THE SEVENTH Accountable **Care Organization**

Summit THE LEADING FORUM ON ACCOUNTABLE CARE ORGANIZATIONS AND RELATED DELIVERY SYSTEM AND PAYMENT REFORM

June 9–10, 2016 • Grand Hyatt Washington, DC

KEYNOTE SPEAKERS:



Patrick H. Conway, MD, MSc, Deputy Administrator for Innovation and Quality and Chief Medical Officer, Director, Center for Medicare and Medicaid Innovation and Office of Clinical Standards and Quality, Center for Medicare and Medicaid Services, US Department of Health and Human Services

FEATURED FACULTY:



Bruce Bagley, MD, Senior Advisor, Professional Satisfaction and Practice Sustainability, American Medical Association



Michael E. Chernew, PhD, Leonard D. Schaeffer Professor of Health Care Policy and Director, Harvard Medical School



Kate Goodrich, MD, MHS, Director, Quality Measurement and Health Assessment Group.

Francois de Brantes, MBA,

Executive Director, Health Care

Incentives Improvement Institute



CMS Peter A. Gross, MD, Chairman, Hackensack Alliance ACO Board of Managers, Hackensack University



Medical Center Aparna Higgins, Senior VP, Private Market Innovations and Director, Center for Policy &

Research, AHIP S. Lawrence Kocot, JD, LLM, MPA, Principal and National Leader, Center for Healthcare

Regulatory Insight, KPMG



Elliott S. Fisher, MD, MPH, Director, Dartmouth Institute for Health Policy and Clinical Practice, John E. Wennberg Distinguished Professor, Geisel School of Medicine at Dartmouth



Mark B. McClellan, MD, PhD,

Director, Robert J. Margolis Center for Health Policy and Margolis Professor of Business, Medicine and Health Policy, Duke University; Former CMS Administrator and FDA Commissioner

Co-Founder, President & Chief Strategy Officer, IBM Watson Health Explorys

Arumani Manisundaram,

Chief Technical Officer, Mid-Atlantic ACO; Director, Center for Connected Health, Adventist HealthCare



Stephen Rosenthal, MS,

Health Management, Montefiore Health System, President and COO, Montefiore's Care Management Organization





Elena Tkachev, MBA, Director of ACO Analytics, Collaborative Health Systems LLC/Universal American

PRECONFERENCE FOCUS SESSION:

• The Future of Payment Reforms

PLENARY SESSIONS:

- Effective Practice Transformation from the Top Down
- Partnerships for Accountable Care Innovation
- Maximizing the Impact of Bundles and Accountable Care Together
- Assuming Risk in Alternative Payment Models
- Looking Ahead at Accountable Care: More Participants, More Experience, and More Options for Value-Based Care

AND TRACK SESSIONS:

- Care for High-Risk or High-Need Patients
- Improving Practice Quality and Aligning Measurement Systems
- Contracting for Prescription Drug Value with Accountable Care
- Opportunities to Maximize Data and Technology
- Integrating Community Care and Behavioral Health into Accountable Care
- Integration of Specialty Care into ACOs

OFFERED AS PART OF HEALTHCARE PAYMENT AND DELIVERY REFORM WEEK AT THE GRAND HYATT WASHINGTON DC!

OTHER EVENTS:

EIGHTH NATIONAL MEDICAL HOME SUMMIT: June 6 – 7 • www.MedicalHomeSummit.com SIXTH NATIONAL BUNDLED PAYMENT SUMMIT:

June 7 – 9 • www.BundledPaymentSummit.com

PHARMACEUTICAL SUMMIT ON BUSINESS AND COMPLIANCE ISSUES IN MANAGED MARKETS: June 8 – 9 • www.PharmaManagedMarketsSummit.com

— See Page 7 for Our Special Registration Package!



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CONTINUING EDUCATION CREDITS: Accountants: Approved for up to 13.00 hours on NASBA credits. • Physicians: This activity has been approved for AMA PRA Category 1 CreditTM.





