



RISE WEST 2023 AUGUST 28-30, 2023 DALLAS

Past Agenda

With over 30 timely topics and 80+ handpicked speakers, RISE West 2023 covered the tried-and-true risk adjustment and quality content, plus expanded themes covering member engagement, policy, regulatory updates, and payer/provider alignment. We proudly made an impact through several ESG initiatives including a volunteer opportunity at a food packing event, plus RISE made a significant donation to the Wounded Warriors Project in honor of our panel session featuring U.S. military veterans.

[MONDAY](#)

[TUESDAY](#)

[WEDNESDAY](#)

TIME ZONE: CST

MONDAY - AUGUST 28, 2023

8:00 AM

Registration Desk Opens and Networking Breakfast

9:00 AM

9:00 AM

Workshop A: HCC Coding 201 – Leading and Implementing HCC Coding and Documentation Programs

**Additional Registration is required.*

Join RISE Institute for an in-depth managerial level workshop laying out best practices for an end-to-end method of aligning chart documentation, HCC code capture and audit-readiness at both the provider and health plan levels. There is finally an industry standard through the RISE Institute that shows the “how to” of setting up your department’s workflows, aligning with your provider networks, preparing for RADV audits, and more.

Attendees will walk away with the tools and tactical know-how to:

- Achieve plan -level program process, collaboration and continuous Improvement
- Create a framework for provider office-based program and learn how to roll this out
- Review clinical documentation evaluation in current systems
- Get a handle on program development and implementation: creating compliant & quality coding

Deb Curry, MBA, RHIA, CCS-P, CRC
Director, Risk Adjustment & Recoveries
Actuarial Services
Paramount



4:00 PM

Donna Malone, CPC, CRC, CRC-I, AHCCA, RAPI
Director Ambulatory Clinical Documentation Quality Improvement (CDQI)
Mount Sinai Health System

10:00 AM

Workshop B: Implementing an Outpatient Clinical Documentation Improvement (CDI) Program

**Additional Registration is required*

Join RISE Institute for this brand new, interactive workshop where participants will learn the building blocks of implementing a strong outpatient clinical documentation improvement program at their organization.

Outpatient CDI brings the information needed for better patient outcomes closer to the point of care. This improves both patient experience and provider engagement. This workshop is designed for administrators, coding/cdi professionals, and any healthcare leader who wants to take their value-based healthcare efforts to the next level.

Join RISE Institute for an introduction on why CDI is such a hot topic in the outpatient setting.

Participants will learn from our expert facilitators as well as their peers from across all sectors of our industry. Participants can expect to dialogue, interact, and work in small, facilitated groups with peers and colleagues.

Get insights into:

- Why CDI vs. traditional retrospective chart review
- Basics of CDI for risk adjustment
- How to create compliant querying policies and procedures
- The role of technology in outpatient CDI
- Hiring for your outpatient CDI program
- Measuring success
- Improving provider engagement

Colleen Gianatasio, MHS, CPC, CPCO, CPC-P, CPMA, CPC-I, CRC, CCS, CCDS-O
Director Clinical Documentation Integrity and Coding Compliance

Capital District Physician's Health Plan (CDPHP)

Dr. Shannon I. Decker, MBA, MBA, MEd., MEd, PhD
Principal

VBC One

4:00 PM

1:00 PM

Workshop C: Risk Adjustment Professional Advanced Workshop

**Additional Registration is required*

As an update to RISE's 101 workshop, this advanced version guides attendees in the managerial role of risk adjustment - from running the department to the day-to-day duties - with a primary focus on risk adjustment for the Medicare Advantage line of business.

Upon completion, participants will:

- Discuss managing within the organization, including what should be reported to senior management and when
- How to manage vendors effectively - including make or buy decisions and collaboration techniques
- Leverage your coding & documentation team's capabilities and your analytics tools
- Keep a finger on the pulse of the expected revenue volume and timing of cash flow realization
- Learn how to be prepared for future changes within the risk adjustment landscape

Laura Sheriff, RN, MSN, CPC, CRC
Vice President, Risk Adjustment
Southwestern Health Resources



4:00 PM

Susan Waterman, RHIT, CCS, CPC, CRC
Director of Risk Adjustment
Scott and White Health Plan

1:00 PM

Workshop D: Navigating the Wild West of Provider Engagement in a Post-Pandemic World

**Additional Registration is required*

Join an interactive workshop focused on experiences and takeaways of working hand-in-hand with providers in a post-pandemic world. Presenters discuss the impact of staffing shortages, hybrid workforce, combatting provider burnout, enhancing patient experience and closing gaps in care in innovative ways.

