



THE RISK ADJUSTMENT FORUM

Enhanced risk adjustment strategies for the government sponsored and commercial marketplaces

MAY 12-14, 2015

THE ROOSEVELT NEW ORLEANS

NEW ORLEANS, LA

RISK ADJUSTMENT HCC CODES ICD-10 RAPS EDPS RADV RISK MITIGATION REINSURANCE RISK CORRIDORS PROSPECTIVE ASSESSMENTS RETROSPECTIVE REVIEWS DIAGNOSIS RISK SCORES DATA ANALYTICS CMS HHS ZERO-SUM CHART AUDITS DOCUMENTATION DATA VALIDATION EDGE SERVERS DATA SUBMISSIONS EXCHANGES MEDICARE ADVANTAGE FALSE CLAIMS ACT QUALITY MEASURES PROVIDER ENGAGEMENT FINANCIAL SOLVENCY IN-HOME ASSESSMENTS ENCOUNTER DATA TRANSFER PAYMENTS OVER-PAYMENTS MEDICAID MMP

CHOOSE FROM TWO PRE-CONFERENCE RISK ADJUSTMENT ACADEMY WORKSHOPS!

WITH GENERAL SESSIONS AND BREAKOUT TRACKS, THIS EVENT IS YOUR MOST VALUABLE RESOURCE FOR MASTERING RISK ADJUSTMENT UNDER THE ACA – INCLUDING COMMERCIAL/EXCHANGE, MEDICARE, AND MEDICAID RISK ADJUSTMENT PROCESSES!

GENERAL SESSIONS

- Risk Adjustment 2015 – The Legislative & Political Climate
- CMS Final Call Letter Analysis and HHS Federal Register Update
- Connecting the Dots – Implementing an Organization-Wide Risk Adjustment Strategy
- Coder On-Boarding – Recruitment, Training, and Assessment of Your Coding Team
- Risk Revenue Modeling – Creating a Risk Adjustment Model to Maximize Profitability
- Achieving Provider Cooperation through Enhanced Education and Engagement Strategies
- Understanding Medicaid Risk Adjustment Fundamentals
- Utilizing Predictive Modeling Analytics to Track Data & Close Gaps
- Vendor Audits - Measuring the Accuracy & Effectiveness of Your Vendors
- One Foolproof Way to Get Better Documentation from Your PCP

CHOOSE YOUR CUSTOMIZED TRACK

Track A: Risk Adjustment for Medicare Advantage Plans

- Aligning the Universes – Coordinating Outreach to Members & Providers to Improve Quality Measures
- Looking Both Ways: Deletions, Corrections, and Addendums
- RAPS & EDPS Data Quality Excellence
- Medicare RADV Audit Best Practices

Track B: Risk Adjustment for Commercial Plans

- Risk Adjustment in Commercial (HIX) Marketplace
- Tips & Tricks for Performing Meaningful Prospective Assessments
- Avoid Funding The Competition Through Transfer Payment Modeling: Achieving Optimal Risk Adjustment Levels
- Commercial RADV Audit Survival Guide

Plus! Choose from two pre-conference Risk Adjustment Academy workshops!

- Risk Adjustment 101 – The Cornerstones of Risk Adjustment
- The HCC Coding Class – Coding Strategies for Optimal Chart Documentation

SPONSORS



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. HEA and RISE are leading the way in risk adjustment education, addressing some of the thorniest risk adjustment challenges health plans and providers are facing today! We've put together an unparalleled curriculum comprised of 2 pre-conference workshop intensives followed by the in-depth two-day Risk Adjustment Forum - no matter what your level of mastery, this one-of-a-kind risk adjustment event has something for you!

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 risk adjustment from Medicare, commercial/exchange, & Medicaid perspectives. This essential conference is a must-attend for plans who are ready to take risk adjustment to the next level!

Learning objectives include:

- Understanding risk adjustment procedures across all lines of business
- Formulating strategies for applying organization-wide risk adjustment best practices
- Developing a game plan for risk adjustment data validation audits – both MA and commercial
- Understanding how to unite RA with other quality measures
- Achieving optimum risk adjustment results through improved provider engagement and cooperation
- Formulating a risk adjustment strategy that emphasizes risk score improvement
- And more!

Plus! Attend one of two RISE Risk Adjustment Academy Pre-Conference Workshops:

Risk Adjustment 101 – The Cornerstones of Risk Adjustment

The HCC Coding Class – Coding Strategies for Optimal Chart Documentation

These two separate all-day workshops feature an expert faculty and an excellent opportunity to train your newly hired staff at the same time as your expert coding and documentation crew. Be prepared for jam-packed and intensive learning.

