HEALTHCARE EDUCATION ASSOCIATES PROUDLY PRESENTS THE

5th ANNUAL

STAR RATINGS LEADERSHIP SUMMIT

ACHIEVING & MAINTAINING OPTIMAL QUALITY PERFORMANCE WITH MEANINGFUL ENGAGEMENT, DATA ANALYSIS & STAKEHOLDER COLLABORATION

JUNE 17-19, 2015 | SAN ANTONIO MARRIOTT RIVERCENTER | SAN ANTONIO, TX

Expert-Led Sessions will address:

- Opening Address: The Future of Stars – Updates to measures and Scoring Methodology Modifications
- Featuring Four & Five Star Plans: Stellar Take-Aways from High-Achievers
- Tackling Challenging Measures: Novel Approaches to Moving the Ratings Needle
- Success Management: We've Reached the Peak - Now How Do We Stay Here?
- Special Focus Group: Hear Directly from Actual Medicare Advantage Members
- Focus on Special Needs Plans: Stars Success When Managing Difficult Populations
- Part D: Respecting the MTM and Stars Relationship
- Improving CAHPS/HOS Outcomes for Star Ratings Optimization
- HEDIS Improvement Strategies
- Featured NCQA Session: The Evolution of Measures and Strategies for Improving Results
- Provider Buy-In: Revitalizing the Plan/Physician Partnership to Boost Stars

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Develop a Blueprint to Rank Among the Highest-Rated Plans!

With quality aims shifting yearly, reaching and maintaining peak Star Ratings performance continues to be an ongoing challenge. Take control of your plan's quality initiatives and head toward reaching 5 Stars! Join us for the 5th Annual Star Ratings Leadership Summit for the latest developments in:

- Scoring methodology
- New, updated and retired measures
- Mastering Part D initiatives
- Best practices for reaching stellar Stars performance across all measures
- Maintaining high ratings once you have reached the peak
- Improving Stars outcomes when working with both MA and SNP populations

Don't miss the opportunity to hear from and network with plan leaders who have achieved 4 & 5 Stars overall, as well as for difficult-to-impact measures. Join us in historic San Antonio, TX for the industry's premier Star Ratings Summit! Reserve your spot today!

Call 866-676-7689 or online at www.healthcare-conferences.com.

Sincerely,

Tracy Bidot

Tracy Bidot, *Conference Director*
HEALTHCARE EDUCATION ASSOCIATES

P.S. Don't miss the pre-conference Performance Boosting workshop – A STAR RATINGS PRIMER: BUILD A FOUNDATION ESSENTAL TO YOUR QUALITY INITIATIVES - the ideal jumpstart to your learning experience!

P.P.S. Co-located with
Coding Clinic: Coding for Audit Readiness

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 enabling healthcare professionals working in organizations and aspiring to meet the challenges of the emerging landscape of accountable care and health care reform. We strive to serve our members on four fronts: Education, Industry Intelligence, Networking and Career Development. To learn more about RISE and to join, visit us online: www.risehealth.org

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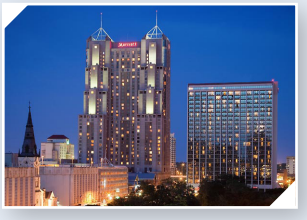

VENUE DETAILS

San Antonio Marriott Rivercenter
101 Bowie Street
San Antonio, Texas 78205-3901
210-223-1000

We have a limited number of hotel rooms reserved for the conference. The negotiated room rate of $169 per night will expire on May 17, 2015 although we expect the block to sell out prior to this date. To ensure you receive a room at the negotiated rate book well before the expiration date. Upon sell out of the block room rate and availability will be at the hotel's discretion.

ABOUT THE VENUE

Located on the heart of the River Walk, the San Antonio Marriott Rivercenter is one property you won't want to miss. Walk out the front doors and into premier shopping, dining and entertainment. The Alamo, one of the nation's most storied and revered landmarks is just minutes from the hotel. Plan to make time for a famous river cruise tour. Take in the rich history San Antonio has to offer!

