RISE

THE RESOURCE INITIATIVE AND SOCIETY FOR EDUCATION AND HEALTHCARE EDUCATION ASSOCIATES PRESENT

HEAR DIRECTLY FROM 4 AND 5-STAR PLANS!

THE RISE STAR RATINGS PERFORMANCE & QUALITY ANALYTICS FORUM

Two Events—One Great Location—Showcasing Operational Strategies to Advance Your Quality Improvement Goals

DECEMBER 5-6, 2016 | **THE COSMOPOLITAN OF LAS VEGAS** | **LAS VEGAS, NV**

STAR RATINGS MASTER CLASS

Solutions for Communication, Engagement, and Operations that Boost Medicare Advantage Star Ratings & Improve Quality Outcomes

- Develop new strategies to tackle challenging Part C and Part D measures
- Cultivate members' experiences and revamp interventions to drive CAHPS and HOS scores
- Get practical steps to promote and manage quality projects across an entire organization
- Reduce physician abrasion with improved engagement techniques that drive scores

ESSENTIAL ANALYTICS FOR QUALITY IMPROVEMENT

Front-End Strategies to Enhance Star Ratings and Quality Performance

- Discover the basic concepts and vocabulary for data analytics as applied to Star Ratings and other quality measures
- Learn the fundamentals of how predictive modeling can drive quality improvement
- Explore methods for implementing analytics even without a dedicated data staff by using common applications and programs
- Hear examples and case studies on easily implementable analytics strategies for targeting specific factors in quality ratings

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

DISCOVER HOW TO IMPROVE QUALITY OUTCOMES AND BOOST YOUR STAR RATINGS

Quality measures impact overall performance and budgets more than ever before, and the pressure for plans to hit and maintain a coveted 4+ Star Rating overall and across measures continues to grow. Drive your plan forward by getting the latest techniques at **The RISE Star Ratings Performance & Quality Analytic Forum on December 5-6 in Las Vegas!**

The Star Ratings Master Class will bring together leaders from top-rated health plans to explore the toughest questions that the Medicare Advantage industry struggles to answer, including – how do you continue to improve quality to earn and maintain 4 or 5-Star ratings? We have crafted our program to answer just that. Uncover the key solutions you need to improve communications, engagement, and operations initiatives that will drive your future ratings!

The Essential Analytics for Quality Improvement program will feature discussions and presentations on the core practices in analytics and their role in improving quality, and will give you the skills and confidence you need to take advantage of this powerful tool. Delivered in a linear and tactical fashion, sessions will provide easily implementable, front-end strategies for boosting your plan's quality performance!

With CMS setting high stakes and moving targets for MA Star Ratings, it is more important than ever to develop a winning game plan that will revamp your operational strategies, enhance your data gathering and analytics execution, and drive your quality goals forward. Join us for this exceptional two-part program in December!

Register today!

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

Sincerely,

Melissa Myers, *Conference Director*
HEALTHCARE EDUCATION ASSOCIATES

Terri Hammons, *Conference Director*
HEALTHCARE EDUCATION ASSOCIATES

P.S. All-Access passes are available to design your perfect session schedule and receive conference materials from both events!

P.P.S. Register now to take advantage of the **special early-bird rate—available until 11/4/16!**

OUR RENOWNED SPEAKING FACULTY

Jed Armstrong, **UNITEDHEALTHCARE**
Greg Hanley, **UCARE**
Debra J. Zeh, **UPMC HEALTH PLAN**
Jaime Benedict, **MEDIGOLD**
Cheri Kennedy, **REGENCE BLUECROSS BLUESHIELD**
Sara Gardner-Smith, **PROVIDENCE HEALTH PLAN**
Donna Sutton, **SCAN HEALTH PLAN**
Anna Lynch, **CAREOREGON**
Scott Weiner, **EMSI HEALTH**
Jatin Dave, **TUFTS HEALTH PLAN**
Noreen Hurley, **HARVARD PILGRIM HEALTH CARE**
Sarah Way-Messer, **CARE WISCONSIN**
Emily Fahey, **CARE WISCONSIN**
Ana Handshuh, **ULTIMATE HEALTH PLANS**
Janine Sala, **UNITEDHEALTHCARE**
Gary Gau, **BLUE CROSS BLUE SHIELD OF FLORIDA**
David P. Meyer, **SCAN HEALTH PLAN**
Edward McEachern, MD, **PACIFICSOURCE HEALTH PLANS**
Jennifer Zuckerman-Brady, **UNITEDHEALTHCARE**
Jonathan K. Weedman, **CAREOREGON**
Veronica Aispuro, **UNITEDHEALTHCARE**
Jim Dalen, **ALTEGRA HEALTH**
Chih Lee, **INTER VALLEY HEALTH PLAN***
Richard Lieberman, **MILE HIGH HEALTHCARE ANALYTICS**
*pending final confirmation