Highlights Include:

- Learn the risk adjustment models and methods used with different lines of business
- Understand the purpose of risk adjustment and intended applications
- Learn about RADV audits – what they are about, the perils and the work involved
- Appreciate the linkage to HEDIS, Medicare Stars and care management
- Understand the differences in FFS versus risk-adjusted payment from the provider perspective
- Learn about the legal and compliance risks – documentation is the crucial skill set
- Understand what the changes are in documentation using ICD-9 and -10 code sets
- Learn lessons from the experts - Common mistakes and pitfalls in documentation

Register today!

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

Sincerely,

Christine Marez, Conference Director
HEALTHCARE EDUCATION ASSOCIATES

Kevin Mowll, Executive Director
RISE (RESOURCE INITIATIVE & SOCIETY FOR EDUCATION)

P.S. This conference is eligible for up to 19 & CPE credits!

"Conference provided a lot of useful materials & knowledge to me and my organization who are new to risk adjustment"

Arthur Greenwood
NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND

IMPORTANT INFORMATION

VENUE DETAILS

The Roosevelt New Orleans
130 Roosevelt Way

New Orleans, LA 70012
p: 504-648-1200

We have a block of rooms reserved at a special rate of **\$229/night**. This rate expires on **April 19, 2015**. Book early - we expect the block to sell out prior to this date. Mention the **"Risk Adjustment Forum"** when placing your room reservation to receive the negotiated rate. Upon sell out of the block room rate and availability will be at the hotel's discretion. Please call **504-648-1200** to book your room.

The Roosevelt New Orleans – New Orleans, LA

The iconic New Orleans luxury hotel offers an unparalleled combination of Southern hospitality, world-class service and historic surroundings. This hotel near the French Quarter is within walking distance to the city's most vibrant attractions and entertainment, including Jackson Square, Bourbon Street and the Arts & Warehouse District. This luxury hotel offers guests expansive rooms and suites, destination dining experiences and absolute tranquility at the Waldorf Astoria Spa.

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 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

OUR RENOWNED SPEAKING FACULTY

Speaker, **INOVALON**

Gary Gau, **FLORIDA BLUE**

RaeAnn Grossman, **MEDSAVE USA**

Kathy Frank-Klein, **AMIDA CARE**

Diane Barton, **KELSEY CARE ADVANTAGE**

Deb Curry, **PROMEDICA**

Krishna Daliparthi, **INDEGENE HEALTHCARE**

Jenni Monfils, **UCARE**

Jeff Cox, **CIGNA-HEALTHSPRING**

Ali Aminzadeh, **TUFTS HEALTH PLAN**

Terry Carr, **COMPLEX CARE SOLUTIONS, INC.**

Joyce McCormick, **TUFTS HEALTH PLAN**

Darren Schulte, **APIXIO**

Dr. Richard Bernstein, **MEDXM**

Kim Browning, **COGNISIGHT**

Greg Hunter, **NEIGHBORHOOD HEALTH PLAN**

Nathan Goldstein, **CENSEO HEALTH**

Gary Gau, **BLUE CROSS BLUE SHIELD OF FLORIDA**

Hewitt Moten, **NETWORK HEALTH**

Sy Zahedi, **MEDXM**

Brian Boyce, **ION HEALTHCARE**

Kameron Gifford, **EMPIRICAL RISK MANAGEMENT**

Kevin Mowll, **RISE**

Tam Pham, **PEAK RISK ADJUSTMENT SOLUTIONS**

John Criswell, **PULSE8**

Jimmy Liu, **ALTEGRA HEALTH**

Aprihl Shapiro, **MOLINA HEALTH CARE**

Jeannie Hennem, **HEALTHPORT**

Ryan Peterson, **RECORDFLOW**

WHO SHOULD ATTEND?

