



RISE

THE 13<sup>TH</sup>

# RISK ADJUSTMENT FORUM

JUNE 9-11, 2019

CHICAGO, IL

# Why You Cannot Miss This Event

## Strengthening and Evolving Risk Adjustment Programs for Medicare Advantage, Medicaid and Commercial Plans

As risk adjustment programs keep evolving due to increased governmental demands and new technologies, now is the perfect time to learn from your peers and the most advanced solution providers on how to take your program to the next level and hit your revenue goals. Walk away with proven strategies for improving provider education, coding accuracy and best practices for breaking down silos and increase efficiencies within your Stars, HEDIS and Risk Adjustment programs.

## WHO SHOULD ATTEND?

- 01** Director of Risk Adjustment
- 02** Director of Provider Engagement
- 03** Director of Revenue Management
- 04** Director of Member Engagement
- 05** Director of Compliance and Coding
- 06** Director of Health Plan Analytics
- 07** Data Analysts
- 08** RAF Coders
- 09** Compliance Officers
- 10** Director of Quality Management

## TOP REASONS TO ATTEND

- 01** Learn how your peers are getting ready for the next round of RADV audits
- 02** Walk away with the latest techniques for improving coding accuracy and clinical documentation
- 03** Hear guidance on the latest CMS changes
- 04** Improve your payer/provider collaboration, engagement and outcomes
- 05** Get a head-start planning on 2021 bidding process
- 06** Define the impact of social determinants of health in your risk adjustment program
- 07** Take your vendor management to the next level of efficiency
- 08** Master data governance
- 09** Learn best practices for contract consolidation and acquisitions
- 10** Network with the industry's most advanced risk adjustment specialists and solution providers

# WORKSHOPS: JUNE 9, 2019

7:00 - 8:00 *Workshop A & B Registration Opens*

7:00 - 8:00 *Networking Continental Breakfast*

## 8:00 - 4:00 **Workshop A: Foundations of Risk Adjustment**

- The essentials of and differences between Medicare Advantage, Commercial and Medicaid risk adjustment
- Understanding how risk scores are calculated
- Making sense of varying payment models
- An intro into using data and predictive analytics to optimize your risk adjustment practices
- Tools for achieving data accuracy
- Where do we stand with the transition from RAPS to EDPS? The latest in a long journey
- Provider engagement strategies for impacting your risk adjustment initiatives
- Risk adjustment vendor selection and management
- Determining whether you need RA vendors
- How do you effectively vet potential vendors and ultimately select them?
- Strategies for on-going, thorough vendor management
- The future of risk adjustment - what you need to know to stay ahead of possible changes
- Initial steps for preparing for a RADV audit
- Which staff is essential to overseeing your RADV audit prep?
- Staying ahead - key items to monitor well in advance of an actual audit

## 8:00 - 4:00 **Workshop B: HCC Coding Accuracy**

The HCC Coding for Accuracy workshop is not just for those directly involved in HCC coding work. It is designed for other disciplines as well, including finance and analytics professionals. Join us for an introduction to best practices, the opportunity to work through case examples, and to share experiences with your peers. This workshop will zero-in on regulatory compliance while teaching you how to optimize the accuracy of the information gathered and submitted at the practice level. You will also learn about the way charting is often done, how to overcome "disconnect" with the clinicians and how their typical charting practices and EMRs can create significant problems, and how RADV views documentation in contrast with the way clinicians were taught and EMRs were built initially. Please note: Attendees are encouraged to bring questions to pose to our expert workshop facilitators and the group. We provide your workbook which includes copies of the slide deck. You will not need your coding manuals, but most people bring a laptop or a tablet for note-taking.

- Dialogue, interact and work in small facilitated groups with peers and colleagues
- Understanding the financial overlay - HCC codes mapping to risk adjustment scores
- A single coding and documentation process for quality improvement
- Billing E&M CPT codes
- Risk adjustment
- Skill development on choosing diagnoses from portions of the encounter - permitted and not permitted
- Clinical documentation barriers for risk adjustment purposes (data validation audit risks)

4:00 - 5:00 *RISE Welcome Reception in Exhibit Hall*

# MAIN CONFERENCE DAY 1: JUNE 10, 2019

8:00 - 9:00 *Registration Desk Opens and Networking Breakfast*

8:00 - 6:00 *Exhibit Hall Opens*

## 9:00 - 9:10 **Opening Remarks**

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## 9:10 - 10:10 **Keynote Address**