Carmela Costiniuk, B.Sc. OT, MHA, D. EdD (C)
Vice President, Population Health and Clinical Transformation

Catholic Medical Partners

Margaret Paroski, MD, MMM, *President & CEO and Chief Medical Officer*

Catholic Medical Partners

Barry Stelmach
Chief Financial Officer

Catholic Medical Partners

4:00 PM

2:00 PM

Think Tank Sessions (Invitation Only)

Adapting to the Evolving Healthcare Landscape

A Discussion on Innovative Solutions to Deliver High-Value Care

In partnership with Signify Health, RISE is proud to host a closed-door idea exchange session with select executives from health plan and healthcare provider organizations.

Participants will discuss the evolving healthcare landscape and brainstorm innovative ideas for delivering high-value care to members where they are, starting in the home. The format of this session is a "boardroom" style discussion, closed to the rest of the public and open only to invited participants.

Topics will be centered around:

- Ongoing expansion of healthcare ecosystems, and the impact on consumers, providers, health systems, and health plans
- Transformation of healthcare utilization - How, When, and Where members are receiving care
- Product and service advancements to meet the unique needs of members

Chatham House Rules apply.

Moderators:

Heidi Schwarzwald, MD, MPH, Chief Medical Officer, Home & Community Services, Signify Health

Rachel Hiatt, Vice President, Product Management, Signify Health

4:00 PM

4:00 PM

Food Packing Volunteer Event in Partnership with U.S. Hunger

Free to attend, but separate registration is required

5:00 PM

5:00 PM

Networking Cocktail Reception

Join us for drinks, hors d'oeuvres, and networking with peers.

6:00 PM

TUESDAY - AUGUST 29, 2023

7:45 AM

Registration Desk Opens and Networking Breakfast

9:00 AM

8:00 AM

VIP Breakfast with LaDainian Tomlinson (Invitation Only)

8:45 AM

8:50 AM

Opening Remarks

Co-chair:

Vandna Bhrany, MPH

Vice President, HEDIS Strategy & Analytics

AmeriHealth Caritas

Co-chair:

John Romans

CEO

Biomedix

9:00 AM

9:00 AM

Special Presentation – Fireside Chat with LaDainian Tomlinson: Against the Odds; Lessons in Perseverance, Discipline, and Selflessness for Elite Achievement

Sponsored By PointClickCare®

Join RISE for a special fireside chat with LaDainian Tomlinson (LT), NFL Network Analyst, Hall of Fame Running Back, MVP and 5x Pro Bowl Selection. LaDainian Tomlinson currently serves as a studio analyst for the NFL Network as well as a special advisor to the owner of the Los Angeles Chargers.

He was inducted into the Pro Football Hall of Fame in 2017 and the College Football Hall of Fame in 2014. His football credentials consist of being the 2006 League MVP, a five-time Pro Bowler, a five-time All Pro team member, the Walter Payton NFL Man of the Year in 2006, Associated Press' Offensive Player of the Year in 2006 and the recipient of the Doak Walker Award for best college running back in 2000.

Known for not ever looking behind him but looking for what's next, LaDainian's goal is not to be known as a football player and is the Founder and Chairman of Tomlinson Ventures uniquely focused on providing funding, mentoring, coaching in low socio economic communities and schools through cross sector partnerships with the Tomlinson Center for Leadership, T Hill Media, 3SIXT Software, LT 21 Sports, and partners like Albertsons, Disabled American Veterans, US Marine Corps, and Tomlinson's Touching Lives Foundation

His most valued platforms are Veterans, Education, and Community Engagement and is the reason he is an ambassador for the Disabled American Veterans, TCU Trustee.

Moderator:

Ian Strand

Vice President of Business Development

Patient Pattern

PointClickCare



Interviewee:

LaDainian Tomlinson (LT)

NFL Network Analyst, Hall of Fame Running Back, MVP and 5x Pro Bowl Selection

9:45 AM

9:45 AM

Keynote Fireside Chat: A Conversation on MA Compliance

Join an intimate sit down with Megan Tinker, Chief of Staff at the OIG, examining the OIG's approach to understanding risks and opportunities associated with managed care and how that informs OIG's oversight and enforcement associated with Medicare Advantage. Discuss the coordination between OIG and MA plans on key issues in combatting health care fraud, waste, and abuse.

Moderator:

Mikal Sutton

Managing Director

Medicaid Blue Cross Blue Shield Association

Interviewee:

Megan Tinker

Chief of Staff

Department of Health and Human Services (HHS), Office of Inspector General (OIG)

10:30 AM

10:30 AM

Networking Break

10:55 AM

10:55 AM

Leadership Panel: Practical Advice for Positioning Your Plan for Success for 2023 and Beyond

Health Plan leaders discuss the current Managed Care Landscape, look at the road ahead and give their perspectives on how to provide compliant, best-in-class care. Panelists dive into the operational implications of the CMS Final Rule and give their tactical, actionable recommendations for success moving forward.