This conference is designed for: Medicare Advantage, Medicaid managed care, and exchange and non-exchange commercial plan executives and providers operating at-risk from the following areas:

- Risk Adjustment
- HCC
- Actuarial staff
- Pricing & valuation
- Compliance & audit personnel
- Plan design
- Provider engagement & education
- Finance/Revenue
- Medicare/Government Programs

As well as:

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

OPTION 1: RISK ADJUSTMENT 101 – THE CORNERSTONES OF RISK ADJUSTMENT

OPTION 2: THE HCC CODING CLASS – CODING STRATEGIES FOR OPTIMAL CHART DOCUMENTATION

7:30 – 8:30 **REGISTRATION AND CONTINENTAL BREAK**

8:30 – 8:45 **OPENING REMARKS AND INFORMATION ABOUT CONTINUING EDUCATION CREDITS**

8:30 – 8:45 **OPENING REMARKS AND INFORMATION ABOUT CONTINUING EDUCATION CREDITS**

8:45 – 10:45 **FIRST MODULE:**

1. Risk Adjustment for Medicare Advantage & HHS – Overview of Day's Agenda
2. How Did We Get Risk Adjustment in Medicare Advantage? – Historical perspective
3. CMS Payment Model – Overview
 - Purpose of risk adjustment
 - Hierarchical structure and diagnostic codes
 - Code capture and impacts to risk scores
4. Risk adjustment models
 - CMS HCC risk adjustment models (segments, disease hierarchy, disabled)
 - End stage renal disease (ESRD)
 - Prescription drug HCCs (RxHCC)
 - Compare / contrast CMS HCC model versus RxHCC model
5. Annual CMS Bid: the calendar, putting it together, roles, risk adjustment

8:45 – 10:45 **FIRST MODULE:**

1. Overview of Day's Agenda
2. Risk Adjustment Models – Refresher
 - Diagnosis-related models (CMS, CDPS, HHS)
 - Hybrid and prescription-based models (UCSD, DxCG, HCC-D)
 - Accepted providers
 - Code values
 - RAF scores, Hierarchical Conditions, trumping and specificity
 - Financial implications – condition scoring examples
 - HCCs versus CDPS
3. Risk Adjustment Models – Refresher continued
 - Quality Improvement and Parts C & D Domains
 - Relevance to providers billing E&M CPT codes

10:30 – 10:45 **MORNING BREAK**

10:45 – 12:00 **SECOND MODULE:**

6. Organizational structure / overview of typical healthplan risk adjustment program
 - Operations overview:
 - Data administration – collection to support risk adjustment
 - Risk score verification tools, RAPS data submission and flow of risk adjustment data
 - EDPS
 - Payment reconciliation / reports / software / data integrity
 - Timelines and calendar
 - Analytics and reporting
 - Quality assurance – PCP claims validation, vendor coding oversight, coding education, RADV response, policy & procedure oversight
7. The CMS risk adjustment data validation program (RADV)
 - Definition and purposes
 - Methodology
 - Objectives:
 - National RADV versus contract-level RADV

10:45 – 12:00 **SECOND MODULE:**

4. Diagnosis Documentation and Coding - coding for risk adjustment
 - Documentation in the chart and ICD code capture
 - Challenges in FFS-based provider practices
 - Coders' limitations on interpretations on cause & effect
 - Shortcuts in common usage versus acceptable documentation
 - Applying ICD-9 and ICD-10 Guidelines:
 - Trumping and using rules
 - Examples and scenarios
 - Signatures

12:00 – 1:00 **NETWORKING LUNCHEON**

1:00 – 2:30 **THIRD MODULE:**

8. Program management
 - Prospective assessment – in-home or skilled nursing facilities / other sites
 - Retrospective review - Suspect list generation, provider engagement, retrieval
 - Stratification, target lists, strategies, options
 - Closing gaps and follow-up
 - Analytics and reporting
 - Data mining, performance evaluation, stratification
 - Coordination for optimal results:
 - Care management linkages
 - HEDIS / Medicare Stars Program linkages
 - provider engagement & outcomes management
9. Partnering, building internally versus outsourced solutions
 - Vendor management, coding program management, Vendors
 - Hospitalists
 - Home health agencies
 - Social support programs

1:00 – 2:30 **THIRD MODULE:**

5. Choosing Diagnoses from Portions of the Encounter – permitted and not permitted
 - E&M guidelines for diagnoses used for billing
 - CMS guidelines, The Coding Clinic and CMS Risk Adjustment Participant Guide
 - Current diagnoses, co-morbidities in the encounter
 - Coding from chief complaint, HPI, past medical history
 - Coding from lists (current, ongoing, active, and chronic, etc.)
 - Coding from review of systems, exam, assessment and plan
 - Differences in CDPS model
 - Excluded sources
 - Official reference resources
 - Chief complaint, history of present illness
 - Past medical history
 - Coding from lists: problem list, current, ongoing, active, chronic, etc.
 - Review of systems, exam, assessment and plan portions of the medical record