IMPORTANT INFORMATION

VENUE DETAILS

The Cosmopolitan of Las Vegas
3708 S Las Vegas Blvd
Las Vegas, NV 89109
(702) 698-7000

We have a limited number of hotel rooms reserved for the conference. The negotiated room rate of **$165 per night** will expire on **November 14, 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.

The Cosmopolitan is the most original destination in the heart of The Las Vegas Strip. This unique luxury resort & casino is unlike any other. Enjoy residential-styled living spaces with private terraces and breathtaking views of the Las Vegas skyline. Dining is reinvented with a one-of-a-kind restaurant collection featuring world-class chefs making their Las Vegas debut. Stylish design and art engage cultural sensibilities while a vibrant nightlife scene captivates perceptions. Combine it all with an eclectic mix of hand-selected boutiques, an unrivaled Pool District, a 100,000 square-foot casino and the serenity of Sahra Spa & Hammam to redefine your luxury resort experience.

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.

REFUNDS AND CANCELLATIONS

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

WHO SHOULD ATTEND?

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

- Star Ratings
- Quality Improvement
- Quality Analytics
- HEDIS®
- CAHPS
- HOS
- Physician Outreach & Education
- Member Outreach & Engagement
- Data Management
- Predictive Modeling
- Customer Service & Member Experience
- Care Management
- Performance Management
- Informatics
- Pharmacy Administration
- Health Management
- Clinical Improvement & Innovation

GET ANSWERS TO THESE CRITICAL QUESTIONS:

Star Ratings Master Class

- What do you need to know from the latest CMS update on Star Ratings?
- How will MACRA impact our provider network and their participation in Star Ratings projects?
- How can you manage members' experiences to influence CAHPS results?
- What processes and strategies do top-rated plans use to continually earn 4+ Stars?
- When your program has plateaued on medication adherence measures, how can you continue to engage members and improve their compliance?
- What does a good action plan look like for the Medication Reconciliation Post-Discharge measure?
- How do you successfully execute Star Ratings projects across multiple departments?
- What tools do you need to communicate your Star Ratings progress and successes to the C-suite?
- When and how should clinical and pharmacy departments begin working together for measures that require data integration?
- How can you earn top scores in all measures for the Managing Chronic (Long-Term) Conditions domain?

Essential Analytics for Quality Improvement

- What basic statistical concepts and analytics techniques do you need to know and understand for quality improvement purposes?
- How can technical non-experts apply predictive modeling and analytics to improving Star Ratings?
- How can you use common office programs and applications like Excel for every day analytics?
- What are basic data analytics best practices that are used by 4+ Star plans?
- How can pharmacy data be routinely utilized to impact heavily-weighted quality measures such as readmissions?
- How can data sets from socio-environmental sources be used with traditional sources like claims and customer service records to drive your quality scores and ratings?
- How and when can predictive analytics be employed to estimate the moving target of the Stars cut points?
- What are the essential organizational best practices for protecting sensitive data?
- How can data related to the social determinants of health be evaluated and used to promote higher quality scores?

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 704-341-2448 or kweigel@healthcare-conferences.com.

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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.

SILVER

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

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.

Founded in 2006, **HealthPlanOne (HPO)** operates best in class private exchanges for both the Medicare and individual health insurance markets. Through its digital marketing, proprietary technology and call center operations, HPO assists health plans in the acquisition of incremental cost effective members. HPO's Employer Solutions division was established in 2013 to provide assistance to both pre-Medicare and Medicare-eligible retirees and their corporate sponsors. HPO has been recognized by Inc. 500/5000, Deloitte Technology Fast 500, and Marcum Tech Top 40.

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.

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.

