HEALTHCARE EDUCATION ASSOCIATES PRESENTS

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THE RISK ADJUSTMENT FORUM

Leveraging Risk Adjustment Programs to Maximize Revenue And Improve Health Outcomes For Plans And Providers

FORUM HIGHLIGHTS INCLUDE

- Detailed evaluation of the 2015 risk adjustment transfer report – who won and who lost, what improvement measures were successful, and where do we go from here?
- Innovative approaches to clinical documentation improvement and increased coding accuracy
- Strategies for making the transition from RAPS to EDS
- Going beyond provider incentives – improving risk adjustment practices to impact patient care and health outcomes
- The future of QRS – what does the quality rating system really mean for commercial exchange plans??
- Mastering risk adjustment for ACOs
- Network with peers and get inspired!

NOVEMBER 10-11, 2016 **JW MARRIOTT MARQUIS HOTEL** **MIAMI, FL**

CONTINUING EDUCATION CREDITS AVAILABLE! SEE PAGE 6

THE RADV MASTER CLASS

Optimizing Readiness and Response for Risk Adjustment Data Validation Audits

PROGRAM TAKEAWAYS WILL INCLUDE

- Best practices for building RADV audit preparation and response teams
- Strategies for maximizing effectiveness of chart retrieval operations
- Provider engagement and education models to drive collaboration and success in RADV response
- Techniques to evaluate and determine the best medical record for RADV
- Considerations when securing and filing attestations and hardships
- Financial planning and mock audit methods to prepare for RADV financial implications
- Conversations, Q&A, discussions and lessons learned from peers and colleagues in the brave new world of commercial RADV!

TO REGISTER: CALL 866-676-7689 OR VISIT US AT WWW.HEALTHCARE-CONFERENCES.COM

Welcome to the Risk Adjustment Forum and the RADV Master Class!

Managing the "Risk" in Risk Adjustment is crucial to enhancing your financial bottom line while also reducing your plan's exposure to penalties, overpayment recoveries, extrapolations, and further audits. **The Risk Adjustment Forum**, now partnered with the inaugural **RADV Master Class**, will prepare you to succeed in today's ever-changing healthcare climate. Designed for health plans, health systems, and provider groups, these two conferences are designed to deliver the strategic processes and tools you need to optimize your risk adjustment operations.

Health plans and providers can't afford to let risk adjustment be an afterthought! Low risk scores, over-payments, transfer payments, improper coding, and compliance red flags pose significant risks to your bottom line. **The Risk Adjustment Forum** is designed to help your plan meet all of today's risk adjustment challenges and maintain financial solvency in an uncertain marketplace. Examine RA from Medicare Advantage, Commercial, Medicaid, and provider perspectives. This essential conference is a must–attend for plans and provider groups that are ready to take their risk adjustment game to the next level!

With CMS expanding the scope of RADV for Medicare Advantage while also charging ahead on RADV audits for ACA/Commercial plans, it is critical that your plan make RADV preparedness a key priority for both daily operations and long-term strategic planning. **The RADV Master Class** was created to help your organization navigate the complexities of risk adjustment data validation, while building a better understanding of how to structure and implement processes and policies that reduce the likelihood of payment error determinations and financial penalties. Featuring expert-led presentations and interactive discussion opportunities, this conference is a must-attend event for RADV veterans and rookies alike.

Please join us on **November 10-11** for these in-depth explorations of best practices and innovative solutions that you can use in crafting sustainable and effective risk management and revenue optimization strategies for your organization. Attend either conference as a standalone event, or maximize your learning experience with an All-Access pass and move freely between all sessions!

Sincerely,

Christine Marez, *Conference Director*
HEALTHCARE EDUCATION ASSOCIATES

Terri Hammons, *Conference Director*
HEALTHCARE EDUCATION ASSOCIATES

P.S. Get the All-Access pass for full access to all sessions and documentation from both events

"Small, intimate; excellent content, collaboration, and speaker transparency"

Todd Williams, **RISE HEALTH INC**

IMPORTANT INFORMATION

VENUE DETAILS

JW Marriott Marquis
255 Biscayne Boulevard Way
Miami, FL 33131
305-421-8600

We have a limited number of hotel rooms reserved for the conference. The negotiated room rate of **$249 per night** will expire on **October 25, 2016**, 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.
JW Marriott Marquis Miami infuses sophistication, design, art, fashion and technology into a diverse landscape of business, meeting and pleasure travel pursuits. The blend of sleek and modern design boast 313 stunning guest rooms with state-of-the-art technology and luxurious bathrooms. Relax and unwind by our pool, indulge yourself at Enliven Spa or enjoy a unique culinary experience with James Beard award winning Chef Daniel Boulud at db Bistro Moderne.