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CMS

## 10:10 - 11:00 **Regulatory Roundtable: Updates, Guidance and Next Steps**

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- Understand the impact and prepare for the transitions to EDPS
- Identify CMS' policy direction for Medicare Advantage risk adjustment potential gaps to meet new, more stringent demands
- Strategies for implanting the latest technologies while keeping compliant with regulatory demands

11:00 - 11:20 *Networking Break in Exhibit Hall*

## 11:20 - 12:20 **Best Practices for Improving Health Outcomes and Reducing Spending**

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- Payer/provider collaboration, engagement and education
- Provider network, reporting and quality of care
- Developing partnerships, improving communication and incentives that actually make a difference
- Reducing the silo effect
  - » How to use risk adjustment and HEDIS data analytics to improve prospective activity outcomes for both initiatives

12:20 - 1:20 *Networking Lunch*

## 1:20 - 2:20 **Implementing Key Measures to Ensure Accurate Plan Revenue**

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- Learn how to evaluate your risk adjustment program and close compliance gaps
- Maximizing coding accuracy
- Developing best practices for successful internal audits
- Selecting and keeping the right revenue team

## 2:20 - 3:20 **Creating a High-Performance Risk Adjustment Revenue Team**

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- Developing an efficient and future-focused team
- Discussing best practices for resource allocation
- Setting quality assurance measures
- Understanding the pros and cons of cross-functioning teams

3:20 - 3:40 *Networking Break in Exhibit Hall*

## 3:40 - 5:00 **Getting You and Your Team RADV Audit Ready**

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- Training and educating your coding team to ensure accuracy and compliance
  - » Capturing patient historical data
- Understanding the financial impact of the upcoming audit
  - » Potential fines and implications
- Deep dive into audit trends from CMS and experiences from other health plans
  - » Utilizing independent auditors
- How are plans getting ready?

5:00 - 6:00 *Networking Cocktail Reception in Exhibit Hall*

# DAY 2: JUNE 11, 2019

8:00 - 9:00 *Registration Desk Opens and Networking Breakfast*

8:00 - 3:35 *Exhibit Hall Opens*

## 9:00 - 9:10 **Welcome Remarks and Day One Takeaways**

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## 9:10 - 10:00 **Keynote Address**

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Healthcare futurist in RA  
IBM Watson group  
Machine learning and AI from MIT

## 10:00 - 11:00 **Technology Advancements - The Impact in Your Risk Adjustment Program and Beyond**

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- Utilizing the right technology to help reduce cost
- Recap on the latest technology solutions and their role in coding accuracy
  - » Is NLP the way of the future?
- Learn how technology can enhance the member experience and improve engagement
- Hear tips on how to use technology to improve communication with providers and integrate systems

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## RISK ADJUSTMENT STRATEGIES

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11:20 - 12:20

### Risk-Based Compliance Approach

- Tap into member-centric data analysis to identify the greatest areas of compliance risk
- Foresee potential future compliance problems and line up resources to prevent or mitigate negative impact
- Address highest impact risk areas in the short and long term

12:20 - 1:20

*Networking Lunch*

1:20 - 2:20

### Dual Eligibility Models/Medi Operations and Programs Optimization

- Learn how to develop a sustainability plan for dual eligibility models
- Leveraging existing resources to provide high-quality, integrated healthcare services
- Addressing payment challenges surrounding dual eligible beneficiaries

2:25 - 3:25

### The Increasing Critical Role of Vendors: Partnering and Achieving Success

- Scaling your CEO's request for SDoH activity
- Discussing the latest trends in outsourcing
- Establishing line of oversight and setting KPI's
- Identifying a process of onboarding and offboarding vendors and solution providers
- Strategies for getting your vendors audit-ready
- Selecting and comparing vendors and mastering the RFP process

3:25

*Conference Adjourns*

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## TECHNOLOGIES AND INNOVATIONS

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### Managing Operations and Outcome During Contract Consolidation and Acquisitions

- Hear from your peers how to survive and thrive during acquisitions, while keeping costs low and utilizing resources efficiently
- Identifying strategies for consolidating benefits
- Developing a plan for combining conflicting practices involving pay for performance, pay for quality, reimbursements and staff models
- Creating a smooth transition for members as well as staff

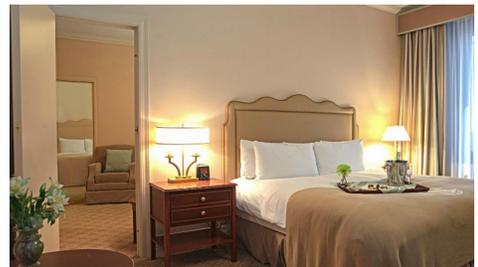
### Lessons Learned from Coders and Tips to Achieve Maximum Accuracy