BRONZE

DAY ONE: MONDAY, DECEMBER 5, 2016

8:00 - 9:00 REGISTRATION *sponsored by* CIOX HEALTH

8:00 - 9:00 CONTINENTAL BREAKFAST

9:00 - 9:15 CHAIRPERSON'S OPENING AND WELCOMING ADDRESS

9:15 - 10:00 KEYNOTE: NAVIGATING THE HEALTH PLAN QUALITY LANDSCAPE

STAR RATINGS MASTER CLASS

10:00 - 11:00 THE FUTURE MEDICARE POPULATION & STAR RATINGS UPDATES

- Demographic trends of Medicare-eligible Americans in the next decade and how they can be used to understand your future members' needs
  - Culture and language trends across the country
  - Common clinical issues
  - Technology skills to consider
- Measures, displays, and methodology updates for 2017
  - Key details to develop an action plan
  - What should you be doing to impact Medication Reconciliation Post-Discharge (MRP) and Hospitalizations for Potentially Preventable Complications display measures?
- Get an overview of how measure changes will impact your current program
- What is on the horizon for 2018, 2019, and beyond?

11:15 - 12:00 DEVELOPING A STAR RATINGS PROJECT TO DRIVE SPECIFIC MEASURES

- Get an edge in ratings with a step-by-step guide for defining which measures to focus on
- Using a process improvement mindset to guide your projects more effectively
- Looking at data qualitatively and developing an action plan
- What tools are needed to communicate the plan and results to the C-suite?

Donna Sutton, *Director, Medicare Star Quality*
SCAN HEALTH PLAN

1:00 - 2:00 MEDICATION ADHERENCE - NEW APPROACHES AND BEST PRACTICES

- Identifying members at risk for non-compliance to implement targeted interventions
- Tools, programs, and resources that improve member adherence
- Types of pharmacy and partnerships that will improve member compliance
- How do you continue to keep members engaged once you have plateaued on these measures?
- Lessons learned from projects: the good and the ugly
- How do you utilize these practices in display measures?

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

2:00 - 2:45 REDUCING PHYSICIAN ABRASION & ENHANCING PROVIDER ENGAGEMENT

- MACRA's negative impact to providers' participation and attention to Stars projects
  - Provider education and resources to put your projects back on their radar
- Cultivating a healthy plan/provider relationship to help close gaps
- Incentives and data that drives provider to comply to your plan's quality initiatives– What's worked? What's failed?
- Proven strategies for driving provider behavior and cooperation in non-integrated plans

Debra J. Zeh BSN, RN, *Director, Provider Quality*
UPMC

Jaime Benedict, *Senior Director, Medical Delivery Systems*
MEDIGOLD

ESSENTIAL ANALYTICS FOR QUALITY IMPROVEMENT

10:00 - 11:00 DATA 101 FOR QUALITY IMPROVEMENT

Whether you are brand new to data or just welcome a refresher, this session will establish the vocabulary and concepts used across analytics programs.

- Overview of data and statistics terminology
- Common statistical techniques and programs used in analytics
- Regression analysis, t-tests, chi-square—what are they and what do they do?
- Interpreting reports and understanding statistical significance

Gary Gau, *Actuarial Lead in Predictive Modeling*
BLUE CROSS BLUE SHIELD OF FLORIDA

11:00 - 11:15 MORNING NETWORKING BREAK *sponsored by* OPTUM Good for the system.

11:15 - 12:00 EXPLORING SOURCES OF DATA

- What are the basic, internal data sets that are commonly available, such as claims data, electronic medical records, appeals and grievances, and customer service records?
- What are the external and non-traditional sources of data that can be used in basic analytics?
  - Social and environmental data sets from government and non-governmental agencies
  - Consumer and financial data sources
- How to choose the right data source for the problem or question at hand
- What correlations are seen between data from particular sources and specific quality measures, and how can you use them to improve scores and ratings?

Noreen Hurley, *Star Quality Program Manager*
HARVARD PILGRIM HEALTH CARE

12:00 - 1:00 LUNCH FOR ALL ATTENDEES AND PARTICIPANTS

1:00 - 2:00 THE PROMISE OF PREDICTIVE MODELING FOR QUALITY MEASURES

This session will examine the basic concepts of predictive modeling, including where it is commonly used and the potential applications—and limitations—of predictive models for Star Ratings and other quality measures.

- Defining predictive modeling and how it is used
- How is it different from reporting and other quantitative analysis?
- Types and components of predictive models that can be used for quality measures and Star Ratings

Gary Gau, *Actuarial Lead in Predictive Modeling*
BLUE CROSS BLUE SHIELD OF FLORIDA

Jim Dalen, *Chief Health Economist*
ALTEGRA HEALTH

2:00 - 2:45 CASE STUDY--DOING DATA WITHOUT A DATA DEPARTMENT

Learn how Inter Valley Health Plan, a small Medicare Advantage health plan, has successfully used analytics even with a very limited analytics staff.

