – 3:45 Risk Adjustment for the Health Insurance Exchanges: It's a Different Game

- What are the key differences between CMS risk adjustment and HHS risk adjustment on the Exchanges?
- How does it play out and what are the implications for the risk adjustment world?
- How will risk adjustment shops adapt to the shorter time cycles for the Exchanges?

Hovannes Daniels, *Vice President, Risk Adjustment and Information Management*

KAISER PERMANENTE

3:45 – 4:30 Fully Integrated Dual Eligible SNPs: Where Are the Successes?

- Why would a state pursue FAD vs. D-SNP?
- Why have states dropped out of FAD and what are they doing instead?
- What is the experience so far and who has some wins to show?
- What are best practices in either model?
- What's next up in serving dual eligibles based on marketplace experience?

Meryl Price, *President*

HEALTH POLICY MATTERS

4:30 – 5:30 Select Three Roundtables to Hear the Industry's Most Dynamic Innovators Discuss Technologies and Solutions for Supporting Your Plan's Initiatives

In an informal, "speed-dating" format, health plans are encouraged to participate in this special opportunity to hear three unique presentations. Each roundtable will feature the newest technologies and quality management solutions available to support your plan's endeavors. You will hear a bell ring three times within this special 60 minute session, alerting you to transition to your next roundtable selection.

Roundtable A:	HealthPort
Roundtable B:	Inovalon
Roundtable C:	Peak
Roundtable D:	MedSave USA
Roundtable E:	ComplexCare Solutions
Roundtable F:	CareNet
Roundtable G:	Medical Data Exchange
Roundtable H:	PopHealthCare

Please contact
Kevin Weigel at
704-341-2448
or kweigel@
healthcare-
conferences.com

5:30 – 6:30 Cocktail Reception Sponsored by



Tuesday, July 15, 2014

8:00 – 8:30 Breakfast sponsored by **MED XM**

8:30 – 8:45 Chairperson's Welcome and Recap of Day One

Kevin Mowll, *Executive Director*

RESOURCE INITIATIVE AND SOCIETY FOR EDUCATION

8:45 – 9:30 Keynote Address: Has Your Team Adapted to the New HEDIS Standards and Audit Realities?

- What is changing with HEDIS going forward?
 - New measures and stronger audits
- What are the implications for health plans and provider organizations?
 - Increasing focus on accuracy
 - Increasing focus on resource use/misuse
 - Increasing impact in Medicare P4P for plans & providers
 - Preparing for broader consumer use with more Exchange quality ratings in 2016
- Tool for improving results
- PCMH, PCSP, ACOs, patient engagement, focus on high-need patients



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

9:30 – 10:30 After the Noise, Where Are We Going with Health Insurance Exchanges?

The first round of play has concluded and the first waves of enrollment have arrived. This session will examine:

- 2015 bids – what are we expecting to see?
- How are the state decisions about state sponsored and federal exchange options and Medicaid expansion alternatives going to play out in 2015?

- What is the future looking like for public and private exchanges for individuals and small business?

Rosemarie Day

DAY HEALTH STRATEGIES

Adam Pittler, *Senior Product Manager*

UPMC HEALTH PLAN

10:30 – 10:45 Morning Break sponsored by **ECS**



10:45 – 11:20 How to Properly Manage a Risk Adjustment Program

- Due to financial tightening in the Medicare Advantage market, health plans must ensure optimal performance while maintaining compliance.
- Should MA and HIX risk adjustment programs be managed separately, or under the same umbrella?
- The importance of superior analytics in Risk Adjustment
- The critical role that clinicians/physicians play in Risk Adjustment.

Susan Chaffin, *Director, Medicare Advantage Revenue Management*
DST HEALTH SOLUTIONS



11:20 – 12:10 Best Practices in Running a Risk Adjustment Shop: What Works and What Just Doesn't

- The accountability question: Revenue is everybody's business – what do you own?
- Communicating complexity: You have 10 minutes on the executive agenda - make it count
- Managing across: Know your dependencies and manage them
- Managing up: Where are you in the organization? Educate, educate, educate

Michelle Miller, *Partner (former Vice President, Risk Adjustment, CIGNA /HEALTHSPRING)*

MENLO FIELDS

Kim Reid, *Director of Risk Adjustment, Quality*
MOLINA HEALTHCARE

12:10 - 1:30 Networking Luncheon Sponsored by **DST**

Track A

1:30 – 2:15 Realignment of the Stars: 2015 is a Game Changer

- Now that the CMS demo is over, who are the winners and the losers?
- How should we be thinking about Stars strategies now?
- With changes from NCQA, what are the implications?