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Division

David B. Muhlestein, PhD, JD, Senior Director of Research and Development,



MBA, Senior VP, Population



Steven Strongwater,



Charles Lougheed,

OVERVIEW

ACOs in both the public and private sector have continued to grow over the past several years, ushering in more experience and evidence on what is working and ways to continue evolving accountable care models. The Seventh National Accountable Care Organization Summit (www.ACOSummit.com) will provide an unprecedented opportunity to discuss remaining barriers to widespread ACO implementation, strategies to overcome them, and policies to encourage the continued growth and sustainability of the accountable care movement. The Summit brings together leading policymakers, experts, and ACO implementers to provide unique and in-depth insights on ACO implementation and ongoing health care reform. The Summit will cover a variety of topics including innovative contract and payment arrangements, performance measurement, clinical practice transformation, the impact of bundles on accountable care, care for high-risk patients, opportunities for specialty care integration, the development of new pharmaceutical pricing and payment models, maximizing data and technology, and strategies to work with community care providers. The Summit will also be a great opportunity to explore the future of accountable care contracting, practice, and policies, including the impact of the Medicare Access and CHIP Reauthorization Act (MACRA).

WHAT IS AN ACO? ACOs are groups of physicians, hospitals, and other providers that receive financial rewards for achieving patient-focused quality targets and demonstrating reductions in overall spending growth for their defined patient population. ACOs can be organized in a number of ways, ranging from fully integrated delivery systems to networked models within which physicians in small office practices can work together to improve quality, coordinate care, and reduce costs. ACOs can also feature different payment incentives, ranging from "one-sided" shared savings within a fee-for-service environment to a range of capitation arrangements with quality bonuses. In addition, ACOs are compatible with a range of other payment reforms, such as medical homes and bundled payments; they can help assure that these reforms lead to sustainable quality improvements and cost reductions. In sum, ACOs provide an ideal mechanism to transition from paying for volume and intensity to paying for value.

WHO SHOULD ATTEND:

- Executives and Board Members of ACOs, Health Plans, Health Systems, Hospitals and Physician Organizations
- Medical Directors
- Physicians
- Nurses, Nurse Practitioners and Other Allied Health Professionals
- Pharmacists and Pharmacy
 Benefit Managers
- Representatives of Purchasers, including Private Employers and Public Purchasers
- Consumer Organization Representatives
- Federal and State Government Officials
- Health Care Regulators and Policy Makers
- Health Benefits Consultants

- Health Services Researchers and Academics
- Health Care Attorneys and In-house Counsel

HOW IS ACO IMPLEMENTATION PROCEEDING ACROSS THE COUNTRY?

As of January 2016, over 400 organizations across the country are participating in the

Medicare Shared Savings Program (MSSP), which aims to promote accountability for

the care of Medicare FFS beneficiaries, coordinate care for all services provided under

Last Summer the Centers for Medicare and Medicaid Services (CMS) released a final

rule that changed a number of aspects of the program, such as providing additional

new Track 3; more flexibility on payment arrangements; and revised administrative

processes. CMS is also finalizing a regulation to update the way financial benchmarks

are set, including by factoring in regional cost data. In January, over 20 organizations

reward, in exchange for even more payment and regulatory flexibility to facilitate better

for implementation of MACRA, which will create additional incentives beginning in 2019

coordination of care. In addition to these changes in Medicare, providers are preparing

to provide care to Medicare patients through alternative payment models such as ACO

Beyond Medicare ACO initiatives, interest and participation in accountable care

reforms has been growing both in states and in the private sector. More than ten

states have developed programs to support the transition toward ACO-like models for

sector ACOs with all of the major private health plans implementing payment reforms

similar to the ACO model; like ACOs, these payment reforms include accountability for

the full continuum of patients' care, payment contingent upon improving the quality

budget. In tandem with the Medicare Shared Savings Program, the Next Generation

ACO Model, the Pioneer ACO Model, and other innovative programs in Medicare, these private sector efforts will be instrumental in moving ACO implementation forward as

and coordination of care, and responsibility for cost management within a target

either their Medicaid programs or state employees. There are now over 300 private

joined the Next Generation ACO Model, which provides greater financial risk and

incentives and time for organizations to move to two-sided risk, including into a

Medicare FFS, and encourages investment in infrastructure and redesign care processes.