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 at wbetts@frallc.com

REFUNDS AND CANCELLATIONS

For information regarding refund, complaint and/or program cancellation policies, please visit our website: www.healthcare-conferences.com/thefineprint.aspx

WHO WILL ATTEND?

This conference is designed for: Medicare Advantage, Medicaid Managed Care, and Exchange and Non-Exchange Commercial plan executives from the following areas:

- Risk adjustment
- Operations
- HCC
- Actuarial staff
- Population health
- Clinical integration
- Pricing & valuation
- Compliance & audit personnel
- Quality and data strategy
- Plan design
- Provider engagement & education
- Finance/Revenue
- Medicare/Government programs
- Care coordination

As well as:

- ACOs
- Provider groups
- State/Government agencies
- Risk Adjustment & Predictive Modeling vendors
- Actuarial and consulting firms

TOP TEN REASONS TO ATTEND

1. Get a full picture of the latest in policy and process for Risk Adjustment and RADV—milestones and upcoming challenges
2. Find out what adjustments should be made to ensure EDS and RAPS submissions are in alignment
3. Hone best practices for coding across all lines of business
4. Conceive new innovations in plan design strategy to accommodate changes in the commercial model
5. Devise a method for predicting the disease burden for members through chart review, data mining, and predictive models
6. Discover how one QHP is turning lessons learned from the 2016 RADV dry run into best practices for the 2017 RADV cycle
7. Dive into coding evaluations and chart reviews with an interactive, hands-on exercise with sample RADV medical records
8. Hear real-world advice on obtaining and submitting attestations for RADV
9. Learn about successful models for building an effective and nimble RADV response team
10. Explore how compliance and legal departments can work together to successfully execute RADV response strategies

DAY ONE: THURSDAY, NOVEMBER 10, 2016

8:00 – 9:00 **REGISTRATION** *sponsored by* CIOX HEALTH · ADVANTMED · Pulse8

8:00 – 9:00 **BREAKFAST FOR ALL PARTICIPANTS** *sponsored by* Altegra Health

9:00 – 9:15 **CHAIRPERSON'S OPENING AND WELCOME ADDRESS**

9:15 – 10:15 **JOINT OPENING SESSION – THE RISK ADJUSTMENT AND RADV LANDSCAPE**

This opening session will introduce the latest in policy and process for Risk Adjustment and RADV, including:

- Medicare risk adjustment update
- Commercial risk adjustment update
- Risk adjustment and ACOs – MACRA and more
- Update on using Recovery Audit Contractors (RACs) for RADV audits
- Overview of the commercial RADV Initial Validation Audits (IVA) cycle thus far
- Status of the policy and process recommendations from the GAO report on RADV
- What changes to RADV are on the horizon?

Naomi Senkeeto, *Managing Director, Policy,* **BLUE CROSS BLUE SHIELD ASSOCIATION**

Jay Baker, *Senior Vice President,* **ADVANTMED**

THE RISK ADJUSTMENT FORUM

10:15 – 11:00 **THE LAST MILE: DRIVING THE POWER OF DATA WITHIN A PROVIDER'S WORKFLOW**

Eliminating waste and reducing cost while driving efficiency with your Risk Adjustment and Quality programs requires new and innovative solutions. We will discuss how the shift from legacy gap closure approaches to new and effective technology will improve your gap analytic programs.

- Leverage advanced analytics that will coordinate gap closure efforts to dynamically address both risk adjustment and quality initiatives
- Collaborate with network providers on efficient data collection methods that will reduce provider abrasion and alert fatigue
- Utilize alternative data gathering and intervention modalities, such as EMR Integration and telehealth, to improve gap closure rates
- Implement Provider Engagement and Collaboration strategies that are essential to mutually beneficial quality and risk score improvement

John Criswell, *Chief Executive Officer,* **PULSE8**

Deb Curry, *Risk Adjustment Manager,* **PROMEDICA GROUP**

11:15 – 12:15 **MAKING THE TRANSITION - RAPS TO EDS: ANALYSIS AND IMPLICATIONS FOR THE INDUSTRY**

- Making adjustments to ensure EDS and RAPS submissions are in alignment
- How is the EDS data calculated into risk scores? Will your RAF scores go down during the transition? How much? What can be done to stabilize them?
- Error prevention - identifying the most common causes of errors and tips for how to lower them
- Ensuring proper supplemental diags are linked to the corresponding chart
- Working with vendors to migrate data
- What happens to the data once it goes to CMS?