Eric Cahow, *Vice President for Medicare Revenue*
WELLPOINT

Ryan McKeown, *STARS and Quality Product Manager*
OPTUM

Track B

1:30 – 2:15 ICD-10: How Is It Going to Pan Out?

- Where are we in the conversion and are we going to make it?
- How does the switch impact risk adjustment and quality?
- How to mitigate the impact of poor provider readiness on risk scores
- What analytics can help finance prepare for the revenue impact?
- Short term and long term budgeting for the hidden costs of ICD-10 and risk adjustment

Sid Hebert, *Executive Director, ICD-10 Program*
HUMANA

Lisa DiSalvo, *Senior Director, Product Development*
ALTEGRA

2:15 – 2:30

Afternoon Break Sponsored by



2:30 – 3:15 Innovate or Disintegrate! Take Action or Watch Your Margins Erode

- Big data and non-traditional data sources improve accuracy and predictions about individual member profiles
- Modern informatics and analytics revolutionize risk adjustment
- Real-time data processing and business intelligence reduces delay between interventions, increasing program performance
- Innovative and personalized strategies significantly reduce cost and improve financial performance

John Criswell, *Chief Executive Officer*
PULSE8

3:15 – 4:00 Coding Guidelines and Policies for Risk Adjustment

- What guidance does CMS offer with respect to standardization of coding for risk adjustment?
- Variance and organization-specific policies currently in play across the industry
- Similarities and differences amongst Medicare, Medicaid and Commercial risk adjustment coding
- Implications of ICD-10 for risk adjustment coding

Tim Buxton, MBA, CPC, CPC-H, CHP, *AHIMA-Approved ICD-10-CM/PCS Trainer, Director, Coding Services*
EPISOURCE LLC

2:30 – 3:15 Encounter Data for 2015 for MA Payment

- What impact will this have on payments?
- How should health plans and providers adjust?
- Where are the opportunities and risks?

Jeff Meyers, *Director, Product Development*
DYNAMIC HEALTHCARE SYSTEMS

3:15 – 4:00 Session TBA

Rave Reviews:

"Great networking. Good topics." – William Hammock, Oliver Wyman

"Informative topics on what currently or what will be occurring in risk adjustment." – Lyn Lourenco, **Health New England**

"Very well put together and relevant topics." – Maraland New, **Tufts Health Plan**

"Wealth of very relevant and timely information; great speakers and venue." – Dawn Carter, **Verisk Health**

"Liked the combination of MA and Commercial risk adjustment, and opportunity to learn more about quality and case integration methods." – Daniel Claas, **Blue Cross Blue Shield South Carolina**

