



VSC17

VERSCEND CLIENT CONFERENCE 2017

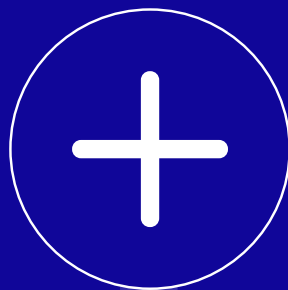
verscend

MOVING HEALTHCARE FORWARD TOGETHER



Keynote Speaker:
Len Nichols, PhD

Former Senior Advisor for Health Policy at the Office of Management and Budget (OMB) in the Clinton Administration



Feeding South Florida charity event
Product demonstrations
Boot camp and yoga classes

Don't miss these activities, plus the opportunity to spend time with Verscend's senior leadership.



Cabanas and Cocktails:
Mingle in Miami

Join us by the beach for a Cuban-inspired evening of delicious food, custom cocktails, and live music

register today

SEPTEMBER 10-13, 2017 // FONTAINEBLEAU MIAMI BEACH // MIAMI BEACH, FLORIDA

Payment Accuracy

optimizing claims editing savings: leveraging analytics to get more bang for your buck

This session will illustrate broader billing trends affecting payment integrity, demonstrate a suite of analytic techniques used to optimize claim accuracy savings, reveal code edits driving the most value for payers, and identify additional edits.

case study: how Aetna stops increasingly improper claims along its payment stream

How do you ensure the accuracy of more complex claims that can't be auto-adjudicated without burdening your clinical staff with costly manual review? Hear Aetna describe its claim editing challenges, identify how it applies Verscend clinical validation services to close gaps, and share outcomes and lessons learned.

using FWA analytics to inform network management with the provider scoring quadrant

FWA analytics reveal a great deal about your providers and their payment patterns. Verscend's new Provider Scoring Quadrant provides insights that can help you make increasingly more efficient business decisions within both SIU and provider network management teams.

Quality Management

gap-in-care compliance: your engagement strategy is about more than just numbers

A coherent compliance framework allows you to look at detailed information at the measure level as well as understand how a set of measures can provide insight at a more macro patient-engagement level. In this session, we'll help you understand how to establish this framework for strategic patient targeting and engagement.

panel discussion: tips to manage your HEDIS and quality improvement projects

If provider and member engagement programs are not well executed, they can consume resources yet have little impact. This discussion will feature Verscend clients, including Blue Cross and Blue Shield of North Carolina and Healthfirst, discussing the steps they take to ensure their quality improvement projects achieve their goals.

quality measures: more than just HEDIS

As quality becomes an area of growing scrutiny, Verscend is receiving a growing number of requests for support in handling different measures for evaluating aspects of a member's care. Changes in the current quality landscape will be a central part of this presentation as well as drivers behind these requests.

Performance Analytics

refining care management outreach by estimating the likelihood of member engagement

Incorporating likelihood to engage into its outreach prioritization algorithm enabled Highmark to improve program outcomes by focusing its efforts on members who are not only high risk but also willing to make the most of health plan care management offerings.

bundled payments: what actionable insights do they reveal when you apply an analytic lens

Using data from a large, regional health plan, this presentation will explain how you can leverage an episode-grouping approach to provide analytical insights into provider behaviors and the conditions in which unwarranted practice pattern variation might result in potentially avoidable complications.

panel discussion: Medicaid expansion and contraction

Are states expanding or contracting their Medicaid programs, and how do analytics facilitate that movement? What impact does that shift have on population management strategies and program coverage? How are changes in Medicaid enrollment driving more data-driven innovation in your business?

Risk Adjustment

solving a RAPS/EDS conundrum: using comparative analysis to drive revenue

For the 2017 payment year, health plans are grappling with a challenging ratio of 75 percent RAPS and 25 percent EDS; revenue loss is a concern due to the difficulty of submitting data via EDS and getting CMS to accept it. This challenge, coupled with the reconciliation of claims and supplemental data submitted via EDS, is a prime opportunity to ask, "Is there a better way?"

data patterns and predictive magic: how to improve suspecting and chart valuations

This session explores how Verscend's machine learning algorithms can leverage historical data to reveal patterns that yield nuanced insights into hierarchical condition category (HCC) code identification, which in turn can be translated into actionable business rules.

expanding the role of risk adjustment suspecting analytics to enhance patient care

Verscend's Suspect Analytics solution leverages information from health plans to prospectively identify patients with potential care gaps. By using predictive modeling, we stratify patients for a set of targeted services to help proactively correlate a patient's risk score and illness burden.