TEAM DISCOUNTS

- Three people will receive 10% off
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- 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

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Kevin Boyles, *Medicare Quality Coordinator,* **GEISINGER HEALTH PLAN**
Sue Brown RN, MS, MPA, *Director, Medicare Star Quality Program*
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Andrea Jeffers, *Quality Improvement Specialist*, **GUNDERSEN HEALTH PLAN**
David Lima, *Medicare Program Manager,* **CAREOREGON**
Helen Kurre, *Director, Quality and Medical Practice Integration*
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Lesley Weir, *Senior Vice President, Client Services*, **CENSEOHEALTH**
Kristopher Volrath, *Senior Director, Star Advantage*, **INOVALON**
Christie Teigland, PhD, *Director, Statistical Research,* **INOVALON**
Jeannie Hennum, *Vice President of Sales,* **HEALTHPORT CHARTSECURE**
John Gorman, *Founder & Executive Chairman*, **GORMAN HEALTH GROUP**
Ryan McKeown, *Director, Network and Population Health*, **OPTUM**
Mary Kay Jordan, *Vice President, Business Development*, **MORPACE**
Steve McCalmont, *Chief Executive Officer*, **AVIOR COMPUTING**
Dan Bandt, *Director of Product Development and Chief Platform Architect*
HEALTHTEL

WHO SHOULD ATTEND?

Medicare Advantage Health Plan senior leaders, service providers and consultants with responsibilities in the following areas:

- Star Ratings
- Quality Improvement
- HEDIS
- CAHPS
- HOS
- Physician Outreach & Education
- Member Outreach/Engagement
- Risk Adjustment & HCC Management
- Care Management
- Network Management
- Customer Service

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The recommended CPE credit for this course is 17 credits for the conference and workshop and 13.5 credits for the conference only in the following field(s) of study: SPECIALIZED KNOWLEDGE AND APPLICATIONS.

For more information, visit our website:
www.healthcare-conferences.com/thefineprint.aspx

CO-LOCATED WITH CODING CLINIC: CODING FOR AUDIT READINESS

TOP REASONS TO ATTEND

- Explore lessons learned on the quest to 5 Stars directly from high-performing plans
- Gain updates on display measures, retired measures and scoring methodology
- Take an in-depth look at improving outcomes for difficult measures including Osteoporosis, Colorectal Cancer Screening and Reducing Readmissions
- In a unique focus group session featuring actual Medicare Advantage members, learn what members really think of the communication, customer service and outreach strategies of health plans
- Learn how to develop and conduct a CAHPS drill down assessment
- Take a deep dive into critical Part D elements – PBMs, Retail Pharmacies, and CMRs
- Develop a unique approach to Star Ratings improvement specifically for SNPs
- Hear how successful plans have overcome road bumps on the way to Star Ratings success and how they remain at the top
- Identify optimal data collection and analysis techniques for assessing and improving Quality outcomes
- Gain novel approaches to revitalizing the plan/physician partnership and achieving provider buy-in to quality initiatives

PRE-CONFERENCE WORKSHOP: WEDNESDAY, JUNE 17, 2015

1:00 – 4:00 A STAR RATINGS PRIMER: BUILD A FOUNDATION ESSENTIAL TO YOUR QUALITY INITIATIVES

Are you new to Stars/quality management or just seeking a quick refresher before taking a deep dive into Stars improvement topics? Join us for this special three-hour workshop, providing a comprehensive overview of the fundamentals of the Star Ratings program, its history, scoring methodology, and breakdown of measures. You will leave this workshop primed and ready for the main program's advanced discussions.