Moderator:

Matt Peterson

COO, Payer Services

Ciox Health - A Datavant Company

Panelists:

Kiran Rangarajan, PhD

Chief Government Programs Revenue Officer

Blue Cross & Blue Shield of Rhode Island

Rika Kari

Vice President, Medical Economics and Risk

Horizon Blue Cross Blue Shield of New Jersey

Jaye Johnston

Vice President, Stars Operations

Clover Health

11:40 AM



Track: Chairs:

11:45 AM

Track A: Risk Adjustment Strategies

Redefining Member Engagement for Risk Adjustment – it’s not all about the IHAs and the MRRs anymore!

- Learn about the impact of the risk adjustment V28 model changes set with the Final Notice and the pending ‘No Upcode Act’ bill
- Hear about other member and provider engagement strategies to address the scrutiny surrounding the use of in-home assessments and medical record reviews for risk adjustment
- Set your Risk Adjustment program up for future success as well as align with your health plan’s goals for Stars and HEDIS

Moderator:

Jill Strassler
VP, Solutions Management

Veradigm

Panelists:

Aaron Winkel
Senior Solutions Manager

Veradigm

Jonathon Graham
Director, Opargo Business Operations

Veradigm

Kwame Appiah-Yeboah, PhD, CRC
Director, Risk Adjustment and Revenue Management

Sentara Health Plan

Eric Pflieger
Senior Vice President, Population Health

Southeast Primary Care Partners

Allison Kirsch
Vice President Operations

Southeast Primary Care Partners

12:30 PM

11:45 AM

Track B: Quality and Member Experience

Panel: Unpacking the Star Ratings Changes in the 2024 Advance Notice – What Should Plans Do Next?

Panelists discuss strategies in addressing changes from the newly released 2024 MA and Part D Advance Notice and look ahead for what’s on the horizon for 2025 and 2026 Star Ratings changes. Walk away with guidance on the necessary enhancements to your Stars program to ensure success.

Moderator:

Phil Collins
Senior Director of Quality

FarmboxRx

Panelists:

Savannah Gonsalves, RN, MHA
Director of Quality

Hometown Health

Katharine Iskrant
President

Healthy People, Inc.



12:30 PM

Vandna Bhrany, MPH
Vice President, HEDIS Strategy & Analytics
AmeriHealth Caritas

11:45 AM

Track C: Compliance and Regulatory Updates

Panel: The Current State of RA Litigation and Risk Areas for MA Plans, Physician Groups, Vendors and Downstream Entities

- Hear about new developments in various FCA litigations, OIG audits, and other regulatory activities, with focus on what sorts of activities and fact patterns that the DOJ, as well as courts at the pleading stage, are finding to be plausible violations of the False Claims Act as opposed to fact patterns that are not meeting muster
- Hear some predictions about what's next in the FCA arena when it comes to MA and whether MA plans can be both whistleblowers and victims if providers submitted false claims to MAOs
- Gain insights into how the new RADV rule may affect these cases, and similar cases, moving forward
- Walk away with a sense of which behaviors the DOJ and various District Courts are finding to be violations of the FCA, and some advice on how to stay clear of those land mines
- Stay informed of some predictions of where the future of fraud litigations related to the MA industry seem to be heading

Mary Inman
Partner in Whistleblower Practice Group
Constantine Cannon

Stephen Bittinger
Health Care Audit & Integrity Partner
K&L Gates

Gregory Demske
Partner
Goodwin Procter

12:30 PM

12:30 PM

Networking Lunch

1:30 PM

Concurrent Sessions 1:30 PM - 2:15 PM

Track Chairs:

1:30 PM

Track A: Risk Adjustment Strategies

Leveraging point-of-care diagnostics for provider engagement and telehealth care planning

- Combining data on chronic conditions, behavioral health and SDoH
- Real-world applications and case studies for risk and quality in a changing landscape
- Leveraging a centralized analytics platform for RADV audit support