Chief Financial Officers

health care reform progresses.

and bundled payments.

- Chief Innovation Officers
- Directors of Accountable Care
 Directors of Quality Management and Improvement
- Directors of Government Programs

- Directors of Medicare Programs
- Directors of Medicaid Programs
- Directors of Network Contracting
- Directors of Provider Relations
- Directors of Finance and Reimbursement
- Pharmaceutical Executives
- Pharmaceutical Consultants

SPECIAL PACKAGE RATE TO ATTEND THE FOUR CO-LOCATED HEALTHCARE PAYMENT AND DELIVERY REFORM WEEK CONFERENCES

This special four-event registration package provides full **onsite** access to all events — you can go back and forth between the sessions. Register for all events at a deeply discounted package price:

Medical Home Summit VIII, June 6 – 7

Bundled Payment Summit VI, June 7 – 9

Pharma Managed Markets Summit, June 8 – 9

ACO Summit VII, June 9 – 10

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THURSDAY, JUNE 9, 2016

7:00 am **Registration Commences** PRECONFERENCE

Preconference Focus Session: The Future of Payment Reforms



9:00 am Welcome & Introductions

S. Lawrence Kocot, JD, LLM, MPA, Principal and National Leader, Center for Healthcare Regulatory Insight, KPMG; Former Senior Advisor to the Administrator, CMS, Washington, DC (Chair)



9:10 am Panel I: MACRA, MIPS, and APMs: **Getting There from Here**

Paul N. Casale, MD, MPH, Executive Director, NewYork Ouality Care ACO; Former Chief, Division of Cardiology, Lancaster General Health, New York, NY

Harold D. Miller, President and Chief Executive Officer, Center for Healthcare Quality and Payment Reform, Pittsburgh, PA



Frank Opelka, MD, FACS, Medical Director, Division of Advocacy and Health Policy, American College of Surgeons; Former EVP of Health Care and Medical Redesign, Louisiana State University System, New Orleans, LA



10:00 am Panel II: Impact of Market **Consolidation: Providers and Payers**

Joshua H. Soven, Esg., Partner, Gibson, Dunn & Crutcher LLP; Vice Chair, ABA Antitrust Section's Federal Civil Enforcement Committee; Former Chief, Litigation I Section, Antitrust Division, US Department of Justice, Washington, DC

Christine White, JD, MPH, Vice President - Legal Affairs, Northwell Health; Chair, Antitrust Practice Group, American Health Lawyers Association; Former Senior Staff Attorney, Federal Trade Commission, New York, NY



10:45 am Panel III: How Will New Payment Models Co-exist with Old Fraud and Abuse Laws?



Troy Barsky, Esq., Partner, Crowell & Moring; Former Director, Division of Technical Payment Policy, Center for Medicare and Medicaid Services; Former Program Integrity Group, CMS Division, Office of the General

Counsel, US Department of Health and Human Services, Washington, DC

Vicki Robinson, Esq., Senior Counselor for Policy, Office of the Inspector General (OIG), US Department of Health and Human Services, Washington, DC

Howard J. Young, Esq., Partner, Morgan, Lewis & Bockius LLP; Former Senior Attorney and Deputy Branch Chief, Office of Inspector General, US Department of Health and Human Services, Washington, DC

Faculty Discussion



JOINT ACO SUMMIT, BUNDLED PAYMENT SUMMIT AND PHARMA MANAGED MARKETS SUMMIT KEYNOTE LUNCHEON

Medicare and Medicaid Services Perspective

Kevnote Address/Discussion: Centers for

12:20 pm



on Payment Reform Patrick H. Conway, MD, MSc, Deputy Administrator for Innovation and Quality and Chief Medical Officer, Director, Center for Medicare and Medicaid Innovation and Office of Clinical Standards and Ouality. Center

for Medicare and Medicaid Services, US Department of Health and Human

1:15 pm **Transition Break**

OPENING PLENARY SESSION

Services, Baltimore, MD

1:30 pm



Welcome, Introduction and Keynote Address

Mark McClellan, MD, PhD, Director, Robert J. Margolis Center for Health Policy and Margolis Professor of Business, Medicine and Health Policy, Duke University; Former CMS Administrator and FDA Commissioner, Washington, DC