Jim Corbett, *Chief Strategy Officer,* **DYNAMIC HEALTHCARE SYSTEMS**

Speaker Name, *Title*, **COMPANY NAME**

THE RADV MASTER CLASS

10:15 – 11:00 **SEPARATING FACT FROM FICTION: UNDERSTANDING RADV AUDIT SELECTION**

- What are the documented criteria for selection of Medicare Advantage plans for RADV audits? How do you prepare for and manage these selection triggers?
- What other variables should be considered?
- Proactively assessing factors that may affect audit selection, such as changes in average risk scores, distribution and volumes of HCCs, or lack of deletes
- Examining organizational practices that may impact audit likelihood - how to mitigate those risks while still optimizing your plan's risk adjustment profile

Nicole Keith, *Healthcare Informatics Consultant*
BLUE CROSS BLUE SHIELD OF LOUISIANA

11:15 – 12:15 **STRATEGIES FOR BUILDING EFFECTIVE RADV PREPARATION AND RESPONSE TEAMS**

- How to plan and distribute the work of the audit to ensure optimal readiness and coverage of audit tasks
- Explore the various roles needed for a successful team, such as project managers, administrators, data managers
  - Knowledge, skills and abilities needed for RADV
  - Defining responsibilities, communication plans, and accountable parties
  - Pros and cons of in-house staffing
- Best practices for contracting and working with a RADV vendor—how much, or how little, should your vendor do?
- Strategies for incorporating RADV into existing vendor partnerships and outsourcing strategies
  - How to maximize the effectiveness and return on investment for RADV outsourcing
- Methods for growing CDAT competency in your RADV Teams
- What are the unique needs for an effective commercial RADV response team?

Jamee Hubler, RHIT, CPMA, *Director, Medicare Advantage & Commercial Risk Adjustment,* **HEALTH CHOICE**

Kim Browning, *Executive Vice President,* **COGNISIGHT, LLC**

11:00 – 11:15 **MORNING NETWORKING BREAK** *sponsored by* MDX

12:15 – 1:15 **NETWORKING LUNCH** *sponsored by* DYNAMIC HEALTHCARE SYSTEMS

1:15 – 2:00 **ACHIEVING FULL CODING ACCURACY: GOING BEYOND HCC CODING**

- Rethinking HCC coding – is it accurate coding?
- Coding to the highest specificity and impact factor
- Coding for all lines of business
- Ensuring accuracy in documentation through
  - Retrospective review
  - Chart audits
- Looking both ways – best practices for deletions, corrections, and addendum

Deb Curry, *Risk Adjustment Manager,* **PROMEDICA GROUP**

Panel Discussion

2:00 – 3:00 **IN THE TRENCHES: PLANS AND PROVIDERS REVEAL DAY-TO-DAY RISK ADJUSTMENT OPERATIONS**

- Taking a collaborative approach to risk adjustment
- Connecting risk adjustment activities across departments and products
- Linking risk adjustment with quality metrics and actuarial procedures
- Applying risk adjustment data to assist in price-setting and product design
- Conveying your risk adjustment strategy to the C-Suite

Panelists:

Kristen Connulty, MBA, *Risk Adjustment Program Manager,* **TUFTS HEALTH PLAN**

Dawn Carter, *Product Strategy*, **CENTAURI HEALTH SOLUTIONS**

Myja Peterson, *Senior Director, Health Plan Analytics*, **NEW MEXICO HEALTH CONNECTIONS**

1:15 – 2:00 **THE ART OF THE CHASE: BEST PRACTICES IN CHART RETRIEVAL OPERATIONS**

"Chart chasing" is one of the most critical aspects of a comprehensive RADV audit response, yet the task is not as straightforward as it may seem. This session will explore:

- Establishing an advance plan and process to maximize success rates in chart retrieval
- Techniques for meeting deadlines and reducing turnaround times
- The importance of provider relationships and engagement for smoothing chart retrieval operations
- Understanding the logistical and administrative challenges of large-scale chart retrieval, and the pros and cons of insourcing versus outsourcing
- What are the data privacy and HIPAA issues that must be considered?