Moderator:
John Romans
CEO
Biomedix

Panelists:
Dr. Shannon I. Decker, MBA, MBA, MEd., MEd, PhD
Principal
VBC One



Ryan Dodson
Chief Operating Officer/Co-Founder
New Vision Healthcare Solutions

Dr. Archita Sood
Chief Medical Officer
Homebase Medical

2:15 PM

1:30 PM

Track B: Quality and Member Experience

Panel: Experiences in Closing Quality Gaps for Hard-to-Reach Populations

- Hear various approaches from MA plans and providers in engaging hard-to-reach populations, with takeaways of what's worked and what hasn't
- Discuss where to focus your member engagement efforts
- Examine when patients should be put into risk assessment programs
- Discuss the pros and cons of the change in CAHPS measure weights

Moderator:

Savannah Gonsalves, RN, MHA
Director of Quality
Hometown Health

Panelists:

Kaitlyn Bertrand, PA-C
ACD Physician Assistant
SCMG Internal Medicine APC Lead
Scripps Health

Helen L. Veet DNP, RN
Director of Quality Management
AmeriHealth Caritas Pennsylvania and Keystone First

Jessica Vaughn, DNP, RN, CCDS, CCDS-O, CRC
Director of Operations, Condition Management and Documentation
Enterprise Population Health
Advocate Aurora Health

2:15 PM

1:30 PM

Track C: Compliance and Regulatory Updates

AI in Healthcare – Compliance and Ethical Considerations for Managed Care Plans and Providers

- Get a big picture perspective of trends related to AI, ML and generative AI in the health care space
- Understand the risks and benefits of the use of these technologies as it relates to managed care
- Discuss the unique risks and considerations with using AI in managed care

Ezekiel Brooks
Chief Technology Officer
U.S. Hunger

Ana Handshuh
Principal
CAT5 Strategies

2:15 PM



Track Chairs:

2:20 PM

Track A: Risk Adjustment Strategies

Innovations in Chronic Care Management: The Analytics Behind Better Health Outcomes

- Discover proactive strategies to identify clinical disease indicators and alert providers at the point of care, allowing providers to deliver tailored healthcare to their patients.
- Learn how one innovative organization improved chronic care outcomes by focusing on year-over-year case management.
- Hear how insurance companies, provider organizations, and their partners are creating alignment across programs and care settings that are enabling providers to make data-driven decisions

Jon Wasson, Sr. Director of Product

Episource

Syed Rizvi, Director of Risk Adjustment & Vendor Operations

Southwestern Health Resources

Laura Sheriff, RN, MSN, CPC, CRC

Vice President, Risk Adjustment

Southwestern Health Resources

3:05 PM

2:20 PM

Track B: Quality and Member Experience

Home is a hub to drive better health: Engaging with members to influence quality and experience

- Creating convenient, positive experiences for members when and where they want it
- In home health evaluations increase face to face time with members
- Technology advancements to influence quality and close more care gaps in the home

Moderator:

Debbie Conboy

SVP, Risk Adjustment and Quality

Signify Health

Panelists:

Becky Simmons

Stars Program Manager

Security Health Plan

Meghan Sinclair

VP, Product Management

Signify Health

3:05 PM

2:20 PM

Track C: Compliance and Regulatory Updates

Bullet Proofing Your Plan from an OIG Audit

- Get a look into the OIG cases over the last few years, examining the impact on the industry
- Discuss what codes the OIG is targeting for compliance purposes
- Get takeaways on how remain compliance and protect your plan

Brett J. Goff

Director of Risk Adjustment

Peach State Health Plan

Dean Ratzlaff

Director - Actuary/Revenue Management

Sentara Health Plans

3:05 PM



3:05 PM

Tools & Technology Spotlights

Leading service providers will showcase their offerings in a quick-pitch setting. Evaluate the latest and greatest tech tools to bring back to your organization.

3:20 PM

3:20 PM

Networking Break

3:45 PM

Concurrent Sessions 3:45 PM - 4:30 PM

Track Chairs:

3:45 PM

Track A: Risk Adjustment Strategies

Secret Recipe for Success: Enhancing Risk Adjustment Operations with AI

- Unlock the quality ingredients needed to maximize coder productivity while reducing burnout
- Learn why leveraging AI for first-pass chart reviews ensures accuracy and efficiency right from the start
- Discover how Blue Cross Blue Shield of Massachusetts utilized an AI-driven platform to transform risk adjustment operations and performance
- Uncover strategies to utilize AI technology as a valuable tool to enhance existing workflows and empower your team for greater efficiency and effectiveness

Mia Bell

Sr. Manager, Medicare & Commercial Risk Adjustment

Blue Cross Blue Shield of Massachusetts

Breanna Krebs

Vice President, Operations

Apixio

4:30 PM

3:45 PM

Track B: Quality and Member Experience

Panel: Operationalizing Shared Goals – Case Examples of Interdepartmental Collaboration to Achieve RA Success and a Boost in Star Ratings