- IVHP's partnership to create an analytic tool to address Star measures, and plans to expand the tool to encompass HEDIS measures
- Insights and surprising trends identified in medication adherence
- Use of analytical dashboards to better understand how to leverage limited resources for improving Medication Adherence
- Incorporating data visualization into Medication Adherence outreach efforts

Chih Lee, *Manager, Decision Support**
INTER VALLEY HEALTH PLAN
*pending final confirmation

DAY ONE: MONDAY, DECEMBER 5, 2016

STAR RATINGS MASTER CLASS

ESSENTIAL ANALYTICS FOR QUALITY IMPROVEMENT

2:45 - 3:00 AFTERNOON NETWORKING BREAK *sponsored by* EMSI HEALTH®

3:00 - 4:00 MASTERING A PART C DOMAIN - MANAGING CHRONIC (LONG-TERM) CONDITIONS

By "layering" interventions for maximum impact, this session will detail how a small Special Needs Program (SNP) achieved a 5-Star domain rating for Managing Chronic Conditions. Topics covered will be:

- Best practices for engaging a small, complex membership with a high touch model and member-centered approach
- Breaking down results and designing interventions that can be deployed on the ground and across the organization
- Maximizing resources for maintaining a high performing domain rating in Chronic (Long-Term) Conditions

Sarah Way-Messer, *Director of Quality Improvement*
CARE WISCONSIN

Emily Fahey, RN, *Quality Improvement Manager*
CARE WISCONSIN

4:00 - 5:00 GETTING TO THE TOP: 4 AND 5-STAR PLANS SHARE ALL

In a roundtable format, these top-rated plans will share inside tips on making it to the top of Star Ratings. They'll discuss specific interventions and processes that have helped them along the way. This facilitated, open-dialogue session is designed to give you the opportunity to learn from your peers and colleagues in the Star Ratings trenches.

- Strategies used to manage difficult populations and overcoming barriers
- Member and provider engagement techniques vital for success
- What processes have been used to maintain their highest ratings?
- Medication adherence practices that have worked for these high-performing plans
- How are these plans preparing for Medication Reconciliation Post-Discharge and other display measures?

Greg Hanley, FACHE, CPHQ, *Quality Management Director*
UCARE

Jed Armstrong, *Associate Director – Quality Analytics, West Region*
UNITEDHEALTHCARE

3:00 - 4:00 DRIVING QUALITY WITH PROACTIVE POPULATION HEALTH ANALYTICS

- How can analytics be leveraged to inform and change member behavior?
- How can data related to the social determinants of health be used to improve outcomes and promote higher quality?
- Using data to build a complete and culturally competent analysis of your member population
- Stratification and analysis of the population to understand compliance barriers and to enable more precisely targeted interventions
- Supporting the data with research to understand the cultural and psychological factors affecting a particular population

Scott Weiner, *Senior Vice President, Analytics and Strategy*
EMSI HEALTH

Janine Sala, *Associate Director Clinical Quality-HEDIS Operations*
UNITEDHEALTHCARE

Jennifer Zuckerman-Brady, *Manager, Clinical Quality-HEDIS Operations*
UNITEDHEALTHCARE

4:00 - 5:00 THE STATE OF HEALTH PLAN AND HEALTHCARE QUALITY

- The importance of focusing on quality improvement for all health plan lines of business, not just Stars
- How coalescing of disparate measure sets is progressing
- The emergence of strong financial incentives in Medicaid quality improvement
- How public reporting of quality improvement is likely to impact health plan behavior
- The era of low-hanging fruit is over for most health plans: process measures are "so last year!"

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

5:00 - 6:00 COCKTAIL RECEPTION IMMEDIATELY FOLLOWING

FOR MORE INFORMATION ABOUT OUR SPONSORSHIP OPPORTUNITIES CONTACT KEVIN WEIGEL AT 704-341-2448 OR KWEIGEL@HEALTHCARE-CONFERENCES.COM