Tam Pham, *Solutions Executive,* **APIXIO**

2:00 – 3:00 **SUCCEEDING TOGETHER: INCORPORATING PROVIDER EDUCATION AND ENGAGEMENT INTO YOUR RADV GAME PLAN**

To prevent unfavorable RADV audit findings, an ounce of prevention can be worth a pound of cure. Explore how payer/provider communication and collaboration can impact your RADV preparedness and results:

- How payers and plans can work together to implement and maintain data and coding best practices
- Strategies for creating and sustaining effective communication pathways between plans and providers
- Building a mutual understanding of the shared risks and responsibilities in risk adjustment data practices and policies
- Demystifying the downstream process for RADV—helping providers understand the flow of data and the impacts of errors
- What to do after a RADV audit "fail"? Working together to identify and mitigate future risks and to instill quality improvement into day-to-day operations

Jessica Columbus, LVN, CCS-P, *Director, Coding and Provider Education* **UNIVERSAL AMERICAN**

Misty Allen, *Coding Manager,* **UNIVERSAL AMERICAN**

3:00 – 3:15 **AFTERNOON NETWORKING BREAK** *sponsored by* EMSI HEALTH®

3:15 – 4:00 **RETHINKING BENEFIT DESIGN STRATEGIES TO ATTRACT THE MEMBER YOU WANT**

- Using RA data determine member population
  - Identifying populations that have high yield potential
- How RA data can help you determine what services are most needed
- Innovations in plan design strategy
  - Formulary design – using carrots like targeted RX offerings, coverage of services attractive to your target member, discontinuing coverage of services attractive to unwanted members, etc.
- Adapting to model changes – how will you adapt your strategy to reflect the recalibrated model?
  - Which members will you want to attract going forward?
  - Target marketing to attract a certain type of member
- Utilizing RA data to calculate plan rates
  - Population needs
  - Cost of services
  - Conversion

Sy Zahedi, *President and Chief Executive Officer*, **MEDXM**

4:00 – 5:00 **USING PREDICTIVE ANALYTICS TO IDENTIFY RISK, TRACK DATA, & CLOSE GAPS**

- Utilizing predictive modeling to identify documentation gaps
- Weighting member populations to calculate risk scores and costs
- Strategic chart-chasing – producing a chase-list that will improve your risk scope
- Using predictive modeling to identify gaps in coding and condition capture
- Mapping methodologies for risk score optimization
  - Looking at various angles to get the best outcomes
- Stratifying members to determine which chart reviews will be most effective

Derek Gordon, *Senior Vice President of Customer Success*, **TALIX**

Myja Peterson, *Senior Director, Health Plan Analytics,* **NEW MEXICO HEALTH CONNECTIONS**

3:15 – 4:00 **DOLLARS AND SENSE: PROACTIVE RADV FINANCIAL PLANNING**

- How and when to have "the talk" with the finance department on the monetary implications of RADV
- What preparations can minimize the financial damages of unfavorable RADV findings?
  - Preparing for extrapolations
  - What reserves are needed?
  - Considerations when accruing for possible liability
- How to use internal audits and mock RADV audits as tools to guide your financial planning

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

4:00 – 5:00 **INTERACTIVE SESSION - CHART REVIEW AND DETERMINING BEST MEDICAL RECORD**

In this guided, hands-on exercise, participants will work with samples of medical records to evaluate and discuss their quality and completeness for purposes of RADV:

- Determine if diagnosis codes are sufficiently supported by the records
- Identify if any signatures, credentials, patient names and other required components are missing or incomplete in the record
- Review records for proper documentation of coexisting conditions
- Which record is the best medical record, and why? Would the record pass muster in a RADV audit situation?