- Examine examples from MA plans around operationalizing interdepartmental collaboration to achieve shared goals
- Look at opportunities during the annual visit to streamline competing priorities and create the best member experience
- Share internal reporting and governance structures that help to integrate Quality and Risk Adjustment departments

Moderator:

John Criswell

Founder, CEO, Chairman

Porter

Panelists:

Susan Waterman, RHIT, CCS, CPC, CRC

Director of Risk Adjustment

Scott and White Health Plan

John M. Barkley

Vice President, Enterprise Risk Adjustment & Data Integrity

EmblemHealth/ConnectiCare



4:30 PM

Subbu Ramalingam
Vice President Quality, Stars and Risk Adjustment
CareFirst BlueCross BlueShield

3:45 PM

Track C: Compliance and Regulatory Updates

Panel: Advice for RADV Audit Preparedness

- Examine the current landscape of RADV audits, with tips on risk mitigation as well as advice for audit preparedness
- Get tips for surviving a contract-level RADV audit based on lessons learned

Moderator:

Beth Zuehlke
Chief Customer Officer

Moxe Health

Panelists:

Deb Curry, MBA, RHIA, CCS-P, CRC
*Director, Risk Adjustment & Recoveries
Actuarial Services*

Paramount

Jenni Monfils, CPC, CDEO, CRC
AVP, Risk Adjustment Coding and Compliance

Bright HealthCare

4:30 PM

Interactive Roundtables 4:35 PM - 5:35 PM

Join us for interactive roundtables featuring the latest technologies and solutions for boosting your organization's endeavors. These speed-networking type presentations are 20 minutes long, allowing you to make your way to several roundtables per session.

Track Chairs:

4:35 PM

Roundtable A

Strategies to Engage Practitioners to Improve Documentation, Coding, and Quality Outcomes for your Health Plan

- Use technology to empower clinicians through better coding support
- Reduce provider abrasion and burnout by streamlining administrative workflows and reducing documentation time
- Leverage a population-health approach to improving STARS ratings

PointClickCare®

5:35 PM

4:35 PM

Roundtable B

Improve Clinical Outcomes and Reduce Costs Through Early Diagnosis Treatment of Cardiovascular Disease

- Rapid office-based screening
- Early diagnosis while patient still asymptomatic
- Actionable insights at the point of care



5:35 PM



4:35 PM

Roundtable C

New Risk Adjustment Model Keeping You Up At Night? Ease Your Concerns With

- Analysis of the current model versus the new one
- Overview of how the new model will impact your plan
- Strategies to prepare for the impact now



5:35 PM

4:35 PM

Roundtable D

The ABCs of Preventing the Costly Mistakes of Risk Adjustment

- A is for Audit: Implementing compliance program improvements related to proactive auditing that are aligned with OIG's expectations
- B is for Basics: The key to the success of compliance program improvement is in the basics of coding and auditing
- C is for Complete and Accurate Data: Management of encounter data in alignment with industry best practices also affects the success of your compliance program



5:35 PM

4:35 PM

Roundtable E

Leveraging In-Home Assessments for Best Medical Record, SDoH Gathering, and RADV Proofing

- In-Home Assessments are usually a better/more complete source of clinical data than from standard provider/PCP medical records
- The In-Home Assessment captures data that goes beyond the provider's office
- Using the In-Home assessment in a RADV



5:35 PM

4:35 PM

Roundtable F

Longitudinal Member Data at Point of Care Improves Provider Engagement

- Building actionable, longitudinal patient views that engage providers
- Driving member insights to the point of care to close gaps
- Transforming Risk and Quality operations with prospective workflows



5:35 PM



4:35 PM

Roundtable G

Improve Patient Outcomes and Provider Engagement and Eliminate the Complexity of Managing Multiple Value-Based Initiatives

- Align reporting between health plans and providers
- Impact population health
- Accelerate the shift from volume to value



5:35 PM

4:35 PM

Roundtable H

Enhance Documentation Outcomes with EHR-Integrated CDI Reviews

- Enhance the precision of diagnoses communicated to healthcare providers
- Propel improved documentation outcomes, optimizing code capture
- Seamlessly integrate analytic reviews to bridge clinical reviewers and providers



5:35 PM

4:35 PM

Roundtable I

Cards Against CMS Stars

- Have you played Cards Against Humanity? Join us and play the CMS Stars Version.
- A fun interaction with industry colleagues discussing some of CMS's interesting decisions
- Learn about Member Experience and how you can move the needle with data



5:35 PM

4:35 PM

Roundtable J

What can HCC Coder do for you? An Inside look at HCC Coder

- Improve your Risk Adjustment coding speed, accuracy, and productivity
- Get a look at HCC Coder from an actual user perspective
- Schedule a 2 week free trial for your team



5:35 PM

4:35 PM

Roundtable K

Reducing Friction in Payer/Provider Relationships: How to Successfully Leverage Tools for Mutual Success

- All stakeholders are inundated with data from unreliable sources with no clear value drivers.
- Leverage Arcadia's single source of truth architecture and workflow tools to present actionable insights.