2:30 – 2:45 **AFTERNOON BREAK**

2:45 – 4:30 **FOURTH MODULE:**

10. HHS Risk Adjustment & Comparisons
 - Heritage shared with CMS risk adjustment
 - Differences in risk adjustment models – CMS, HHS, Medicaid
 - Premium stabilization and the marketplace
 - Payment integrity and RADV
 - Timelines
 - Key take-aways
11. Processing the Day's Program: Putting It All Together
 - Additional comments and suggestions
 - Open discussion and idea exchange
12. Post-Test – Gauging Efficacy of Course

2:45 – 4:30 **FOURTH MODULE:**

6. Clinical Documentation Barriers (for risk adjustment purposes)
 - Provider signatures and data validation audit risks
 - Signs (short cuts) or symptoms instead of diagnoses
 - Uncertain diagnoses (suggestive of, consistent with, suspicious for, etc.)
 - "Consistent with..."
 - Up / down arrows
7. Post-Test – Quiz and Discussion, Q&A

4:30 **END OF DAY ONE**

FACULTY



Kevin Mowll, *Executive Director*

RESOURCE INITIATIVE and SOCIETY for EDUCATION (RISE)

Kevin is responsible for building and driving the RISE association. Prior to joining RISE, Kevin was Vice President for Senior Products with the Tufts Health Plan in Boston and in executive positions with other health plans for 36 years.



Tam Pham, *Vice President of Product and Strategy*

PEAK RISK ADJUSTMENT SOLUTIONS

Tam has over 20 years of experience in government payment systems from DRGs, to APR-DRGs to APCs and now HCCs. At Peak, she focuses on product development with an emphasis on leveraging analytics and technology to improve outcomes and operational business strategies.



Jimmy Liu, *Vice President of Risk Analytics Services*

ALTEGRA HEALTH

Jimmy focuses on risk adjustment strategy and analytics for Medicare, Medicaid and Commercial clients nationwide. He has more than 10 years of experience working with healthcare plans, and manages a team of program managers and data analysts to help clients meet risk adjustment goals.

FACULTY



Brian Boyce, *BSHS, CPC, CPC-I, AAPC ICD-10 approved trainer. Chief Executive Officer and Managing Consultant, ION HEALTHCARE, LLC [Invited]*

Brian has over 26 years of healthcare experience. He started his career in Aeromedical Evacuation (flight nursing) in the US Air Force. He has over 16 years of healthcare management experience and has spent the last 7 years with a focus on risk adjustment (diagnosis coding). He is a PMCC instructor and ICD-10-CM trainer and he is the author of the Official Risk Adjustment Curriculum through the AAPC. His company ionHealthcare offers risk adjustment coding support and IT solutions while also serving the healthcare community with PMCC courses, CEUs, and consulting in coding operations, practice management, and risk adjustment. Brian is trained in Six Sigma, and has many certifications to include a Certificate in Clinical Bioethics from Georgetown.



Kameron Gifford, *CPC and Chief Executive Officer*

EMPIRICAL RISK MANAGEMENT

Kameron is the founder and Chief Executive Officer of ERM Consulting and mHealth Games. Over the last 15 years she has worked hand in hand with physicians, managed care organizations, hospitals and health plans to develop efficient billing practices, implement value added processes and improve the entire experience of care for their patients. Kameron is passionate about risk adjustment and a strong advocate for frontline staff.

THE RISK ADJUSTMENT FORUM

WEDNESDAY, MAY 13, 2015

8:00 REGISTRATION

8:00 – 8:45 **BREAKFAST** sponsored by comolexcare

8:45 – 9:00 CHAIR'S OPENING REMARKS

Chairperson: Ryan Peterson, *Regional Vice President, Sales, RECORDFLOW*

9:00 – 9:45 RISK ADJUSTMENT 2015 – THE LEGISLATIVE & POLITICAL CLIMATE

- The ACA and the new Congress
 - Upcoming Supreme Court decisions
 - Other influences – the lobbyist agenda, recent CMS management changes
- Aprihl Shapiro PMP, MBA, *Manager of Risk Programs, MOLINA HEALTH CARE*