Ryan McKeown, *Director, Network and Population Health,* **OPTUM**

DAY ONE: THURSDAY, JUNE 18, 2015

8:00 – 9:00 REGISTRATION

8:00 - 9:00 BREAKFAST sponsored by complexcare solutions

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

9:15 – 9:45 OPENING ADDRESS: THE FUTURE OF STARS – UPDATES TO MEASURES AND SCORING METHODOLOGY

- Interpreting the Final Call Letter
- Display measures
- Retired measures
- Updates to methodology
  - Status of the 4-Star threshold
- Preparing for 2017 and beyond

John Gorman, *Founder & Executive Chairman,* **GORMAN HEALTH GROUP**

9:45 – 10:45 REACHING FOR THE STARS: HEAR FROM NCQA ON THE STATUS OF MEDICARE ADVANTAGE STAR RATINGS

- How the measures are evolving
- Strategies for improving your results

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

10:45 – 11:00 MORNING BREAK sponsored by ECS MEDICAL RECORD RETRIEVAL

11:00 – 12:15 FEATURING FOUR & FIVE STAR PLANS: STELLAR TAKE-AWAYS FROM HIGH-ACHIEVERS

This special session spotlights the crème de la crème of Stars – plans that have reached and maintained 4 and 5-Star Ratings. In an open dialogue format, high-achieving plans will share lessons learned along the way and tips for hitting high ratings on tough measures.

- Lessons learned on the way up
- Quality road bumps encountered; novel approaches taken to move beyond them
- How much did data help us get here?
- Various ways in which analytics were used to support our high performance
- Approaches taken to ensure we remain at the top

Helen Kurre, *Director, Quality and Medical Practice Integration*
PROVIDENCE HEALTH PLAN

David Larsen, *Director, Quality Improvement,* **SELECTHEALTH**

Kevin Boyles, *Medicare Quality Coordinator*, **GEISINGER HEALTH PLAN**

Kimberly Strand, *Director, Quality Improvement - National Care Management,* **AETNA**

Jamie Benedict, *Director, Support Services*, **MEDIGOLD**

12:15 – 1:15 NETWORKING LUNCHEON sponsored by inovalon

1:15 – 2:15 TACKLING CHALLENGING MEASURES: NOVEL APPROACHES TO MOVING THE RATINGS NEEDLE

- Are any plans really making a dent in difficult measures? If so, what are they doing differently?
- Colorectal Cancer screening
- Osteoporosis
- Medication-related measures
- Preventing/reducing readmissions

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

Richard H Bernstein, MD, FACP, *Chief Medical Advisor,* **MEDXM**

2:15 – 3:00 IMPROVING CAHPS/HOS OUTCOMES FOR STAR RATINGS OPTIMIZATION

- The impact of provider satisfaction on patient satisfaction scores
- Conducting a CAHPS drill down assessment
- Using the data to improve performance
- Why it is critical to make providers aware of survey results and have them participate in improvement endeavors

David L. Larsen, RN, MHA, *Director, Quality Improvement*, **SELECTHEALTH**

Andrea Jeffers, *Quality Improvement Specialist*, **GUNDERSEN HEALTH SYSTEM**

3:00 – 3:15 AFTERNOON BREAK sponsored by AVIOR COMPUTING

3:15 – 3:45 OPTIMIZING QUALITY OUTCOMES - WORK SMARTER, NOT HARDER

- Ways to optimize member engagement while achieving HCC accuracy
- Best Practices for ongoing HOS & CAHPS data collection
- Maximize opportunities to close HEDIS gaps

Lesley Weir, Senior Vice President, Client Services, **CENSEOHEALTH**

3:45 - 4:30 EXAMINING DUAL ELIGIBLES: SUCCESSFULLY MANAGING QUALITY OUTCOMES WITH CHALLENGING POPULATIONS

- Innovative approaches to improve Star Ratings for MA and dual eligible populations
- Strategies and tactics to successfully manage diverse populations
- Examination of measures specific to the needs and challenges of dual eligible populations

Kristopher Volrath, *Senior Director, Star Advantage*, **INOVALON**

Christie Teigland, PhD, *Director, Statistical Research*, **INOVALON**

4:30 – 5:15 FOCUS ON SPECIAL NEEDS PLANS: STARS SUCCESS WHEN MANAGING DIFFICULT POPULATIONS

- Unique approaches to improving Stars outcomes when working with both MA and SNP populations
- Managing both very diverse populations
- Examining measures specific to the needs and challenges of SNPs