- Optimize provider information sharing to meet them where they are and provide only the information they need to be successful.



5:35 PM

4:35 PM

Roundtable L

Health Equity Impacts on Government Programs

- Implementing the health equity framework and the road to NCQA® Health Equity Accreditation Plus
- Best data management practices to address Social Determinants of Health
- Learning the health system framework to accelerate the knowledge discovery process



5:35 PM

4:35 PM

Roundtable M

More than Just the Financials: “Does Your Risk Adjustment Program Truly Reflect a Member-Centric Approach for Optimal Outcomes?”

- Explore the importance of complete and accurate data submissions in enhancing member care, an end-to-end approach to effectively identify and address data leakage
- Delve into expert strategies for ensuring risk adjustment compliance and effective oversight; quantify and mitigate high-risk diagnosis codes
- Three keys to success for objectively assessing the impact of prospective and retrospective risk adjustment programs on improving risk score accuracy



5:35 PM

4:35 PM

Roundtable N

5-Star Medicare Rating and Strong Provider Relations Starts with Data

- How SDOH data can improve member experience
- How SDOH data can improve provider relations and how healthcare is used
- How visibility into member insurances saves money and improves benefits coordination



5:35 PM

4:35 PM

Roundtable O

Leverage Community Based Groups to Support Members Locally, Address Social Isolation, Close SDOH Gaps, and Move the Needle on Cost and Quality with a Peer-Reviewed, Actuarially Sound Solution.

- Community based interventions improve outcomes, lower cost and have a significant impact on Social Isolation and Loneliness
- Leveraging Community based interventions delivers a 50% improvement in member loyalty and retention
- Investing in a Community based intervention such as Wider Circle as a significant and measurable ROI for payers





5:35 PM

4:35 PM

Roundtable P

Generate Real Engagement in Risk Adjustment with the Treating PCP

- Embed clinical resources to create trusted connections
- Reduce PCP abrasion by only presenting high confidence conditions and minimizing time spent for coding to 3-4 minutes per patient per year
- Incent PCPs appropriately for their work and time



5:35 PM

4:35 PM

Roundtable Q

Increase Stars & RA Revenue with Modernized Member Engagement

- Identify tools with quick implementation that delivers meaningful engagement and fast gap closure
- Learn how the right type of outreach can bring in-year risk adjustment revenue
- Discover strategies to identify and close the Q4 care gaps that will influence Star Ratings



5:35 PM

4:35 PM

Roundtable R

Prospective Risk Adjustment: Using AI to Predict Risk and Engage Members

- Leverage AI to surface social risk
- Engage historically unengaged members in preventive care
- Improve AWV scheduling through member-first engagement



5:35 PM

4:35 PM

Roundtable S

Leveraging SDOH Data and Insights to Optimize Star Ratings

- Strategies to gain a complete view of social risk exposure for your full market and member population
- How to proactively identify Stars-eligible members facing elevated social risk
- Strategies to deploy gap closure resources



5:35 PM

4:35 PM

Roundtable T



Understanding the Health Plan Member Experience

- Uncover opportunities for insurance plans to elevate member experiences
- Understand the popularity of technology use with a balanced combination of human and digital interactions
- Remove barriers to care - learn what's missing from the health plan consumer experience



5:35 PM

4:35 PM

Roundtable U

Revolutionizing Healthcare Data Solutions: Tackling Challenges & Unleashing Possibilities for 2023 and Beyond

- Identify the top 3 healthcare data challenges faced by providers and payors in 2023.
- Explore Cozeva's innovative strategies and tactics to remedy these data problems, revolutionizing data management in the industry.
- Discover high-level features that differentiate Cozeva's platform, providing seamless integration and comprehensive solutions for healthcare organizations.



5:35 PM

4:35 PM

Roundtable V

Reduce Health Inequity by Making Benefits Smarter

- Raise the standard for personalized engagement
- Help members change behaviors, close care gaps, and access the resources they need
- Leverage data to identify and provide needed resources



5:35 PM

4:35 PM

Roundtable W

Blocking and Tackling – Provider Engagement is the Key to Success in Risk Adjustment and Quality Improvement

- 100% human driven reviews
- Compliance
- Provider support via our field staff and tailored education



5:35 PM

5:35 PM

Networking Cocktail Reception

Join us for drinks, hors d'oeuvres, and networking with peers.