TOP REASONS TO ATTEND

Star Ratings Master Class

- Receive the latest updates on measure changes, display measures, and scoring methodology
- Learn from the best! Hear 4 and 5-Star plans share tips on getting to the top during facilitated question & answer
- Get an in-depth look into proper project management practices to target the right measures at the right time
- Improve medication adherence with different tools, programs, and new resources
- Develop precise physician communication plans that reduce provider frustrations and improve your ratings
- Discover how risk adjustment and Star Ratings teams can collaborate for improved profits and quality outcomes
- Dive into CAHPS and HOS data to build interventions to improve member satisfaction and reported outcomes
- Understand your future members' needs with a look into the demographics of Medicare-eligible Americans in the next decade
- Prepare Medicaid and HIX quality ratings systems to build operational and data infrastructures across business lines

Essential Analytics for Quality Improvement

- Learn about the basic concepts and terms in data analytics that are essential to quality improvement
- Discover simple strategies for using predictive analytics to improve your plan's quality measures and boost Star Ratings
- Learn how plans have used analytics to reach for, and catch, a prestigious 4+ Star Rating
- Hear proven, workable techniques for "doing data" without a dedicated analytics staff
- Identify the internal and external sources of data that can be mined and manipulated for purposes of quality improvement
- Discover easy-to-implement ways to use analytics to impact the challenging CAHPS and HOS measures
- Hear how a proactive focus on basic population health data can drive member engagement and success
- Discover simple strategies for connecting data from different sources to identify risks and challenges with specific quality measures
- Enjoy an opening keynote giving the 10,000-foot view of the current state of health plan and healthcare quality programs!

DAY TWO: TUESDAY, DECEMBER 6, 2016

8:00 – 8:45 CONTINENTAL BREAKFAST FOR ALL PARTICIPANTS

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

9:00 - 10:00 JOINT SESSION - MEDICARE ADVANTAGE MEMBERS SPEAK OUT

Learn exactly what Medicare Advantage members think about their health plan performance during this special session! MA members will share candid feedback in a focus group format about their experiences and expectations with their health plan. Join us as beneficiaries across the country shed light on current customer service and outreach techniques!

- What do members want from a health plan?
- What communication methods do they respond to?
- What are these members' biggest complaints?
- What drives members to get services?
- What are the barriers that prevent members from focusing on their health needs?

STAR RATINGS MASTER CLASS

10:00 – 11:00 DIFFICULT POPULATIONS & BUILDING INTERVENTIONS TO IMPROVE QUALITY OUTCOMES

Hear how CareOrgeon, a SNP plan with 10,000 dual-eligible members, develops and manages initiatives for challenging populations.

- CMS's response to difficult populations
  - Categorical Adjustment Index (CAI) impact on your rating
- Identifying member behavior through data to build interventions to overcome member-access issues and adherence barriers
- Dual eligible specific measures and innovative approaches to impact Star Ratings
- Examining measures for SNPs and novel interventions to improve Star Ratings

Anna K. Lynch, MPH, *Medicare Stars Performance Manager*
CAREOREGON

Jonathan K. Weedman, CCTP, LPC, *Health Resilience Program Manager*
CAREOREGON

11:15 - 12:15 POWERFUL MEMBER-FOCUSED TECHNIQUES TO IMPROVE CAHPS & HOS

I. Influence CAHPS with Improved Member Engagement and Satisfaction

- Identifying member touch points needed to impact member perceptions of plan
- Improving response rates
- Initiatives that have failed, and those that have worked

II. Capitalize on Member Data to Develop Interventions for HOS

- Using the information that your members are sharing to influence quality and clinical decisions
- Developing an annual calendar of interventions for providers and members
- Strategies to control specific measures

Jatin Dave, *Medical Director*
TUFTS HEALTH PLAN

1:15 - 2:00 JOINING FORCES WITH RISK ADJUSTMENT FOR STREAMLINED PROCESSES

- What does fully incorporating risk adjustment with quality look like?
- How do you develop contracts with providers that support risk adjustment and Star Ratings?
- Reducing gaps in documentation to help assist with Star Ratings and finances
  - Developing databases that accurately handle chart abstraction
  - Teaching providers best practices for coding to collect proper payments
- Building a joint-communication strategy for providers and members
  - Identifying communication burdens across departments
  - Establishing communication timelines across departments
  - Integrating messages from multiple departments to reduce member and provider fatigue and information overkill

Speaker TBD
OPTUM

ESSENTIAL ANALYTICS FOR QUALITY IMPROVEMENT

10:00 - 11:00 DATA ANALYTICS FOR THE SURVEY MEASURES

The CAHPS and HOS measures play a significant role in Star Ratings, yet are persistently challenging since they are driven by members' perceptions and experiences. How can a quantitative concept like data analytics be used for measures that are driven by these subjective factors?