Terry Carr, *Vice President of Client Services and Product Development* **COMPLEXCARE SOLUTIONS**

David Lima, *Medicare Program Manager*, **CAREOREGON**

5:15 – 6:15 COCKTAIL RECEPTION

sponsored by HealthPort ChartSecure™

DAY TWO: FRIDAY, JUNE 19, 2015

8:30 – 9:00 BREAKFAST sponsored by CensoHealth

9:00 – 9:05 CHAIRPERSON'S RECAP OF DAY ONE

9:05 – 10:30 HEAR DIRECTLY FROM ACTUAL MEDICARE ADVANTAGE MEMBERS

SPECIAL FOCUS GROUP

Hear what Medicare Advantage members really think of plan performance in this one-of-kind session! Conducted in a focus group format, actual MA plan members will share candid feedback regarding their overall health plan experience. Join us for an enlightening session that will shed a bright light on what members really think of existing communication, customer service and outreach/ marketing techniques:

- How to establish a "partnership" with your members
- Which communication methods work best with specific member segments?
- Which new tools are making an impact?

Mary Kay Jordan, *Vice President, Business Development*, **MORPACE**

10:30 – 10:45 MORNING BREAK sponsored by Altegra Health

10:45 – 11:45 FOCUS ON PART D: THE IMPORTANCE OF THE MTM AND STARS RELATIONSHIP

- Administrative measures
- PBMs – fostering a relationship that illuminates their essential role in Star Ratings success
- Completion Medical Reviews (CMRs) – best practices in preparation for 2016 measure
- The role of retail pharmacies –
  - Are they really improving members' health outcomes?
  - If so, how specifically are improvements being demonstrated?
  - How are improvements being quantified?

Sue Brown RN, MS, MPA, *Director, Medicare Star Quality Program*, **EXCELLUS BCBS**

11:45 – 12:15 ESSENTIALS FOR IMPROVING DOCUMENTATION COLLECTION: SPEED, QUALITY & COST

- Engaging providers
- Implementing best practices
- Reducing chart collection cost
- Getting medical records faster for hcc coding

Jeannie Hennum, *Vice President of Sales,* **HEALTHPORT CHARTSECURE**

12:15 - 12:45 ENGAGING PHYSICIANS TO IMPROVE HEDIS METRICS AND PART C STAR RATINGS

- Why actionable information is critical to success
- How should the information be presented?
- Eliminate physician abrasion and portal fatigue
- Why are real-time insights and results game changers?

Steve McCalmont, *Chief Executive Officer*, **AVIOR COMPUTING**

12:45 – 1:45 NETWORKING LUNCHEON sponsored by MEDXM

1:45 - 2:15 ENGAGING YOUR MEMBERS WITH INCENTIVE PROGRAMS

- What to consider when developing an incentive program
- Setting up and maintaining your program over time
- Measuring results and outcomes
- Solutions that work

Dan Bandt, *Director of Product Development and Chief Platform Architect*, **HEALTHTEL**

2:15 – 3:00 PROVIDER BUY-IN: REVITALIZING THE PLAN/PHYSICIAN PARTNERSHIP TO BOOST STARS

- Taking a different approach to cultivating a healthy plan/provider relationship
- Why engaging office staff is equally critical to success
- Incentivizing – what's working? What's flopping?

Jim Dalen, *Chief Health Economist*, **ALTEGRA HEALTH**

3:00 – 3:30 SUCCESS MANAGEMENT: WE'VE REACHED THE PEAK - NOW HOW DO WE STAY HERE?

- Why maintaining high ratings can pose a very different, often more daunting challenge – how to maintain the ratings you worked so hard to achieve
- Establishing a culture ready for the challenge of maintaining high ratings
- Monitoring your status along the way to ensure any performance gaps are caught before a fall begins
- Leveraging other existing CMS monitoring initiatives to manage your Star Ratings

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

3:30 CONFERENCE CONCLUDES

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

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HEALTHPORT CHARTSECURE™ leverages HealthPort's position as the authority on the compliant exchange of protected health information to offer health plans a uniquely effective model for medical record retrieval. HealthPort ChartSecure supports Medicare and Medicaid risk adjustment programs, and quality measurement and improvement programs such as HEDIS® and CMS Star Ratings. HealthPort® combines a staff of over 4,000 HIPAA-trained release of information specialists with HealthPort Connex™, the largest, most secure distribution network in the industry. HealthPort ChartSecure provides electronic request and delivery of medical records in ways that eliminate the request burden and improve the relationships for both providers and plans.