6:35 PM

7:45 AM

Registration Desk Opens and Networking Breakfast

9:00 AM

9:00 AM

Welcome Remarks and Day One Takeaways

Co-chair:

Vandna Bhrany, MPH

Vice President, HEDIS Strategy & Analytics

AmeriHealth Caritas

Co-chair:

John Romans

CEO

Biomedix

9:10 AM

Panel: Serving the Veteran Population

RISE is proud to partner with the Wounded Warrior Project to share wisdom and important perspectives from our U.S. military veterans. Join this special panel presentation to hear stories of personal triumph, leadership advice and thoughts on achieving better access to care.

Moderator:

John Boerstler

Chief Veterans Experience Officer

Veterans Experience Office (VEO)

Department of Veterans Affairs

9:10 AM

Panelists:

10:00 AM

Sal Gonzalez

Mental Health Advocate

U.S. Marine Corps Veteran

Nick Morrison

Perspective on Access to Care in Rural Areas

U.S. Marine Corps Reserve Veteran

Danielle Green

Experienced Health Care Perspective

U.S. Army Veteran

10:00 AM

Patient Focus Panel – How Plans and Providers Can Positively Impact Member Experience

Back by popular demand, hear direct feedback from a panel of Medicare & MA customers around their experience, access to care and ways to improve health plan services.

Moderator:

Kathleen Ellmore, Cofounder & Managing Partner

Engagys

10:50 AM

10:50 AM

Networking Break

11:15 AM



Track Chairs:

11:15 AM

Track A: Risk Adjustment Strategies

Panel: RA Strategies Are Not a One-Size-Fits-All – Real Life Experiences from Seasoned RA Leaders

Experienced leaders know that the “secret sauce” for success in meeting, and exceeding, risk adjustment and quality goals is the deployment of your strategy. And, there is not one strategy that fits all.

In this panel discussion, seasoned RA and Quality leaders share what’s worked, and what hasn’t, with advice on navigating the nuances of one strategy vs. the other.

Moderator:

Eric Shapiro
Principal

Pareto Intelligence

Panelists:

Wynda Clayton, MS, RHIT
Senior Director, Risk Adjustment

Providence Health Plan

Mandvi Tandon
Director of Risk Adjustment

HealthCare Partners

Katie McLaughlin, DNP
*Sr. Clinical Advisor, Risk Assessment
Lead Risk Adjustment Nurse Practitioner*

Scripps Health

12:00 PM

11:15 AM

Track B: Quality and Member Experience

Case Study: A Blueprint for Knocking Down Barriers, Getting Members to Needed Care and Delighting Them In The Process

- Hear a case study from BCBS Arizona outlining exactly how they got their members to schedule and follow through with appointments
- Discuss how they are identifying and addressing barriers and the results they achieved, including more care gaps closed, delighting members with the experience and directly getting members to the care they need.
- Walk away with lessons on when and how to effectively engage members who are due or overdue for preventive care, how to identify and address member barriers to getting care and how to delight members in the process

Q&A Faciliator / Session Moderator:

Chad Baugh
Chief Revenue Officer

ReferWell

Panelists:

Gerri Cash
Vice President Medicare & FEP Quality Improvement Performance

BCBS Arizona

12:00 PM



Track C: Payer / Provider Alignment

Panel: Beyond Burnout – Post-Pandemic Learnings in Avoiding Abrasion and Meeting Providers Where They Are

- Benchmark best practices in engaging providers in a post-pandemic environment
- Identify how plans and providers can work together to address gaps and manage data in today’s challenging environment
- Discuss tactical ways to approach shared goals and joint next steps to improve care quality and patient experience, including removing administrative burden off of plans

Moderator:

Colleen Gianatasio, MHS, CPC, CPCO, CPC-P, CPMA, CPC-I, CRC, CCS, CCDS-O
Director Clinical Documentation Integrity and Coding Compliance

Capital District Physician’s Health Plan (CDPHP)

(pending confirmation)

Panelists:

Mark Dabney, PMP
Director, Risk Adjustment

Community Health Plan of Washington

Melissa Cornejo
Director of Quality

Wellcare

Heather Bullock
Director, Risk Adjustment Process and Operations

Horizon Blue Cross Blue Shield of New Jersey

Jennifer Cobb
Lead Director, Risk Adjustment

Aetna

Networking Lunch

Concurrent Sessions 1:15 PM - 2:00 PM

Track Chairs:

Track A: Risk Adjustment Strategies

Tech-Enabled Care for Medicaid and Dual-Eligibles: Empowering FQHCs with Next-Generation Partnerships, Technology, and Care Model Support

- Learn what FQHCs need today for success in value-based care models
- Hear how contracting and partnership strategies are evolving for community-based Medicaid and Medicare Advantage delivery for under-resourced populations
- Enhance your understanding of how data and technology can play a part in accelerating quality and risk adjustment success in FQHC settings

Moderator:

Grant Gaillard
Head of Business Development

Vim

Panelists:

Sujata Bajaj



Chief Technology Officer

Yuvo Health

Essence Williams MHA, BSN, CRC, CPC

Head of Risk Adjustment

Yuvo Health

Dr. Scott Kim

Chief Medical Officer

Long Island Select Healthcare, LISH

Dr. Ari Benjamin

Chief Medical Officer

Joseph P. Addabbo Family Health Center (New York)

2:00 PM

1:15 PM

Track B: Quality and Member Experience

Prospective Assessments and Social Determinants: Are You Maximizing Your Member Opportunities?

- During this session we'll discuss how to extrapolate the most important info from your health assessments
- Learn how develop an action plan using this info so you can best engage and care for your member population
- Discover other ways you can engage and learn from your members to improve their overall health and well-being

Doug Wackowski

VP, Prospective Service Solutions

Advantmed

Rhonda Farrar

Sr. Manager, Data Analytics

Advantmed

Susan Waterman, RHIT, CCS, CPC, CRC

Director of Risk Adjustment

Scott and White Health Plan

2:00 PM

1:15 PM

Track C: Payer / Provider Alignment

Panel: Early Lessons from Working within the ACO REACH Model

- Discuss how plans and providers are working within this new model, with insights into HCC coding, data capture and perspectives on targeting the right population
- Examine the pros and cons of working within the new ACO REACH Model, with perspectives from both sides of the fence
- Gain operational insights from ACO REACH organizations

Moderator:

Jennifer Cobb

Director, Risk Adjustment for Georgia, the Gulf States and Arkansas

Aetna

Laura Sheriff, RN, MSN, CPC, CRC

Vice President, Risk Adjustment

Southwestern Health Resources

Dr. Shannon I. Decker, MBA, MBA, MEd., MEd, PhD

Principal

VBC One



2:00 PM

Margaret Paroski, MD, MMM, President & CEO and Chief Medical Officer
Catholic Medical Partners

Concurrent Sessions 2:05 PM - 2:50 PM

Track Chairs:

2:05 PM

Track A: Risk Adjustment Strategies

Lessons in Building a Compliant Risk Adjustment Team – A Case Study from AdventHealth

- Hear about one Health System's transformational journey in building a compliant Risk Adjustment team, with learnings on internal buy in, provider education and operational processes
- Gain insights into overcoming barriers and coming out on the other side of success, with focus on good people, strong policies and procedures, and technology
- Discuss what's worked in provider education and engagement, including incentives, relationship building and tapping into provider mentors

Michael Zeli
Director Risk Adjustment and Quality
AdventHealth

2:50 PM

2:05 PM

Track B: Quality and Member Experience

Keys to Incorporating Health Equity Performance into Your Plan's Quality Measures

- Discuss the impacts and implications of the potential new Health Equity Index (HEI) proposed for MA plans that serve populations of members with certain defined social risk factors (SRFs)
- Hone in on ways that MA plans can take coordinated, proactive actions to develop high-impact interventions to close SDoH gaps
- Examine other health equity provisions proposed by CMS, such as digital health education resources, and look at the best ways to start incorporating disparity reducing initiatives now

Ana Handshuh
Principal
CAT5 Strategies

Rick Whitted
CEO
U.S. Hunger

2:50 PM

2:05 PM

Track C: Payer / Provider Alignment

CMS HCC Model V28 & the Impact on Risk Adjustment Education Programs

- Discuss how CMS HCC Model V28 comes with some significant changes to conditions represented along with the value of these conditions and your providers, coders and support staff on these changes is crucial for continued success
- Learn how to educate providers based upon documentation best practices
- Get tips for updating your resources
- Provide support to coders for appropriate queries and accurate ICD-10 code selection

Jenni Monfils
Director of Risk Adjustment Coding and Compliance
Bright HealthCare



2:50 PM

Gabriel Ruiz
Manager, Risk Adjustment Coding Success
Bright Healthcare

2:55 PM

Closing Remarks and Conference Takeaways

Co-chair:

Vandna Bhrany, MPH
Vice President, HEDIS Strategy & Analytics

AmeriHealth Caritas

Co-chair:

John Romans
CEO

Biomedix

3:05 PM



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