9:45 – 10:30 CMS FINAL CALL LETTER ANALYSIS AND HHS FEDERAL REGISTER UPDATE

- An overview and analysis of the CMS Final Call Letter including discussions on:
 - How the final letter compares to the Advance Notice
 - Where we stand on the HCC and ICD-10 transitions
 - The status of in-home assessments
- An overview and analysis of the HHS Federal Register Update
- The OIG Work Plan

RaeAnn Grossman, *Chief Sales and Marketing Officer, MEDSAVE USA*

10:30 – 10:45 **MORNING BREAK** sponsored by ECS

10:45 – 11:30 VENDOR AUDITS - MEASURING THE ACCURACY & EFFECTIVENESS OF YOUR VENDORS

- Best practices for performing vendor audits and assessments
- Determining Vendor ROI
- Choosing the right vendors

Kathy Frank-Klein, *VP of Vendor Management and Outsourcing Operations, AMIDA CARE*

TRACK A: RISK ADJUSTMENT FOR MA PLANS

2:00 – 2:45 ALIGNING THE UNIVERSES – COORDINATING OUTREACH TO MEMBERS & PROVIDERS TO IMPROVE QUALITY MEASURES

- Aligning your quality measures to achieve the most impactful results with minimum touch points to minimize assessment fatigue
 - Risk Adjustment
 - HEDIS
 - Star Ratings
 - Case management
- Checking off your quality checklist without over-engagement

Sy Zahedi, *President and CEO, MEDXM*

Dr Richard Bernstein, *Chief Medical Advisor, MEDXM*

PANEL SESSION

11:30 – 12:15

CODER ON-BOARDING – RECRUITMENT, TRAINING, AND ASSESSMENT OF YOUR CODING TEAM

- Assembling your coding team
 - Recruitment
 - Training
- Measuring the accuracy of your coding team
 - Best practices for auditing your coder team

Diane Barton, *Manager Coding Compliance, KELSEYCARE ADVANTAGE*

Deb Curry, RHIA, CCS-P, *Manager, Risk Adjustment, PROMEDICA*

12:15 – 1:15 **LUNCHEON** sponsored by APIXIO

1:15 – 2:00

RISK REVENUE MODELING – CREATING A RISK ADJUSTMENT MODEL TO MAXIMIZE PROFITABILITY

- Weighing the cost/benefit of a risk revenue strategy
- Formulating a risk adjustment strategy that emphasizes risk score improvement
- Identifying populations that have high yield potential
- Target marketing to attract a certain type of member
- Understanding how much revenue to expect based on your risk adjustment score and potential medical costs

Speaker, TBD, **INOVALON**

TRACK B: RISK ADJUSTMENT FOR COMMERCIAL PLANS

2:00 – 2:45 RISK ADJUSTMENT IN COMMERCIAL (HIX) MARKETPLACE

- Trends in disease prevalences and coding/documentation gaps
- Utilizing risk adjustment insights to effectively manage costs and utilization
- Leveraging risk adjustment to drive care management efforts

Krishna Daliparthi, *Director, Healthcare Analytics, INDEGENE HEALTHCARE*

2:45 – 3:30 **LOOKING BOTH WAYS: DELETIONS, CORRECTIONS, AND ADDENDUMS**

- Keeping an eye out for deletion occurrences – mistakes and illness resolutions
- Submitting corrections
- Determining over-payments on deletions and corrections
- Best practices for chart addendums – processes and procedures

Jenni Monfils, *Risk Adjustment Compliance Coding Manager*, UCARE

2:45 – 3:30 **TIPS & TRICKS FOR PERFORMING MEANINGFUL PROSPECTIVE ASSESSMENTS**

- The difference between prospective and retrospective assessments
- The limitations of prospective assessments
- How will assessments in the commercial market change going forward?
- Prospective assessment best practices
- Are in-home assessments viable?
- Determining where in-home assessments will be most effective

Jeff Cox, *Director, Risk Adjustment Operations*, CIGNA-HEALTHSPRING

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

3:30 – 3:45 **AFTERNOON BREAK** sponsored by 

3:45 – 4:30 **RAPS & EDPS DATA QUALITY EXCELLENCE**

- Data quality management (accuracy, completeness, and timeliness controls)
- EMR dx truncation, codesets, demographics
- Claims vs. alternative submissions immediate provider feedback loops
- Data reconciliations: life of encounters and diagnosis code from provider to CMS

Ali Aminzadeh, *Senior Manager Of Senior Products Risk Adjustment Analytics and Reporting* TUFTS HEALTH PLAN