Panel I: Effective Practice Transformation from the Top Down

Bruce Bagley, MD, Senior Advisor, Professional Satisfaction and Practice Sustainability, American Medical Association; Former President and CEO, TransforMED; Former Medical Director for Quality Improvement, American Academy of Family Physicians, Kansas City



Chris Delaney, MBA, Founder and Chief Executive Officer, Insignia Health, Portland, OR



Peter A. Gross, MD, Chairman, Hackensack Alliance ACO Board of Managers, Executive Vice-President and Chief Medical Officer, Hackensack University Medical Center, Hackensack, NJ

James A. Rice, PhD, Managing Director and Senior Advisor, Governance & Leadership Practice, Integrated Healthcare Strategies; Former President, The Governance Institute, Minneapolis, MN

3:00 pm Break



11:30 am

Noon

Preconference Focus Session Adjournment



city and attend in person.

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PROS: subject matter immersion; professional networking opportunities; faculty interaction.

LIVE AND ARCHIVED INTERNET ATTENDANCE

Watch the conference in live streaming video over the Internet and at your convenience at any time 24/7 for six months following the event.



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next six months; accessible in the office, at home or anywhere worldwide with Internet access; avoid travel expense and hassle; no time away from the office.

The archived conference includes speaker videos and

Onsite



Noon



3:30 pm **Panel II: Partnerships for Accountable Care Innovation**

Chuck Beeman, MBA, Vice President, Population Health Service Oraanization, Florida Hospital, FL



Seth Frazier, MBA, Chief Transformation Officer, Evolent Health; Former Chief Transformation Officer, Geisinger Health System, Arlington, VA



Kristen Miranda, Senior Vice President Innovation and Provider Partnerships, Blue Shield of California, Sacramento, CA

Stephen Rosenthal, MS, MBA, Senior Vice President, Population Health Management, Montefiore Health System, President and Chief Operating Officer, Montefiore's Care Management Organization, Yonkers, NY



Panel III: Maximizing the Impact 4:30 pm of Bundles and Accountable Care Together

Marc Berg, MD, PhD, Principal and National Lead of Government, Healthcare Transformation, KPMG; Former Professor in Health Policy and Management, Erasmus University, Rotterdam, Washington, DC

Francois de Brantes, MBA, Executive Director, Health Care Incentives Improvement Institute, Newtown, CT



Erin Smith, JD, Vice President and Executive Director, Post-Acute Care Center for Research; Former Director, Division of Technical Model Support, and Lead, Bundled Payments for Care Improvement (BPCI) Initiative, Center for Medicare and Medicaid Innovation, Centers for Medicare and Medicaid Services, Washington, DC



Winthrop F. Whitcomb, MD, MHM, Chief Medical Officer, Remedy Partners, Darien, CT

5:30 pm

Adjournment and Networking Reception

FRIDAY, JUNE 10, 2016

7:00 am

Registration Commences

MORNING TRACK SESSIONS TRACKS GROUP I (Choose one of the following Tracks)

TRACK A: Care for High-Risk or High-Need Patients



Welcome, Introductions, Panel Discussions and Q&A



Emily Brower, MBA, Vice President, Population Health, Atrius Health; Former Senior Director, Clinical Improvement Ventures, Harvard Vanguard Medical Associate, Boston, MA



Tom Gualtieri-Reed, MBA, Payer Initiative Lead, Center to Advance Palliative Care; Former Director, Corporate Strategy and Strategic Development, Blue Cross and Blue Shield of North Carolina, Chapel Hill, NC



Stacie T. Pinderhughes, MD, Chairman Division of Palliative Medicine, Banner Health; Associate Professor, Department of Internal Medicine, University of Arizona College of Medicine, Phoenix, AZ



Michelle Templin, MBA, Vice President, Strategic Business Development, Managed Health Care Associates, Inc., Florham Park, NJ