After exploring the pain points and possible pitfalls of chart reviews, engage in a dialogue on the takeaways of the exercise, such as:

- How to reduce errors and omissions in charts and coding
- What organizational best practices can be implemented to promote quality in the process from the start?
- The impact of provider engagement on RADV preparedness

Facilitators:

Jessica Columbus, LVN, CCS-P, *Director, Coding and Provider Education* **UNIVERSAL AMERICAN**

Misty Allen, CPC, CRC, *Coding Manager*, **UNIVERSAL AMERICAN**

5:00 – 6:00 COCKTAIL RECEPTION IMMEDIATELY FOLLOWING

sponsored by CIOX HEALTH · ADVANTMED · Pulse8

DAY TWO: FRIDAY, NOVEMBER 11, 2016

8:00 – 9:00 BREAKFAST FOR ALL PARTICIPANTS *sponsored by* CENTAURI HEALTH SOLUTIONS

9:00 – 9:15 CHAIRPERSON'S RECAP OF DAY ONE

THE RISK ADJUSTMENT FORUM

9:15 – 10:15 STATE OF THE EXCHANGES

- The end of reinsurance - what is the impact on revenue and process going forward?
- Understanding the CMS risk adjustment model changes
  - Adapting your strategy to reflect the recalibrated model
  - The inclusion of pharm data on the edge server – which drugs, why does it matter, and where could it go wrong?
  - Additional factors for partial-year enrollees
  - Using the risk adjustment program for high-risk pooling
  - Using EDGE data for recalibration
- Exchange demographics
  - Carries - who's staying, who's leaving, and how this will affect the make-up of the marketplace?
  - Enrollees - why the marketplace isn't getting any younger
- The future of QRS measures

Gabriel McGlamery, *Health Care Policy Consultant,* **FLORIDA BLUE**

Richard Lieberman, *Chief Data Scientist,* **MILE HIGH HEALTHCARE ANALYTICS**

10:15 – 11:00 2015 TRANSFER PAYMENT REPORT ANALYSIS

- Winners and losers – demographics of who won and who lost for payment year 2015
- Were there improvements? What kind of impact did improvement measures make on results?

Jason Siegel, *Senior Consulting Actuary,* **MILLIMAN**

THE RADV MASTER CLASS

9:15 – 10:15 FEATURED PANEL—RADV: THE INTERSECTION OF COMPLIANCE AND RISK ADJUSTMENT

- How compliance and risk adjustment departments can work together to successfully execute RADV preparedness and response strategies
- Best practices and lessons learned from the compliance department that can be applied to RADV
- Lowering the barrier between departments to bridge the data collection activities of RADV with the legal and financial planning tasks needed for long-term organizational health
- Understanding and preparing for the impacts of extrapolation on a plan's medical partners
- What is the role of compliance and legal teams in the RADV appeals process?

Mital Panara, *Vice President, Revenue Management*
FREEDOM HEALTH/OPTIMUM HEALTHCARE

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

Jennifer Monfils, CPC, CRC, *Risk Adjustment Compliance Coding Manager,* **UCARE**

10:15 – 11:00 THE DOCTOR IS IN—IN JAIL, THAT IS—AND OTHER CHALLENGES WITH ATTESTATIONS

- What to do when you need an attestation for a missing signature or credentials, but the provider has moved, is deceased, or is otherwise inaccessible?
- Best practices for attestations—how to increase the likelihood of acceptance, and decrease the risk of a payment or risk adjustment error determination
- Lessons learned with hardship requests—who has been successful, and how? Or are they a lost cause?

Jamee Hubler, RHIT, CPMA, *Director, Medicare Advantage & Commercial Risk Adjustment,* **HEALTH CHOICE**

11:00 – 11:15 MORNING NETWORKING BREAK *sponsored by* Cognisight

11:15 – 12:15 FUNDAMENTALS OF MEDICAID & DUAL ELIGIBLE RISK ADJUSTMENT

- States currently utilizing risk adjustment – what are the most widely-used models?
- How has expansion affected Medicaid RA?
- Challenges specific to the Medicaid expansion population and the costs associated them
- Member engagement and retention for a non-traditional population
  - How to deal with churn
  - Expanded mental and behavioral health services
- Identifying new members for diagnosis codes
  - Assessment and stratification of new members
  - Who are the most likely candidates for codes?
- Long-term care – what's on the horizon?
- Risk adjustment and dual eligibles

Lisa DiSalvo, *Senior Vice President, Product Strategy & Development,* **ALTEGRA HEALTH**

11:15 – 12:15 FEATURED CASE STUDY: THE RADV EXPERIENCE AT COMMUNITY HEALTH OPTIONS

Hear a soup-to-nuts examination of the RADV experience at Community Health Options, an ACA Qualified Health Plan (QHP) serving over 70,000 members in Maine and New Hampshire.