3:45 – 4:30 **AVOID FUNDING THE COMPETITION THROUGH TRANSFER PAYMENT MODELING: ACHIEVING OPTIMAL RISK ADJUSTMENT LEVELS**

ACA risk adjustment, reinsurance, and risk corridors are intended to promote insurer competition to ensure insurance market stability, particularly in the early years of reform. Payment transfers provide QHPs additional financial benefit to cover actual risk exposure beyond that anticipated in the premiums, but these are funded by pulling revenues from competitors with lower risk. Because this is a zero sum game, it is critical to understand the extent of your risk in each market to avoid overspending or avoid funding your competition. Achieving optimal risk adjustment levels needs a combination of market factors, sophisticated analytics, provider engagement, and identifying the right intervention at the right time to avoid funding the competition. In this session:

- Walk through three projected program scenarios of transfer payment modeling: best case, worse case and a conservative case.
- Learn how you can target the most effective interventions necessary to achieve the most effective risk adjustment strategy; target the optimal financial level; improve financial performance; avoid unnecessary interventions and reduce cost with 24/7 real-time visualization and reporting tools.

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

4:30 – 5:15 **MEDICARE RADV AUDIT BEST PRACTICES**

- RADV results and lessons learned from veterans
- What did CMS accept/reject?
- OIG implications
- Choosing your audit vendor

Joyce McCormick, CPC, PCA, *Risk Adjustment Quality Assurance Manager* TUFTS HEALTH PLAN

Darren Schulte, *Chief Executive Officer*, APIXIO

4:30 – 5:15 **COMMERCIAL RADV AUDIT SURVIVAL GUIDE**

- Best practices for the IVA and 2nd audit
- Choosing your IVA vendor
- Choosing the best medical record for your audit
- Submitting supplemental diagnosis

Kim Browning, *Executive Vice President*, COGNISIGHT

5:15 **END OF DAY ONE**

5:15 – 6:15 **COCKTAIL RECEPTION IMMEDIATELY FOLLOWING** sponsored by 

THURSDAY, MAY 14, 2015

8:00 – 8:45 **BREAKFAST** sponsored by 

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

Chairperson: Ryan Peterson, *Regional Vice President, Sales*, RECORDFLOW

9:00 – 10:00 **ACHIEVING PROVIDER COOPERATION THROUGH ENHANCED EDUCATION AND ENGAGEMENT STRATEGIES**

- Achieving optimum risk adjustment results through improved provider engagement and cooperation
 - Striving to ensure proper documentation from the source
- Demonstrating the ROI and value of proper coding and documentation to achieve financial gains as well as better health outcomes
- Generating incentive measures that get providers motivated to improve accuracy
- Providing education to physicians and staff
- The importance of offering feedback in the form of benchmarks and areas for improvement

Greg Hunter, *Director of Payment Integrity, CPC, AHFI*, NEIGHBORHOOD HEALTH PLAN

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

10:00 – 10:45 **ONE FOOLPROOF WAY TO GET BETTER DOCUMENTATION FROM YOUR PCP**

One foolproof way to get better documentation from your PCPs

- Increase member and physician engagement
- Improve utilization: increase the "good," decrease the "bad"
- Collect data that fuels your entire network strategy
- Increase member and physician engagement
- Improve utilization: increase the "good," decrease the "bad"
- Collect data that fuels your entire network strategy

Nathan Goldstein, *Chief Strategy Officer*, CENSEO

10:45 – 11:00 **MORNING BREAK** sponsored by 

11:00 – 11:45 **UNDERSTANDING MEDICAID RISK ADJUSTMENT FUNDAMENTALS**

- States currently utilizing risk adjustment
- How is expansion affecting Medicaid risk adjustment?
- Medicaid risk adjustment models
 - Hierarchical models
 - Categorical models
- Data elements needed for the most widely used models
- Data collection and validation for Medicaid
- Data submission protocols
- Risk adjustment and dual eligibles

Speaker TBD

11:45 – 12:30 **UTILIZING PREDICTIVE MODELING ANALYTICS TO TRACK DATA & CLOSE GAPS**

- Strategic chart-chasing – producing a chase-list that will improve your risk scope
- Utilizing predictive modeling to identify documentation gaps
- Stratifying members to determine which chart reviews will be most effective