- Case studies and open discussion

### Risk Adjustment, Data Governance and Compliance, and Why Do We Need It?

- Growing risks and skills risk adjustment leaders need to help plans mitigate
- Implementing procedures and policies to keep enterprise data's integrity, usability and security
- Leveraging existing data to create wholistic view of clients and its impact on your bottom line
- Cloud computing in healthcare: Does it work? Is it safe?
- Utilizing data to enhance care services and personalize client experiences

## VENUE DETAILS



### THE UNION LEAGUE - CHICAGO, IL

65 W. Jackson Blvd.  
Chicago, IL 60604  
(312) 427-7800

For nearly 140 years, the Union League Club of Chicago has upheld the sacred obligations of citizenship, promoted honesty and efficiency in government, supported cultural institutions and the beautification of the city and supported our nation's military and their families. Through the efforts of its dynamic membership, the Club has been a catalyst for action in nonpartisan political, economic and social arenas - focusing its leadership and resources on important social issues. As early as 1893, Chicago gained recognition as a world-class city when it hosted the World's Columbian Exposition. Club Members were instrumental in having Chicago named as the site of the exposition by the United States Congress. Since that time Club Members have played a role in establishing many of the city's cultural organizations, including Orchestra Hall and the Field Museum. In the 1990s, the Club celebrated its role in the opening of the Harold Washington Library Center.

#### ROOM BLOCK INFORMATION

We have a block of rooms reserved at a special rate of \$209/night. This rate expires on May 19, 2019; although, we expect the block to sell out prior to this date. To receive a room at the negotiated rate book well before the expiration date. Mention the **RISE Risk Adjustment Forum** when placing your room reservation by phone to receive the negotiated rate. We urge you to book your room early as we expect the block will sell out. Upon sell out of the block room rate and availability will be at the hotel's discretion. Please call 1-800-443-0578 or email [clubservices@ulcc.org](mailto:clubservices@ulcc.org) to book your room.

# CONFERENCE RATES

|                                   | EARLY BIRD RATE<br>Ends 4/12/2019 | STANDARD RATE<br>Ends 5/29/2019 | ONSITE RATE     |
|-----------------------------------|-----------------------------------|---------------------------------|-----------------|
| GOVERNMENT                        | <b>\$ 995</b>                     | <b>\$ 1,195</b>                 | <b>\$ 1,395</b> |
| HEALTH PLANS AND PROVIDERS        | <b>\$ 1,595</b>                   | <b>\$ 1,795</b>                 | <b>\$ 1,995</b> |
| SERVICE PROVIDERS AND CONSULTANTS | <b>\$ 1,995</b>                   | <b>\$ 2,195</b>                 | <b>\$2,395</b>  |

8 HOUR WORKSHOP ADD ON: **\$ 700**

(CHOOSE FROM FOUNDATIONS OF RISK ADJUSTMENT OR HCC CODING ACCURACY)

## GROUP DISCOUNTS ARE AVAILABLE

Please contact Whitney Betts at (704) 341.2445 or [wbetts@risehealth.org](mailto:wbetts@risehealth.org)

In order to secure a group discount, all delegates must place their registrations at the same time. Group discounts cannot be issued retroactively.

REFUNDS AND CANCELLATIONS: For information regarding refund, complaint and/or program cancellation policies, please visit our website: <https://risehealth.org/the-fine-print/>

## HOW TO REGISTER



### CALL

704.341.2392



### REGISTER ONLINE

[risehealth.org/riskadjustmentforum](http://risehealth.org/riskadjustmentforum)  
(Click to Register Online)



### MAIL

Wilmington FRA  
3420 Toringdon Way,  
Suite 240  
Charlotte, NC 28277

Please write **H577** on your check.

# THE CONFERENCE ORGANIZER



RISE is the premier community for health care professionals who aspire to meet the extraordinary challenges posed by the emerging landscape of accountable care and government health care reform.

Recognized industry-wide as the number one source for information on risk adjustment and quality improvement within health care, RISE strives to serve the community on four fronts: networking, education, industry intelligence and career development.

Through cutting-edge conferences, online courses, in-house training, webinars as well as an association comprised of over 2,500 members, RISE provides professionals with industry insights and critical information they need to stay ahead of the curve.