- Understand the impact of the 2016 RADV "dry run"
- Examine the importance in RADV of factors such as provider relationships, and the quality and accuracy of EDGE server data submissions
- Hear about both successes and the challenges encountered by Community Health Options, and recommendations on the best practices that plans can implement in preparation for the 2017 RADV cycle

Robert J. Hillman, *Chief Operating Officer,* **COMMUNITY HEALTH OPTIONS**

12:15 – 1:15 NETWORKING LUNCH *sponsored by* APIXIO

DAY TWO: FRIDAY, NOVEMBER 11, 2016 CONTINUED

1:15 – 2:15 **PROVIDER SPOTLIGHT - IMPROVING RISK ADJUSTMENT PRACTICES TO IMPACT PATIENT CARE & HEALTH OUTCOMES**

- How risk adjustment can improve patient care and outcomes
- Ensuring RAF scores accurately reflect the sickness of your population
- Narrowing the gap between physician language & process and coding language & process
- Applying accurate coding for all patients, regardless of payer, to get the clearest picture of the health of your population

Srdjan Perisic, *Senior Director of Network Efficiency, Coding and Compliance*
COLLABORATIVE HEALTH ACO (CHACO)

2:15 – 3:30 **RETHINKING ACQUISITION & RETENTION STRATEGIES FOR RISK ADJUSTED MARKETS**

Speaker, Title
HEALTHSCAPE

1:15 – 2:15 **A STUDY IN COLLABORATION: CIGNA'S IVA EXPERIENCE**

- Explore the successful partnership and collaboration between Cigna and Truven in executing the Initial Validation Audit (IVA) for RADV:
  - Valuing the expertise each partner brings
  - Plan for change (and then more change)
  - Laughing through hiccups
  - Communications
- Successes and lessons learned, and recommendations on the way forward:
  - Screen prints with and without automation
  - Provider nuances and leveraging creative solutions
  - Project planning and Prototypes
  - Managing the medical records review process
  - Protecting (while sharing) sensitive health information

Marie Bowker, *Senior Director,* **TRUVEN HEALTH ANALYTICS**

Bryan Briegel, *Healthcare Reform Solutions Strategist,* **TRUVEN HEALTH ANALYTICS**

Barbie Isham, *Risk Adjustment Quality Program Leader,* **CIGNA**

Deborah Sumruld, *Risk Adjustment Leader US Individual Markets*, **CIGNA**

2:15 – 3:30 **FEATURED INTERACTIVE SESSION—COMMERCIAL RADV IN THE ROUND**

Explore the components of the commercial RADV process table by table! Join the topic roundtable of your choice for a facilitated dialogue with peers. Share experiences, talk through problems, and take away practical advice for surviving, and even thriving, during RADV audits. Switch tables at the bell, or stay at your current table for further discussion with a new round of colleagues.
Roundtable Topics* and Facilitators

<u>All About Charts: Chasing, Reviewing, Selecting</u>

Annette D'Uva, *Manager, Risk Adjustment Service Operations*
BLUE CROSS BLUE SHIELD OF MICHIGAN

<u>Screen Printing Operations and QA Validation</u>

Jennifer Monfils, CPC, CRC, *Risk Adjustment Compliance Coding Manager*
UCARE

<u>Contracting with an IVA vendor</u>
Facilitator TBD

<u>The Audit Itself: Demographics, Claims, and Health Status Validations</u>
Facilitator TBD

**Final topics pending confirmation*

3:30 **CONFERENCE CONCLUDES**

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

AAPC CEU INFORMATION

This program has the prior approval of AAPC for 12 continuing education hours max (10 for The Risk Adjustment Forum and 12 for The RADV Master Class). Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor. This approval is valid until 8/31/17.

CPE CREDITS

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The recommended CPE credit for this course is up to 13.5 credits it in the following field(s) of study: Specialized Knowledge and Applications.