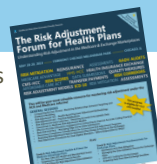
4:00 Conference Concludes

Media Partnership



Upcoming Related Events

The Risk Adjustment Forum for Health Plans
May 28-29, 2014
Chicago, IL



The 4th Annual Star Ratings Leadership Summit
June 30-July 1, 2014
Chicago, IL



TO REGISTER: CALL 866-676-7689 OR VISIT US AT WWW.FRALLC.COM/EVENTS/RISECALIFORNIA

Our Renowned Speaking Faculty

Susan Wyatt, CPC, CPC-4, CPMA, CMM, HCC

Risk, **CAREMORE/WELLPOINT**

Camie Welch, **WELLPOINT**

Michelle Miller, **MENLO FIELDS**

Kevin Mowll, **RESOURCE INITIATIVE AND SOCIETY FOR EDUCATION (RISE)**

William McBain, **GORMAN HEALTH GROUP**

Janet Fina, **GORMAN HEALTH GROUP**

Eric Sullivan, **INOVALON**

Richard Lieberman, **PEAK HEALTH SOLUTIONS**

Richard H. Bernstein, MD, FACP, **MEDXM**

Sy Zahedi, **MEDXM**

W. Dennis Young, MD, FAAFP, **CENTRAL**

FLORIDA INPATIENT MEDICINE

Ana Handshuh, **CENTRAL FLORIDA INPATIENT MEDICINE**

Kevin J. Kearns, MD, Chief Medical Officer,

ADVANCE HEALTH

David Meyer, **BLUE SHIELD OF CALIFORNIA**

Ryan Peterson, **RECORDFLOW**

Speaker TBA, **APIXIO**

Jordan Hall, **UCLA MEDICAL GROUP**

Dr. Robert Janett, **MT. AUBURN CAMBRIDGE IPA (MACIPA)**

Jennifer Jackman, **MEMORIALCARE MEDICAL FOUNDATION**

Mary Folladori, **MEMORIAL HERMANN PHYSICIAN NETWORK**

Lisa Gintner-Sasko, **EVOLVENT HEALTH**

Sid Hebert, **HUMANA**

Lisa DiSalvo, **ALTEGRA**

Meryl Price, **HEALTH POLICY MATTERS**

Rosemary Day, **DAY HEALTH STRATEGIES**

Adam Pittler, **UPMC HEALTH PLAN**

Susan Chaffin, **DST HEALTH SOLUTIONS**

Kim Reid, **MOLINA HEALTHCARE**

Eric Cahow, **WELLPOINT**

Ryan McKeown, **OPTUM**

John Criswell, **PULSE8**

Tim Buxton, MBA, CPC, CPC-H, CHP, AHIMA-

Approved ICD-10 CM/PCS, **EPISOURCE**

Hovannes Daniels, **KAISER PERMANENTE**

Jeff Meyers, **DYNAMIC HEALTHCARE SYSTEMS**

Keynote – Paul Cotton, Director of Federal Affairs, **National Committee for Quality Assurance (NCQA)**

Paul Cotton is the Director of Federal Affairs at the National Committee for Quality Assurance, which works to improve the value of health care through measurement, transparency and accountability. NCQA is the steward of HEDIS - the most widely used set of clinical quality measures, as well as the nation's leading Patient-Centered Medical Home and performance-based Health Plan Accreditation programs.

Paul was previously Senior Legislative Representative at AARP, where he lobbied Congress and the Administration on Medicare, Medicaid, CHIP, health reform and quality. He also served as the Center for Medicare & Medicaid Services Office of Legislation Hearings & Policy Presentation Director and Associate News Editor for the Journal of the American Medical Association.

The Conference Organizers



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



RISE (Resource Initiative & Society for Education)
Vision:

To build a community and an educational system that promotes successful careers for professionals who aim to advance the quality, cost and availability of health care.

RISE provides:

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

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



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.frallc.com/events/riseocalifornia

The 4th Annual RISE California

Summit

Best Practices for Successfully Managing Risk and
Driving Accountable Care

July 13-15, 2014

Loews Coronado Bay
4000 Loews Coronado Bay Road
San Diego, CA 92118
p: 800-235-6397

Notes: We have a block of rooms reserved at a special rate of \$219/night. This rate expires on June 19, 2014 although we expect the block to sell out prior to this date. To receive a room at the negotiated rate book well before the expiration date. Mention the "RISE Summit" when placing your room reservation by phone to receive the negotiated rate. We urge you to book your room early as we expect the block will sell out. Upon sell out of the block room rate and availability will be at the hotel's discretion. Please call 800-235-6397 to book your room



Fees and Payments

The fee for attendance one of the optional pre-conference Best Practices workshops on July 13 *and* the RISE California Summit on July 14-15 is:

- \$1795 (non-profit/government/provider)*
- \$2095 (health plan /provider)*
- \$2395(service provider / consultant)

The fee for attendance at the 4th Annual RISE California Summit on July 14-15 is:

- \$1395 (non-profit/government/provider)*
- \$1795 (health plan /provider)*
- \$2095(service provider / consultant)

*Subject to FRA approval

Please make checks payable to Healthcare Education Associates, and write code H205 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 7,

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 Whitney Betts at 704-341-2445 or wbetts@healthcare-conferences.com**

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.