- The role of analytics in year-round tracking and trending of data related to the member experience and health perception factors that are assessed by CAHPS and HOS
- Simple steps for using data from mock surveys to create a "no surprises" CAHPS and HOS cycle
- What you must take into consideration when targeting members for mock surveys
- How can claims data for items such as durable medical equipment provide alerts on possible measures such as fall risk and provider education on falls and balance?

David P. Meyer, *Vice President of Healthcare Informatics*
SCAN HEALTH PLAN

11:00 - 11:15 MORNING NETWORKING BREAK *sponsored by* HPONE HEALTHPLANONE

11:15 - 12:15 FEATURED CASE STUDY—THE ANALYTICS EXPERIENCE AT PACIFICSOURCE HEALTH PLANS

Hear how PacificSource, an independent, not-for-profit community health plan, uses data analytics to achieve their strategic goals and initiatives toward quality improvement.

Edward McEachern, MD, *Medicare Medical Director*
PACIFICSOURCE HEALTH PLANS

12:15 - 1:15 LUNCH FOR ALL ATTENDEES AND PARTICIPANTS

1:15 - 2:00 ANALYTICS IN DEPTH: COUNTING--AND CUTTING--STARS

- How can data and predictive modeling be used in relation to the always-moving target of the Stars cut points?
- Straightforward methods for anticipating possible increases in the cut points for measures, and how to plan for the changes
- What are some of the other more advanced applications of data analytics and predictive modeling?

Veronica Aispuro, Ph.D., *Associate Director of Star Ratings Analytics*
UNITEDHEALTHCARE

DAY TWO: TUESDAY, DECEMBER 6, 2016

STAR RATINGS MASTER CLASS

2:00 - 2:45 MANAGING STAR RATINGS PROJECT PLANS ACROSS A MATRIX ORGANIZATION

- Running reports to determine which measures to focus on
- Steps to execute Star Rating projects across different departments – how do you make this work?
- How do you get other departments to "own" Star Ratings measures?
  - Setting measurement goals for departments and getting their buy-in for the measure
  - Building relationships with other departments to achieve organizational success

Cheri Kennedy, *Project Manager, Medicare Star Ratings*
REGENCE BLUECROSS BLUESHIELD

Sara Gardner-Smith, CPHQ, CHES, *Stars Quality Coordinator*
PROVIDENCE HEALTH PLAN

2:45 - 3:30 THOUGHT LEADERSHIP PANEL: INTRODUCING IMPACTFUL STRATEGIES FOR THE FUTURE OF QUALITY RATINGS

- Identifying areas and processes to work on possible future measures: asthma, depression, statin therapy, and use of opioids
- Innovative methods to jumpstart your 2019 Star Ratings
- How do you begin busting through pharmacy and clinical silos for measures that require data collaboration?
- How will Medicaid and HIX quality ratings affect your lines of business?
  - Building infrastructures for quality across lines of business
  - Becoming the subject matter experts to drive quality across business lines

Panel Members:

Greg Hanley, FACHE, CPHQ, *Quality Management Director*
UCARE

Noreen Hurley, *Star Quality Program Manager*
HARVARD PILGRIM HEALTH CARE

ESSENTIAL ANALYTICS FOR QUALITY IMPROVEMENT

2:00 - 2:45 CONNECTING THE DATA DOTS FROM PHARMACY TO CLINICAL TO QUALITY

This session will explore how pharmacy and medical data from disparate sources and systems can be connected to identify risks and optimal areas for outreach, and be used to impact specific quality measures.

- How can pharmacy data be used to predict and impact some of the heavily weighted quality measures such as readmissions?
- Easy-to-implement strategies for using pharmacy data to assess trends and issues with medication adherence
- Turn-key approaches to using predictive techniques to identify potential health risks that can be proactively targeted for interventions

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

2:45 - 3:30 DATA SECURITY

No examination of data would be complete without a discussion on data security. This session will look at best practices for data security, such as:

- How to mask personally identifying information and member personal health information in data sets
- Tools for securely transferring data files and health records
- Organizational best practices, such as "clean desk" policies, secure shredding, and guidelines for electronic communication

3:30 CONFERENCE CONCLUDES

THE CONFERENCE ORGANIZERS

Healthcare Education Associates is a division of Financial Research Associates. 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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Jeanette Gonzalez, **WELL CARE OF NY**

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Kathy Barnett, **AMERIHEALTH CARITAS**

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