RISE produces more than 30 conferences annually, focused on sophisticated topics and ample networking opportunities for thousands of executives from mid- to senior-level and C-suite. Our team of subject matter experts is often first to market with emerging topics and we pride ourselves on consistently delivering on top quality operations and logistics to produce a seamless event.

Established in 2006 as an extension of Health care Education Associates (HEA), RISE now operates as the sole health care arm offering the original capabilities of HEA as well as an expanded product line. Headquartered in Charlotte, North Carolina, RISE operates alongside its counterpart, Foundation Research Associates (FRA), which serves the finance, law enforcement, government, legal and compliance communities in a similar capacity.

LEARN MORE AT [RISEHEALTH.ORG](http://RISEHEALTH.ORG)

# SPONSORSHIP AND EXHIBIT OPPORTUNITIES

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

To learn more about sponsorship opportunities, please contact Kevin Weigel at 704.341.2448 or [kweigel@risehealth.org](mailto:kweigel@risehealth.org)

## PLATINUM SPONSORS



Ciox Health facilitates and manages the movement of health information with the industry's broadest provider network. Through our expertise in release of information, record retrieval, and HIM, we improve the management and exchange of health information by modernizing workflows, facilitating access to clinical data, and improving the accuracy and flow of health information.



DataLink is the premier data aggregation, value-based performance management, provider enablement, and point of care partner to health plans, MSOs, ACOs, IPAs, medical groups, and provider entities. DataLink aggregates disparate data sources and systems to create the one source of truth for clients. DataLink illuminates value-based contract performance, MLR impact opportunities, provider network alignment and engagement, care pathways, quality scores, and risk adjustment program excellence.

Our solutions add insight and intelligence to the following lines of business:

- Medicare Advantage
- Medicaid
- Commercial

Our platform serves to:

- Aggregate data creating one source for health plans, MSOs/ACOs, physicians, and patient navigation
- Illuminate analytics around care, quality, risk, and value
- Stratify risk
- Engage physicians pre-, during, and post-visit
- Improve referral efficiency and value impact
- Create an intelligent landscape across care settings (in office, in home, inpatient, and skilled nursing facilities)
- Simplify the patient's care journey

Our differentiation derives from:

- Integrating cost of care, quality, and risk in one view
- Creating a payor agnostic value-based provider solution
- Designing workflows that are provider and patient-centric
- Facilitating provider adoption of over 85%; daily utilization for contract performance and point of care
- Enabling true data transparency across markets, products, medical groups, population cohorts, performance and contract metrics, MLR, quality, and risk strategies

DataLink empowers better health through extraordinary data transparency and simplifies next steps for all partners in value-based care.



Pulse8 is the only Healthcare Analytics and Technology Company delivering complete visibility into the efficacy of your Risk Adjustment, Quality, and Pharmacy Benefit Management programs. We enable health plans and providers to eliminate waste and achieve the greatest financial impact in the Medicare Advantage, Medicaid, and ACA Commercial markets as well as with Value-Based Payment models for Medicare. Our advanced analytic methodologies and flexible business intelligence tools offer real-time visibility into member behavior and provider performance. Pulse8's Illumin8 Active Intelligence™ platform offers a suite of uniquely pragmatic solutions that are powered by our patent-pending Dynamic Intervention Planning to deliver the most cost-effective and appropriate interventions for closing gaps in documentation, coding, and quality. For more company information or to schedule a demo, please contact Scott Filiault at (732) 570-9095 or [scott.filiault@pulse8.com](mailto:scott.filiault@pulse8.com).

## GOLD SPONSORS



DST Health Solutions, LLC delivers contemporary healthcare technology and service solutions that enable its clients to thrive in a complex, rapidly evolving healthcare market. Supporting commercial, individual, and government-sponsored health plans, health insurance marketplaces, and healthcare providers, DST Health Solutions' services include enterprise payer platforms, population health management analytics, care management, and business process outsourcing solutions, each designed to assist a company manage the processes, information, and products that directly impact quality outcomes. DST Health Solutions is a wholly-owned subsidiary of DST Systems, Inc. For more information visit [www.dsthealthsolutions.com](http://www.dsthealthsolutions.com).



Dynamic Healthcare Systems, Inc. is a strategic business partner to healthcare organizations participating in government-regulated 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 healthcare organization's operations:

- Risk adjustment (including RAPS, EDPS and HCC Analytics)
- HEDIS and quality measures
- Revenue reconciliation
- PDE management and audit
- Enrollment and eligibility processing
- MSP/COB
- Correspondence/fulfillment
- Member premium billing