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

12:30 – 1:15 **CONNECTING THE DOTS – IMPLEMENTING AN ORGANIZATION-WIDE RISK ADJUSTMENT STRATEGY**

- 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

Hewitt Moten, *Director*, NETWORK HEALTH

1:15 **LUNCHEON** sponsored by 

CONFERENCE ADJOURNS

RISK ADJUSTMENT HCC CODES ICD-10 RAPS EDPS RADV RISK MITIGATION REINSURANCE
 RISK CORRIDORS PROSPECTIVE ASSESSMENTS RETROSPECTIVE REVIEWS DIAGNOSIS RISK SCORES
 DATA ANALYTICS CMS HHS ZERO-SUM CHART AUDITS DOCUMENTATION DATA VALIDATION
 EDGE SERVERS DATA SUBMISSIONS EXCHANGES MEDICARE ADVANTAGE FALSE CLAIMS ACT
 QUALITY MEASURES PROVIDER ENGAGEMENT FINANCIAL SOLVENCY IN-HOME ASSESSMENTS
 ENCOUNTER DATA TRANSFER PAYMENTS OVER-PAYMENTS MEDICAID MMP

TOP REASONS TO ATTEND

- Examine the current political climate in relation to current and future risk adjustment policy
- An analysis of the CMS Final Call Letter, the HHS Federal Register Update, and the OIG Work Plan
- Find out how to take a collaborative approach to risk adjustment across all departments and lines of business
- Best practices for assembling and assessing your coding team
- Formulate a risk adjustment strategy that emphasizes risk score improvement
- Evaluate your risk score to determine your projected transfer payment status
- Survival guides for MA & Commercial RADV audits
- Get ready for the transition from RAPS to EDPS
- Discover incentive measures that get providers motivated to improve accuracy
- Best practices for performing vendor audits and assessments

CPE CREDITS



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

The recommended CPE credit for this course is 13 credits for The Risk Adjustment Forum, 6 credits for either workshop, or 19 credits for the conference & one workshop in the following field of study: Specialized Knowledge and Applications. For more information, visit our website: www.healthcare-conferences.com/thefineprint.aspx

SPONSORSHIP AND EXHIBIT OPPORTUNITIES

Enhance your marketing efforts through sponsoring a special event or exhibiting your product at this event. We can design custom sponsorship packages tailored to your marketing needs, such as a cocktail reception or a custom-designed networking event.

To learn more about sponsorship opportunities, please contact Kevin Weigel at 704-241-2448 or kweigel@healthcare-conferences.com

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

UPCOMING EVENTS



THE 8TH ANNUAL RISE SUMMIT

Best Practices and Essential Strategies for Successfully Managing Risk, Quality, Revenue and Data Analytics

March 9-11, 2015 – Nashville, TN



CODING CLINIC: CODING FOR AUDIT READINESS

The Only Event to Examine the Nuances of Coding for HCC (Medicare), CDPS (Medicaid) and HHS-HCC (The Exchanges)

June 18-19, 2015 – San Antonio, TX

SPONSORS

PLATINUM



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.



RecordFlow is an industry leader who provides best in class Risk Adjustment and Quality solutions for our health plan customers. Our mission is to help our clients increase revenue and quality of care while reduce costs and without compromising quality. Our robust technology suite and our team's expertise and focus on operational excellence allow our clients the confidence to concentrate on their core business while knowing that their project is getting done right, the first time. We partner with health plans to satisfy their and Revenue and Quality objectives including:

Medicare Risk Adjustment	HEDIS MRR
Commercial Risk Adjustment	Commercial QRS Review
STAR Ratings	RADV / Data Validation
Member Outreach	Record Retrieval
ACO Quality Review	

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.



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



"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



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.



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 our members and patients. 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. Discover how our in-home physician program can improve your organization's clinical outcomes at censeohealth.com



Peak focuses on delivering Risk Adjustment and Quality Solutions to provide our clients with full service and customized options that give you the ability to choose services which best meet your needs. Peak provides top quality staff, a state-

of-the-art technology workflow, chart reviews, in-home assessments and chart retrieval specific to your needs. With Peak as your partner, you will receive quality, timely results from a caring team of professionals that will guide you through the challenges of this ever changing industry.



Apixio was founded in 2009 to transform how providers and healthcare organizations access, analyze, and use clinical data for optimal care. Its premier product is the Apixio HCC Optimizer, a smart coding application with automated extraction and analysis of clinical text and coded data for accurate, efficient risk scores at a lower cost for Medicare Advantage (MA) and individual/ small group plans.

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.



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.



