



# Risk Adjustment for EDS and RAPS User Group

CMS will host a User Group presenting an overview of risk adjustment for PACE organizations, CMS updates, FAQs and a live Q&A session.

## When?

February 20, 2020

2 p.m. – 3 p.m. ET

## Who should attend?

*All attendees must register using a valid 2020 contract number from a represented organization such as:*

- Medicare Advantage Organizations (MAOs)
- Programs of All-Inclusive Care for the Elderly (PACE)
- Cost Plans (1876 Cost HMOs/CMPs and 1833 HCPPs)
- Certain Demonstration Projects (MMPs, etc.)
- Third Party Submitters

## How do I register?

1. Go to the [WebEx User Group Registration](https://bit.ly/2RBmAjf) site at: <https://bit.ly/2RBmAjf>.
2. Complete the form (pictured on page 2). **Please make sure to enter a valid contract number for your organization. This ensures we have all the information necessary to make registration determinations.**
3. Click on “Register”
4. Please note that all registrations need to be approved by CMS. Therefore, registrants will subsequently receive an approval email from [messenger@webex.com](mailto:messenger@webex.com). Please add [messenger@webex.com](mailto:messenger@webex.com) to prevent User Group emails from getting caught in spam filters.

# \*IMPORTANT\*


- Registration closes February 18, 2020 at 5 p.m. ET
- When logging into the call, choose the option to have the computer call you so you can take advantage of all the functionalities.
- The slide deck will be posted to [CSSC Operations - User Group](#) the day of the webinar.
- For questions regarding webinar content, please direct to [riskadjustment@cms.hhs.gov](mailto:riskadjustment@cms.hhs.gov).
- For any technical issues, please contact CMS WebEx Support at 1-800-562-1963 or [oit\\_webex@cms.hhs.gov](mailto:oit_webex@cms.hhs.gov).

## Registration Information

First name:	<input type="text"/>	(Required)
Last name:	<input type="text"/>	(Required)
Email address:	<input type="text"/>	(Required)
Title:	<input type="text"/>	(Required)
Company:	<input type="text"/>	(Required)
Phone number:	<div><div>Country/Region</div><div>1</div></div> <div><div>Number (with area/city code)</div><div><input type="text"/></div></div>	(Required)
Contract ID:	<input type="text"/>	(Required)
Organization Role:	<input type="text"/>	(Required)
Organization Type:	<div><input type="radio"/> Third Party</div> <div><input type="radio"/> Consultant</div> <div><input type="radio"/> MA-PDP</div> <div><input type="radio"/> MA</div> <div><input type="radio"/> Other</div>	(Required)
Other:	<input type="text"/>	

Register

## Recommended Browsers

- Google Chrome 
- Mozilla Firefox 