CPE CREDITS: Healthcare Education Associates is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be submitted to the National Registry of CPE Sponsors through its website: www.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

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



Inovalon is a leading technology company that combines advanced data analytics with highly targeted interventions to achieve meaningful impact in clinical and quality outcomes, utilization, and financial performance across the healthcare landscape. Inovalon's unique achievement of value is delivered through the effective progression of Turning Data into Insight, and Insight into Action®. Large proprietary datasets, advanced integration technologies, sophisticated predictive analytics, and deep subject matter expertise deliver a seamless, end-to-end platform of technology and nationwide operations that bring the benefits of big data and large-scale analytics to the point of care. Driven by data, Inovalon uniquely identifies gaps in care, quality, data integrity, and financial performance – while also bringing to bear the unique capabilities to resolve them. Touching more than 540,000 physicians, 220,000 clinical facilities, and more than 140 million Americans, this differentiating combination provides a powerful solution suite that drives high-value impact, improving quality and economics for health plans, ACOs, hospitals, physicians, patients, and researchers.



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

Gold Sponsors



Matrix Medical Network. Quality, care and access are three constant pillars in the rapidly changing health care market. Capturing comprehensive diagnoses are key components of those pillars. And Matrix Medical Network, with the largest national network of Nurse Practitioners, is the leader in identifying gaps in care, medication compliance, social needs and safety issues in an environment where the member is most comfortable—in the home or skilled nursing facility. Because our leading health risk assessments evaluate the whole person, member satisfaction averages above 98 percent and the results change lives. But Matrix doesn't stop at just assessments. Our expanded analytical and clinical capabilities are helping health plans across the country get ready for the next wave of health care reform. We help health plans change lives one member at a time.



DST Health Solutions, LLC, delivers contemporary healthcare technology and service solutions that enable clients to thrive in a complex, rapidly evolving market. Providing business solutions developed from a unique blend of industry experience, technological expertise, and service excellence, we assist our clients in improving efficiencies while also effectively managing the processes, information, and products that directly impact quality outcomes. Our portfolio of services and solutions, which includes enterprise payer platforms, population health management analytics, care management, and business process outsourcing solutions, are designed to assist clients in successfully managing their most important business functions while facilitating strategic and financial growth. We specifically support commercial, individual, and government-sponsored health plans, health insurance marketplaces, and healthcare providers in achieving the goal of affording the best possible care to their members each and every day. DST Health Solutions, LLC, is a wholly-owned subsidiary of DST Systems, Inc.



ComplexCare Solutions (CCS). Optimizing the Power of Face-to-Face Prospective Health Assessments to enhance revenue, close star gaps and decrease hospitalizations. CCS delivers top-tier suspect identification, prospective assessments and care management services in all 50 states and Puerto Rico. Importantly, CCS leverages the value of its face-to-face assessments to support your members and your business goals—like the production of Impactable Care Plans and the closure of targeted Star Measure gaps. Impactable Care Plans with evidence based interventions resolve issues like medication reconciliation, medication adherence, provider follow-up appointments, and social network needs—that contribute most to avoidable hospital admissions and readmissions. Our people and technology provide the experience and information your business needs to meet your revenue management goals, increase member satisfaction and help expense management.



Apixio is the leading provider of Big Data analytic solutions for risk-bearing healthcare organizations seeking to optimize costs and outcomes. Apixio transforms coded, textual and scanned data into real-time insights that enhance risk assessment, population management and reimbursement. Apixio's solutions seamlessly integrate into clinical and administrative workflows, allowing clients to reap immediate benefits and achieve continued success in a rapidly changing healthcare environment.



Advance Health is dedicated to assisting health insurance companies navigate the challenges of the current and future environment by helping members lead healthy and productive lives. Advance Health offers prospective health risk assessment, readmission prevention and care management services. Our providers capture data about members using our proprietary iPad application. Electronic capture means data needed for a prospective campaign, HEDIS capture or care management initiatives are available almost instantly in a searchable database. We partner with our clients to offer real-time reporting and transparency into our operations.