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PLATINUM

CIOX Health is a new kind of company with access across all health information pathways. We work as your clinical information intermediary to help all parties excel in the management and exchange of critical health information. With strong relationships and specialized expertise, we deliver the highest level of quality and process optimization to our partners nationwide. Our service offerings include release of information, coding, clinical research, and oncology data services, as well as audit management technology. A trusted expert for improved management of information - today and for the future, CIOX Health is transforming the way health information is managed.

Advantmed is a health information management company that helps risk-bearing entities optimize revenue and improve quality outcomes. We accomplish this fundamental objective by using our proprietary Elevate! Healthcare™ health information management platform to deliver and manage integrated products and services, which help clients capture, organize, and analyze financial and clinical data to better understand their member populations and ultimately utilize this data to improve quality of care and optimize risk-adjusted revenue. Through the platform, Advantmed partners with managed care organizations to deliver the optimal combination of capabilities unique to each organization's objectives, including risk analytics (ELEVATE! Risk Insights™), NCQA-certified HEDIS® Measures software (ELEVATE! Quality Insights™), medical record retrieval, medical record abstraction, risk adjustment coding, compliance and data validation services, member engagement, provider education, and professional services

Pulse8 is the only Healthcare Analytics and Technology Company delivering complete visibility into the efficacy of your Risk Adjustment and Quality Management programs. We enable health plans and at-risk providers to achieve the greatest financial impact in the ACA Commercial, Medicare Advantage, and Medicaid markets. By combining advanced analytic methodologies with extensive health plan experience, Pulse8 has developed a suite of uniquely pragmatic solutions that are revolutionizing risk adjustment and quality. Pulse8's flexible business intelligence tools offer real-time visibility into member and provider activities so our clients can apply the most cost-effective and appropriate interventions for closing gaps in documentation, coding, and quality. For more company information, please contact Scott Filiault at (732) 570-9095, visit us at www.Pulse8.com, or follow us on Twitter @Pulse8News.

GOLD

Altegra Health™ is a national vendor of technology-enabled, end-to-end payment solutions providing health plans and other risk-bearing organizations with the data they need to expertly 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

Dynamic Healthcare Systems, Inc. is a strategic business partner to Health Plans participating in government-sponsored Healthcare programs and is a certified third-party submitter with CMS. Dynamic's comprehensive and fully integrated solutions address the following business areas of a Health Plan's operations: risk adjustment (including RAPS, EDPS and HCC Analytics), enrollment and eligibility processing, MSP/COB, correspondence/fulfillment, member premium billing, revenue reconciliation, and PDE management and audit.

Talix provides patient risk management solutions to help healthcare organizations address the challenges of value-based healthcare and risk-based contracts. Its SaaS applications leverage patient data analytics to turn structured and unstructured health data into actionable insights that drive improved risk adjustment, better patient outcomes and reduced costs

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

Apixio was founded in 2009 with the vision of uncovering and making accessible clinical knowledge from digitized medical records for optimal healthcare decision making.
In 2012, Apixio applied its cognitive computing platform to tackle risk adjustment, the fundamental basis for value-based health. The result was the HCC Profiler, a proven solution which enables insights into document and coding gaps for a more accurate risk score.
Now with its world-class team of data scientists, engineers, product experts, and healthcare gurus, Apixio has set its sights on other applications powered by its patented platform to enable healthcare systems to learn from practice-based evidence to individually tailor care.

Centauri Health Solutions improves member outcomes and financial performance for health plans and at-risk providers by supporting initiatives in Risk Adjustment, RADV Risk Mitigation, HEDIS, Star Ratings, and Care Gap Management. Our consultative approach delivers compliant end-to-end solutions that leverage clinically-rich data analytics, workflow software tools, and other technology and service resources. We identify risk adjustment gaps, care and quality gaps, and support the closure of those gaps to benefit our clients and their members. We know from experience that data alone is not enough – the combination of data, experience, and execution is required to improve outcomes in today's environment.
Centauri's core leadership team is comprised of seasoned healthcare executives from managed care organizations, pharmacy benefit managers and HCIT companies. They understand from personal experience the challenges facing today's health system – and have set out to resolve them in a better way for their clients and their members / patients. Centauri partners with respected Medicare Advantage, Managed Medicaid and Health Insurance Exchange plans, as well as at-risk provider groups to answer critical business questions such as whether they are impacting the members who are the most at-risk, how much financial exposure they may face due to RADV audit and compliance risk, and whether they are optimally utilizing their scarcest resources.
Risk Adjustment | RADV Risk Mitigation | HEDIS | Star Ratings | Care Gap Management