Cognisight is a leading health care solutions provider, specializing in risk adjustment services for Medicare Advantage, Medicaid Managed Care, PACE plans, and Issuers on and off the Health Insurance Exchange. Born out of the Greater Rochester Independent Practice Association (GRIPA), a member organization comprised of nearly 1,000 physicians, we know providers and plans because we are providers and plan leaders. At Cognisight our mission is simple: capture the most accurate and complete 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 maximizing efficiency and assuring accurate revenue. Our continuum of comprehensive risk adjustment services include:

- Analytics
- Retrospective/Concurrent Chart Reviews
- Health Risk Assessments
- Risk Adjustment Data Validation (RADV/IVA)
- Risk Verification
- Provider & Coder Training

For more information please visit Cognisight.com, email info@Cognisight.com, or call (877) 271-1657.



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.



Pulse8 is the only cutting-edge healthcare analytics and technology company that delivers an unprecedented view into risk adjustment enabling health plans to achieve the highest financial impact in the Commercial Health Exchanges, Medicare Advantage and Medicaid markets. Pulse8 is revolutionizing risk adjustment through innovative and unique products to ensure its clients outperform. Utilizing transparent and flexible business intelligence tools, Pulse8 offers real-time visibility into member and provider activities so our clients can apply the most cost-effective and appropriate intervention. For more company information, please contact Pulse8 at (410) 928.4218, visit www.Pulse8.com and follow on Twitter @Pulse8News.

BRONZE



THE RISK ADJUSTMENT FORUM



HEALTHCARE EDUCATION ASSOCIATES
 200 WASHINGTON ST. SUITE 201
 SANTA CRUZ, CA 95060

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

Four Ways to Register

Fax	Call	Web	Mail
704-341-2641	866-676-7689	www.healthcare-conferences.com	HEA, LLC 18705 NE Cedar Drive Battle Ground, WA 98604

ATTENTION MAILROOM:
 If undeliverable, please forward to the
 Director of Risk Adjustment

Please Mention This Priority Code When Registering



FORUM MAY 13-14 ONLY	FORUM & WORKSHOP A-RA 101 MAY 12-14	FORUM AND WORKSHOP B-RA CODING MASTER CLASS
Standard: \$2495 <input type="checkbox"/>	Standard: \$2995 <input type="checkbox"/>	Standard: \$2995 <input type="checkbox"/>
Plan/Provider: \$1695* <input type="checkbox"/>	Plan/Provider: \$2195* <input type="checkbox"/>	Plan/Provider: \$2195* <input type="checkbox"/>
*Subject to HEA approval		

Payment Method:

Payments must be received no later than May 5, 2015

Please bill my: MC VISA AMEX DISCOVER

Card Holder's Name: _____

□□□□ - □□□□ - □□□□ - □□□□

Exp. Date: □□/□□

Signature: _____

Check enclosed: Please bill me later:

Name _____ Title _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

INCORRECT MAILING INFORMATION: If you are receiving multiple mailings, have updated information or would like to be removed from our database, please fax our database team at 704-341-2641 or call 704-341-2387. Please keep in mind that amendments can take up to 8 weeks.



Make checks payable to Healthcare Education Associates, and write H307 on your check.

Conference Code: H307

HEALTHCARE EDUCATION ASSOCIATES AND RISE (RESOURCE INITIATIVE & SOCIETY FOR EDUCATION) PRESENT

THE RISK ADJUSTMENT FORUM

Enhanced risk adjustment strategies for the government sponsored and commercial marketplaces

MAY 12-14, 2015 THE ROOSEVELT NEW ORLEANS NEW ORLEANS, LA

RISK ADJUSTMENT HCC CODES ICD-10 RAPS EDPS RADV RISK MITIGATION REINSURANCE
 RISK CORRIDORS PROSPECTIVE ASSESSMENTS RETROSPECTIVE REVIEWS DIAGNOSIS
 RISK SCORES DATA ANALYTICS CMS HHS ZERO-SUM CHART AUDITS DOCUMENTATION
 DATA VALIDATION EDGE SERVERS DATA SUBMISSIONS EXCHANGES MEDICARE ADVANTAGE
 FALSE CLAIMS ACT QUALITY MEASURES PROVIDER ENGAGEMENT FINANCIAL SOLVENCY IN-HOME
 ASSESSMENTS ENCOUNTER DATA TRANSFER PAYMENTS OVER-PAYMENTS MEDICAID MMP

CHOOSE FROM TWO PRE-CONFERENCE RISK ADJUSTMENT ACADEMY WORKSHOPS!

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