10:30 am

Break

TRACK B: Improving Practice Quality and Aligning Measurement Systems



Welcome, Introductions, Panel Discussions and Q&A

Christine Bechtel, MA, President and Chief Executive Officer, Bechtel Health Advisory Group; Former Vice President, National Partnership for Women & Families, Washington, DC



Kate Goodrich, MD, MHS, Director, Quality Measurement and Health Assessment Group, Center for Clinical Standards and Quality, Centers for Medicare and Medicaid Services, Baltimore, MD



Aparna Higgins, Senior Vice President, Private Market Innovations and Director, Center for Policy & Research, America's Health Insurance Plans (AHIP); Senior Fellow, The Heller School, Brandeis University, Washington, DC



Michael L. Millenson, President, Health Quality Advisors LLC; Author, Demanding Medical Excellence: Doctors and Accountability in the Information Age, Chicago, IL

Steve Wiesner, MD, Physician Advisor, National Integrated Disability Management Program and Medical Utilization Review and Management Physician, Kaiser Permanente, Oakland, CA

10:30 am Break

TRACK C: Contracting for Prescription Drug Value with Accountable Care



Welcome, Introductions, Panel Discussions and Q&A

Amy Bassano, MA (Invited), *Acting Director, Patient Care Models* Group, Center for Medicare and Medicaid Innovation, Centers for Medicare and Medicaid Services, US Department of Health and Human Services, Baltimore, MD



S. Lawrence Kocot, JD, LLM, MPA, Principal and National Leader, Center for Healthcare Regulatory Insight, KPMG; Former Senior Advisor to the Administrator, CMS, Washington, DC



Samuel R. Nussbaum, MD (Invited), Chair, Alternative Payment Model Framework and Progress Tracking Work Group, Health Care Payment Learning & Action Network, CMS, Former EVP and CMO, Anthem, Indianapolis, IN

10:30 am Break

TRACKS GROUP II (Choose one of the following Tracks)

Phoenix, AZ

TRACK D: Opportunities to Maximize Data and Technology 11:00 am Welcome, Introductions, Panel Discussions



and Q&A Mischa Dick, MS, MBA, Co-founder, Healthcare Excellence Institute,



Martin S. Kohn, MD, MS, FACEP, FACPE, Chief Medical Scientist, Sentrian, Remote Patient Intelligence, Aliso Viejo, CA



Craig A. Long, Chief Operating Officer, MyOnCallDoc; Member, CTel Industry RoundTable, St. Petersburg, FL



Charles Lougheed, Co-Founder, President & Chief Strategy Officer, IBM Watson Health Explorys Division, Cleveland, OH

TRACK E: Integrating Community Care and Behavioral Health into Accountable Care



Welcome, Introductions, Panel Discussions and Q&A

Jeff Bullard, MD, Chief Executive Officer, Vault; Medical Director, Acuity Brain Center and MaxHealth Family Medicine; President, Academy of Allergy and Asthma in Primary Care, Dallas, TX



Kumble Rajesh, MD, Chief Medical Officer, Lowell Community Health Center, Lowell, MA



Jonathan R. Sugarman, MD, MPH, President and Chief Executive Officer, Qualis Health; Former President, American Health Quality Association, Seattle, WA



Elena Tkachev, MBA, Director of ACO Analytics, Collaborative Health Systems LLC/Universal American, White Plains, NY

12:30 pm Networking Luncheon

TRACK F: Integration of Specialty Care into ACOs



Welcome, Introductions, Panel Discussions and Q&A



Linda D. Gillam, MD, MPH, FACC, FASE, Dorothy and Lloyd Huck Chair, Department of Cardiovascular Medicine, Morristown Medical Center/Atlantic Health System, Morristown, NJ



Norman Kahn, MD, *Executive Vice President and Chief Executive Officer, Council of Medical Specialty Societies (CMSS), Chicago, IL*



Donald S. Karcher, MD, FCAP, Chair, Department of Pathology, The George Washington University Medical Center, College of American Pathologists, Washington, DC



Vernon R. Pertelle, MSc, MBA, RRT, LVN, CCM, FACHE, *President* and Chief Executive Officer, StratiHealth; President and Executive Director, *Pulmonary Horizons, Oceanside, CA*

12:30 pm

Networking Luncheon

HOTEL INFORMATION/RESERVATIONS

The Accountable Care Organization Summit does not contract with any third party organization to make hotel reservations for attendees of the Summit. All attendees should make their hotel reservations directly with the hotel and not with a third party vendor.