SILVER

EMSI Health empowers health plans with end-to-end risk-adjustment services for care management, quality support and improved risk score accuracy. We offer best-in-class risk analytics, in-home assessments, medical chart retrieval, coding, risk profiles, audit support, and Stars and HEDIS measurement support to health plans in all markets. StratusIQ, our web-enabled customer portal and data repository, provides clients with easy and transparent access to their project data and our self-scheduling tool allows members to efficiently and conveniently schedule Healthy House Calls® anywhere, anytime. Our integrated approach leverages experienced industry professionals, proven and secure technology, and flexibility to produce the best quality results for health plans and improved outcomes for plan members. EMSI Health: Powerful Information. Improved Outcomes. Learn more at www.emsinet.com.

Mile High Healthcare Analytics provides practical population -oriented analytics to health plans, Exchange issuers, ACOs, and risk-bearing provider groups. Our strategic consulting focus is on risk adjustment operations, performance measurement and improvement, Stars, the Quality Rating System, and alternative payment designs. We provide business process assessments, operational assessments, and feasibility studies-- striving to improve the operational performance of our clients. Mile High Healthcare Analytics is also data-focused. We analyze large and complex datasets of patient-level data from claims, pharmacy, clinical laboratory results, member enrollment, and supplemental data. Our healthcare analytics pay as much attention to the underlying completeness of the data as to the analytic models. With good data we derive and validate predictive models in clinical, operational and financial areas for healthcare organizations bearing financial or insurance risk. Mile High ensures the validity of the results from analytics and the applicability of those results to our clients' objectives.

Optum is a leading health services and innovation company dedicated to helping make the health system work better for everyone. With more than 94,000 people worldwide, Optum combines technology, data and expertise to improve the delivery, quality and efficiency of health care. Optum uniquely collaborates with all participants in health care, connecting them with a shared focus on creating a healthier world. Hospitals, doctors, pharmacies, employers, health plans, government agencies and life sciences companies rely on Optum services and solutions to solve their most complex challenges and meet the growing needs of the people and communities they serve.

Pareto Intelligence is an analytics and technology solutions company that supports healthcare plans and providers with revenue, cost, quality, and risk adjustment payment models. Pareto was forged to help our clients navigate the most dynamic and critical times in healthcare, and we continue to bring innovative solutions to meet unmet market needs.
Pareto acts as a trusted partner, helping clients make key decisions with big data analytics, easy-to-use technology, and expert advisory support. Our award winning suite of technology solutions and services help our clients harness the power of data science and develop actionable insights. We show you what to do with the insights you've acquired and give you direction for tomorrow.
Pareto Intelligence was launched by HealthScape Advisors, a management consulting firm with decades of experience in the business of healthcare.

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.

Cognisight is a leading health care solutions vendor, specializing in risk adjustment services for Medicare Advantage plans, Health Insurance Exchange issuers, PACE/Duals programs, Medicaid Managed Care plans, Accountable Care Organizations, and Independent Practice Associations. We understand all sides of the risk adjustment equation and provide our services to plans throughout the United States.
Our mission is simple: capture the most accurate and complete diagnostic information to help ensure our clients have the best information to care for their members. As HCC risk adjustment experts, we enable our clients to improve the quality of health care they deliver while assuring accurate revenue.
Full suite of risk adjustment services:

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(877) 271-1657 | Cognisight.com | info@Cognisight.com

At Truven Health Analytics, we are dedicated to delivering the answers our clients need to improve healthcare quality and reduce costs. We are a healthcare analytics company with robust, widely respected data assets and advanced analytic expertise that have served the global healthcare industry for more than 30 years. These combine with our unique perspective from across the entire healthcare industry to give hospitals, clinicians, employers, health plans, government agencies, life sciences researchers, and policymakers the confidence they need to make the right decisions, right now, every time. With our healthcare-specific expertise and tools for managing complex and disparate data, we understand how to implement and integrate tailored analytics that drive improvement. Truven Health Analytics owns some of the most trusted brands in healthcare, such as Micromedex, ActionOI, 100 Top Hospitals, MarketScan, and Advantage Suite. Truven Health has its principal offices in Ann Arbor, Mich.; Chicago; and Denver. For more information, please visit truvenhealth.com.

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