RecordFlow is an emerging industry leader who is focused on providing best in class, cost effective Revenue and Quality solutions for our health plan customers. Our robust technology suite and our team's expertise and strong focus on operational excellence allow our clients the confidence to focus on their core business while knowing that their project is getting done right, the first time. We partner with health plans to satisfy their Revenue and Quality objectives including:



- Retrospective Chart Reviews
- RADV / Data Validations
- HEDIS MRR
- ACO Quality Review
- STAR Ratings
- Record Retrieval
- Member Outreach

Founded in 2005, RecordFlow is privately held and headquartered in Orange County, CA. Our mission is to help our clients increase revenues and reduce costs, without compromising quality.



Episource is a knowledge process management company that offers flexible, high quality solutions for the healthcare industry. With many years of diverse experience, we deliver value-added services in medical coding and record retrieval that enable healthcare payers to dramatically cut costs and improve quality objectives through an integrated global delivery methodology. Using onshore and offshore Medical Professionals, Clinicians, and Certified Coders, Episource is able to provide extensive and quality Medical Chart Audits—Retrospective/Prospective—with significant cost savings to increase ROI on organizations' Risk Adjustment Programs.

Integrated Service Offerings

- Certified/clinical coders (CPC) for in-depth focused retrospective chart reviews
- Reporting of Missed / Inferred / Embedded codes
- Coding Prospective Assessment forms
- Data Validation and RADV Support
- Extensive reporting capabilities for HCC coding
- Medical Records Retrieval—Fax/Mail/Onsite
- Key coding and documentation errors highlighted
- improvement opportunities and physician education—Prospective Approach



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.



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

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

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



Altegra Health is a leading provider of technology-enabled business and consulting services that improve health plan and provider organization performance by aligning proven revenue, quality and care management solutions with clients' existing capabilities. Altegra Health enhances enrollee and provider experience, strengthens compliance and improves operations through integrated solutions focused on program assistance, risk adjustment and healthcare enhancement, as well as reimbursement and advisory services. For more information, visit AltegraHealth.com.



Health Data Vision, Inc. provides a Software-as-a-Service platform addressing the critical and rapidly changing needs around clinical data collection and analytics. Solutions and services address the increasingly co-dependent functions of Quality (HEDIS), Medicare Advantage 5-STAR, Risk Adjustment and Care Management, as well as strategic Revenue Optimization for Payers and ACOs.

Health Data Vision, Inc. offers new and flexible approaches for Payers and Providers alike. Innovation and automation span everything from Medical Records retrieval, chart abstraction and coding, to audit preparation and audit defense. The scalability of HDVI's platform allows payers and providers to complete their critical initiatives with the flexibility to meet their needs and circumstances, while leveraging technology and best practices to achieve outstanding results. HDVI's patent-pending, process-centric approach provides unprecedented quality control and audit response features, as well as real-time analytics on clinical and project metrics — all critical components for success in the newly emerging healthcare landscape.

Health Data Vision, Inc. has offices in California and Massachusetts, with clients throughout the United States.

AE & Associates, LLC, is a premier healthcare staffing, auditing, consulting and education firm with 11+ years experience in providing quality medical records coding services, as well as chart scanning. We guarantee a 95% accuracy rate in medical coding, staff physician auditing the auditors, we understand and implement CMS guidelines and specialized in Hierarchical Condition Categories. www.aeandassociatesllc.com.

Services

- HCC Risk Adjustment Retrospective and Prospective Chart Reviews - correct coding to the highest specificity, based on the provider documentation, to maximize risk scores
- Coder education on HCC Risk Adjustment criteria for coding and documentation
- Physician education on documentation and coding for HCC Risk Adjustment
- Mock RADV audits

Gorman Health Group (GHG) is a national health care and federal programs consultancy staffed by subject matter experts, former health plan executives, and seasoned regulators. For over 16 years, hundreds of clients serving millions of consumers have leveraged GHG's strategic counsel, technology, and knowledge-based solutions to achieve growth objectives, maximize and maintain compliant operations, improve market positions, develop new market opportunities, advance profitability, and provide timely, industry-based content and education. GHG's solutions continually evolve to meet the needs of our clients. Find out more at www.gormanhealthgroup.com.