The Grand Hyatt Washington is the official hotel for the 7th National ACO Summit, offered in sequence with the 8th National Medical Home Summit, the 6th National Bundled Payment Summit, and the Pharmaceutical Summit on Business and Compliance Issues in Managed Markets. A special group rate of **\$325.00** per night (plus tax) has been arranged for Summit Attendees. In order to receive this group rate, please make your



reservation online at **www.ACOSummit.com** and click on the Travel/Hotel tab. Reservations at the group rate will be accepted while rooms are available or until **Monday, May 16, 2016**. After this date, reservations will be accepted on a space-available basis at the prevailing rate.

The Grand Hyatt Washington 1000 H Street NorthWest Washington, DC 20001

AFTERNOON CLOSING PLENARY SESSION

Overview and Introductions



Elliott S. Fisher, MD, MPH, Director, Dartmouth Institute for Health Policy and Clinical Practice, John E. Wennberg Distinguished Professor of Health Policy, Medicine and Community and Family Medicine, Geisel School of Medicine at Dartmouth, Co-Director, Dartmouth Atlas of Health Care, Lebanon, NH



Panel IV: Assuming Risk in APMs



Jason Dinger, PhD, Chief Executive Officer, Mission Point Health Partners; Former Chief Executive Officer, Dispensary of Hope, Nashville, TN







Scott Katterman, FSA, MAAA, *Principal, Consulting Actuary, Milliman, Phoenix, AZ*



Arumani Manisundaram, Chief Technical Officer, Mid-Atlantic ACO; Director, Center for Connected Health, Adventist HealthCare, Washington, DC



Panel V: Looking Ahead at Accountable Care: More Participants, More Experience, and More Options for Value-Based Care

Michael E. Chernew, PhD, Leonard D. Schaeffer Professor of Health Care Policy and Director, Healthcare Markets and Regulation (HMR) Lab Department of Health Care Policy, Harvard Medical School, Boston, MA



S. Lawrence Kocot, JD, LLM, MPA, Principal and National Leader, Center for Healthcare Regulatory Insight, KPMG; Former Senior Advisor to the Administrator, CMS, Washington, DC

Stuart Levine, MD, MHA, *Chief Executive Officer and President, Medical Innovations, Inc.; Assistant Professor, UCLA School of Medicine, Assistant Professor Stanford School of Medicine, Los Angeles, CA*



Development, Leavitt Partners, LLC, Salt Lake City, UT Steven Strongwater, MD, President and Chief Executive Officer, Atrius

David B. Muhlestein, PhD, JD, Senior Director of Research and



Steven Strongwater, MD, President and Chief Executive Officer, Atrius Health; Former Chief Transformation Officer, Geisinger Health System, Newton, MA

Closing Comments



3:15 pm

S. Lawrence Kocot, JD, LLM, MPA, Principal and National Leader, Center for Healthcare Regulatory Insight, KPMG; Former Senior Advisor to the Administrator, CMS, Washington, DC

3:30 pm Summit Ac

Summit Adjournment

THE FOLLOWING REGISTRATION TERMS AND CONDITIONS APPLY

REGARDING WEBCAST REGISTRATIONS

1. Individuals or groups may register for Webcast access. Organizations may register for group access without presenting specific registrant names. In such instances the registering organization will be presented a series of user names and passwords to distribute to participants.

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This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Amedco and the Health Care Conference Administrators (HCCA). Amedco is accredited by the ACCME to provide continuing medical education for physicians.

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Onsite attendees can also request a Certificate of Attendance which they can file with appropriate entities for credit, and webcast attendees can request a Webcast Certificate of Attendance on which they can certify the number of hours they watched and can file with appropriate entities for credit.