GOLD

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.

CENSEOHEALTH'S nationwide network of mobile physicians is bringing back the house call. Whether addressing the needs of the housebound, the disengaged or members in need of transitional care, home visits yield unique insights into the lifestyles of members. These insights fuel healthcare organizations' risk adjustment, quality initiatives, care management programs and more using data not available in a traditional healthcare data set, driving smarter interventions and better outcomes. We call it care anywhere.

COMPLEXCARE SOLUTIONS, INC. is a national care management and assessment company. CCS' services drive quality health outcomes, high member satisfaction, lower costs, and appropriate reimbursement. Through CCS' deep collaboration with the health plan's care management team, CCS has a strong ROI record in lower readmissions and improved STAR measures. We extend the reach of the health plan's care management departments into the member's home to develop care plans, implement interventions, and strengthen or initiate the member's PCP relationship.

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

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

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

SILVER

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

HEALTHTEL is a member engagement company that applies a proven approach focused on exceptional design and execution of flexible engagement systems. We design dynamic member experiences that meet business objectives and drive results. We get it right by using proven communication channels to create individual conversations and experiences with the people you want to reach. Each result-driven communication experience builds upon itself... continuously improving to meet your objectives. We are here for one reason: to lead our clients to better results. To learn more visit us at www.healthtel.net.

AVIOR provides quality, risk and compliance solutions using our BenchMark Software-as-a-Service platform. Some of the top health plans use our platform for an aggregate network of over 375,000 providers. Avior's Star Module helps payers improve their HEDIS metrics and Part C Star Ratings via an automated, online communication process between the plan and the provider. This allows plans to quickly and efficiently engage providers by identifying the gaps in care for each member and giving them easy-to-view reports and tools. Providers give on-line feedback on each item for a closed loop process that helps improve and protect your rating by addressing all gaps in care. This solution also provides a complete audit trail of all activities which complies with CMS and NCQA guidelines. Please visit www.avior.com for more information.

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.

MORPACE, a market research and consulting company, provides clients with information that builds brands, provides insight for product development and marketing and significantly improves customer satisfaction and loyalty. Morpace anticipates problems to assure your design and methodology deliver results that make a difference and provides recommendations and strategies that solve challenges in the Healthcare industry. Morpace works primarily with Commercial, Medicaid and Medicare health plans, provider groups, and hospitals.

ECS is the nation's largest and most secure provider of medical record retrieval services. ECS processes 3,000,000+ medical records retrieval requests from 65,000+ physician offices annually. ECS's 2,500+ onsite retrieval personnel and 350+ person call center leverage the industry's most proven and robust technology platform, ChartFinder, to ensure customer and provider satisfaction throughout the retrieval process. In addition to retrieving paper and electronic medical records for Risk Adjustment (Commercial, Medicare, Medicaid), HEDIS and RADV audits, ECS can distribute and retrieve any document from any provider office at any time.

ALTEGRA HEALTH is a national provider of technology-enabled, end-to-end payment solutions that enable health plans and other risk-bearing organizations to generate, analyze and submit the data needed to successfully manage member care and ensure appropriate reimbursement.

The power of Altegra Health's advanced analytics and supporting interventions enables healthcare organizations to elevate care quality, optimize financial performance, and enhance the member experience. For more information, visit AltegraHealth.com.

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RISE HEALTHCARE EDUCATION ASSOCIATES PROUDLY PRESENTS

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JUNE 17-19, 2015 | SAN ANTONIO MARRIOTT RIVERCENTER | SAN ANTONIO, TX

SNPS

HEDIS

STAR RATINGS

Scoring Methodology

Performance Measures

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