Silver Sponsors

HealthPort is the largest provider of release of information services and technology, servicing over 10,000 healthcare facilities nationwide including hospitals, health systems, physician practices and clinics. Our renowned technology and HIPAA-trained staff work in harmony to facilitate the compliant exchange of protected health information.

HealthPort's Health Records Solutions (HRS) division offers complete automation of the request and delivery of medical records located within HealthPort's expansive database directly to health plans and other users of health information. The HealthPort HRS streamlined, electronic process prioritizes requests, increases turnaround time, reduces operational expenses, and provides higher quality chart images. Contact: Jeannie Hennum – jeannie.hennum@healthport.com, 770-360-1870.

Optum is a health services company with more than 35,000 people dedicated to making the health system work better for everyone. Our solutions and services are used at nearly every point in the health care system, from provider selection to diagnosis and treatment, and from network management, administration and payments to the innovation of better medications, therapies and procedures.

Our clients and partners include those who promote wellness, treat patients, pay for care, conduct research and develop, manage and deliver medications. With them, Optum is helping to improve the delivery, quality and cost effectiveness of health care.

MedSave USA is a full-service provider of Risk Adjustment services, offering a suite of Analytics, Record Retrieval, Prospective Home Assessments, and Coding products. These services are offered on a unique and proprietary technology platform that is designed for excellence in results, quality, and transparency. MedSave recognizes the importance of performance in these critical endeavors and provides the most and the deepest performance guarantees in the industry. We financially guarantee success in yield, timing, ROI, provider satisfaction, accuracy, quality and more. Further, we provide full transparency into all that we do for clients; allowing them to adapt quickly and maximize financial and clinical results. This includes unfiltered access to back-end systems, enabling clients to see – in real time – the smallest details of their projects' status. MedSave serves most of the top national health plans as well as many regional and local plans.

Since 1985, **Medical Data Exchange (MDX)** has been serving the Healthcare Industry by creating systems that process healthcare fiscal and clinical data. MDX provides a suite of products consisting of MAX II (hospital claims system), AXIS Physician Practice Management, VChart (EHR), AXIS IPA Management (IPA/MSO/TPA management system), HCC Manager (risk adjustment), P4P, and integrated Case Management systems to support hospitals, health plans and physician organizations. Our systematic applications assist healthcare organizations to move toward integrated healthcare data management in order to optimize quality of care and cost-effective models of care management. For more information call MDX Business Development at (562) 256-3800.

Pulse8 is a cutting-edge healthcare technology and analytics provider that delivers an unprecedented view into risk adjustment so health plans can achieve the highest financial impact in the Commercial Health Exchanges and Medicare Advantage markets. Its proprietary algorithms move beyond traditional methods and data sources to make predictions about what individual members require next, ultimately closing gaps in care and increasing precision with risk adjustment initiatives. Pulse8 offers innovative and unique methodologies in its Health Exchange Suite™ to ensure its clients outperform the marketplace. Its transparent and flexible business intelligence tools give real-time visibility into member and provider behaviors allowing clients to apply the most cost-effective and appropriate interventions. For more company information, please contact Pulse8 at (410) 928.4218 or visit <http://www.Pulse8.com> and follow Pulse8 on Twitter at <https://twitter.com/Pulse8News>

ECS is the nation's largest and most secure provider of medical record retrieval services. ECS processes more than 2 million medical records retrieval requests from 65,000 physician offices annually. ECS's 2,000+ on-site retrieval personnel and 200 person call center leverage the industry's most proven and robust technology platform to ensure customer and provider satisfaction with the retrieval process. In addition to retrieving paper and electronic medical records for Medicare & Medicaid Risk Adjustment, HEDIS and RADV audits, ECS can distribute and retrieve any document from any provider office at any time.

Carenet Healthcare Services partners with leading Medicare Advantage Health Plans across the country. By teaming consumer marketing and clinical expertise with progressive technology, we are able to increase member engagement to improve clinical, operational, and financial outcomes.

Our Medicare Star Advantage program is designed to help plans optimize revenue, manage risk, reduce costs and sustain growth. Using a year-round proactive outreach strategy, the solution delivers guaranteed results Medicare Advantage Plans need to thrive.

At **PopHealthCare**, our mission is simple – help higher risk individuals live healthier lives.