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ACCOUNTABLE CARE ORGANIZATION SUMMIT

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Onsite conference registration includes onsite attendance, professional networking, a	and	live
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PRECONFERENCE (Optional):		
The Future of Payment Reforms	Ś	495

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Standard Rate:	
Through Friday, April 22, 2016*	\$1,195
Through Friday, May 13, 2016**	\$1,495
After Friday, May 13, 2016	\$1,795
Special Academic/Government Rate***:	
Through Friday, April 22, 2016*	\$ 795
Through Friday, May 13, 2016**	\$ 895
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Through Friday, April 22, 2016* per person	\$ 995
Through Friday, May 13, 2016** per person	\$1,195
After Friday, May 13, 2016 per person	\$1,395

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□ Flash Drive (\$129 + \$15 shipping) \$144 □ 6 months' access on Web \$129 Note that conference electronic media may be used by the individual purchaser only. Terms and Conditions apply (see page 6).

SELECT YOUR TRACKS: Friday, June 10 (One from each group):

GROUP I – 9 am	GROUP II – 11 am
A: Care for High-Risk or High-Need Patients	D: Opportunities to Maximize Data and Technology
 B: Improving Practice Quality and Aligning	E: Integrating Community Care and Behavioral Health
Measurement Systems	into Accountable Care
C: The Impact of Prescription Drug Pricing and	F: Integration of Specialty Care into ACOs

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You may also register online at www.ACOSummit.com.

Check/money order enclosed (payable to Health Care Conference Administrators LLC)

Payment by credit card: American Express Visa Mastercard

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Special Needs (Dietary or Physical)

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All webcast registrants are automatically registered for ALL Summit events — the live Preconference and Summit — and receive six months of continued archived webcast access, available 24/7

CONFERENCE (Includes Preconference):

Standard Rate:	
Through Friday, April 22, 2016*	\$ 795
Through Friday, May 13, 2016**	\$1,095
After Friday, May 13, 2016	\$1,395
Special Academic/Government Rate***:	
Through Friday April 22, 2016*	¢ 505

J Through Friday, April 22, 2016*	Ş	595
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GROUP REGISTRATION:

Group registration offers the substantial volume discounts set forth below.

Group registration permits the organizational knowledge coordinator either to share conference access with colleagues or to assign and track employee conference participation.

Conference Access:	5 or more \$595 each	🖵 20 or more \$395 each
	🖵 10 or more \$495 each	🖵 40 or more \$295 each

See INTELLECTUAL PROPERTY POLICY, page 6.

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□ Flash Drive (\$129 + \$15 shipping) \$ 144 (All online attendees automatically receive 6 months access on web.) See INTELLECTUAL PROPERTY POLICY, page 6.

SPECIAL SUBSCRIPTION OFFER FOR BOTH ONSITE AND WEBCAST ATTENDEES:

You can purchase an annual subscription to Accountable Care News, Healthcare Innovation News, Health Insurance Marketplace News, Medical Home News, Population Health News, Predictive Modeling News or Readmissions News for only \$295 (regular rate \$468) when ordered with your conference registration

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	\$ 295 \$ 295 \$ 295	\$ 295 □ Population Health News \$ 295 □ Predictive Modeling News \$ 295 □ Readmissions News

* This price reflects a discount for registration and payment received through April 22, 2016. ** This price reflects a discount for registration and payment received through Friday,

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\$2,995

\$3,295

\$3,595

*** For the purpose of qualifying for the academic/government rates, "academic" shall apply to individuals who are full-time teaching staff at an academic institution (i.e. not an adjunct faculty member with a job elsewhere) or a full-time student at an academic institution (i.e. not with a full-time job elsewhere); and "government" shall apply to individuals who are full-time employees of federal, state or local regulatory agencies. This rate does not include the Preconference for onsite attendees.

REGISTRATION BINDING AGREEMENT

Registration (whether online or by this form) constitutes a contract and all of these terms and conditions are binding on the parties. In particular, these terms and conditions shall apply in the case of any credit/debit card dispute. For online and onsite registrants there will be no refunds for "no-shows" or cancellations

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Online: In your office or home