Crucial to that mission is our capacity to reengineer the system so that improved patient care and improved cost management can exist in harmony. We believe that sophisticated analytics coupled with properly funded, compassionate clinical care can improve the health of populations, one person at a time.

Your Home Advantage is leading the way in Clinical Outcomes and Member Health by bridging the gap between the physicians' office and the patients' home. Our services include, Chronic Care Program, Health Risk Assessments and Chart Reviews. Our Chronic Care program facilitates an in-home delivery model to promote patient self-management and education through a personalized care plan. The program includes social services as well as 24-hour access to a YHA clinician. YHA's Health Risk Assessments are conducted by MRA trained clinicians to clarify current health status and identify opportunities for intervention. For more information contact Dr. Martin Santiago, CMO at MSantiago@homeadvantageinc.com.

Symphony Performance Health (SP-H) provides powerful data, applications, analytics, and consulting to providers and payer organizations to help them gain insights into their patient populations, physicians and clinicians practice patterns, measure, analyze and take action that will assist them in transforming their environments while improving overall patient care.

Informatica Corporation (Nasdaq:INFA) is the world's number one independent provider of data integration software. Organizations around the world rely on Informatica to realize their information potential and drive top business imperatives. Informatica Vibe, the industry's first and only embeddable virtual data machine (VDM), powers the unique "Map Once. Deploy Anywhere." capabilities of the Informatica Platform. Worldwide, over 5,000 enterprises depend on Informatica to fully leverage their information assets from devices to mobile to social to big data residing on-premise, in the Cloud and across social networks. For more information, call +1 650-385-5000 (1-800-653-3871 in the U.S.), or visit www.informatica.com/healthcare



Bronze Sponsors



TO REGISTER: CALL 866-676-7689 OR VISIT US AT WWW.FRALLC.COM/EVENTS/RISECALIFORNIA

THE 4th ANNUAL RISE CALIFORNIA SUMMIT

Best Practices for Successfully Managing Risk and Driving Accountable Care

To Register:

Fax: (704) 341-2641
Call: (866) 676-7689
Online: www.frallc.com/events/risecalifornia.com
Mail: Healthcare Education Associates
18705 NE Cedar Drive
Battle Ground, WA 98604

**Please Mention
This Priority Code
When Registering**



The fee for attendance at the optional pre-conference Best Practices workshop on July 13 and the RISE California Summit on July 14-15 is:

- ☐ Yes! Please register me - \$1795 (non-profit/government/provider)*
☐ Yes! Please register me - \$2095 (health plan)*
☐ Yes! Please register me - \$2395 (service provider / consultant) The fee for attendance at the 4th Annual RISE California Summit on July 14-15 is:
☐ Yes! Please register me - \$1395 (non-profit/government/provider)*
☐ Yes! Please register me - \$1795 (health plan)*
☐ Yes! Please register me - \$2095 (service provider / consultant)

Signature: _____

Name _____ Title _____

Company _____ Dept. _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax: _____

Email _____



Healthcare Education Associates

200 Washington St. Ste 201

Santa Cruz, CA 95060

Attention Mailroom:

If undeliverable, please forward to the
**Director of Risk Adjustment, Quality
or Revenue Mangement**

PRSRT STD
U.S. POSTAGE
PAID
VILLANTI
MAILED FROM 05401

Please bill my: ☐ MasterCard ☐ Visa ☐ Amex ☐ Discover

Card number: _____

Exp. Date: _____ Name on Card: _____

Signature: _____

☐ Check enclosed ☐ Please bill me later

Make checks payable to Healthcare Education Associates, and write **H205** on your check.

Please mention your priority code when registering:



Conference Code: H205

*Subject to FRA approval

Healthcare Education Associates
and the Resource Initiative and
Society for Education present



**PROVIDER
DISCOUNT—SEE
INSIDE FOR DETAILS!**

The 4th Annual RISE CALIFORNIA Summit

Best Practices for Successfully Managing
Risk and Driving Accountable Care

July 13-15, 2014 • Loews Coronado Bay • San Diego, CA

TO REGISTER: CALL 866-676-7689 OR VISIT US AT WWW.FRALLC.COM/EVENTS/RISECALIFORNIA