Eighth National Alternative Payment Model (APM) and Accountable Care Organization (ACO) Summit

HYATT REGENCY CRYSTAL CITY, ARLINGTON, VA
JUNE 28 – 29, 2017

KEYNOTE SPEAKERS:
- Representative Michael C. Burgess (R/TX), Chair, Subcommittee on Health, Committee on Energy and Commerce, US House of Representatives
- Michael Leavitt, Founder and Chairman, Leavitt Partners; Former Secretary, US Department of Health and Human Services, Former Governor of Utah
- 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

CO CHAIRS:
- S. Lawrence Kocot, JD, LLM, MPA, Principal and National Leader, Center for Healthcare Regulatory Insight, KPMG; Former Senior Advisor to the Administrator, CMS
- David B. Muhlestein, PhD, JD, Vice President, Research and Development, Leavitt Partners, LLC

CONTINUING EDUCATION CREDITS:
- Accountants: Approved for up to 10.45 hours of NASBA credits.
- Physicians: Approved for up to 11.5 hours of AMA PRA Category 1 Credits™.

PRECONFERENCE FOCUS SESSION:
- MACRA: Perspectives on the Transition to the Quality Payment Program (QPP)

PLENARY SESSIONS:
- Mark McClellan, MD, PhD Keynote
- Michael Leavitt Keynote
- Representative Michael C. Burgess (R/TX) Keynote
- CMS Keynote
- Progress and Challenges in Moving from Volume to Value
- The Keys to APMs and ACOs: The Move to a More Patient-Centric Health Ecosystem
- Healthcare Integration and the Continuing Challenge of Interoperability
- Future Directions for APM Development: The Role of P-TAC

AND TRACK SESSIONS:
- Advancing the Transition to Value-Based Payment
- Integrating Community and Home-Based and Health Services
- Care Transformation Through Contracting Innovation
- The Impacts of Consolidation in An Evolving Value-Based Marketplace
- Proven Approaches to Managing High-Risk Patients Through Data
- Digital Health: Using Technology to Meet the Patient

OFFERED IN SEQUENCE WITH THE SEVENTH NATIONAL BUNDLED PAYMENT SUMMIT
See Agendas-at-a-Glance on page 5. Discounted package registration available.

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EARLY BIRD REGISTRATION DISCOUNT ENDS ON MAY 5
Accountable care and other alternative payment initiatives in both the public and private sector have continued to grow over the past several years, adding to the experience and evidence on what is working and ways to continue evolving accountable care models. The Eighth National Alternative Payment Model (APM) and Accountable Care Organization (ACO) Summit (www.ACOSummit.com) will provide an unprecedented opportunity to discuss remaining barriers to widespread ACO and APM 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 APM implementers to provide unique and in-depth insights on APM implementation and ongoing health care reform. The Summit will cover a variety of topics including innovative contract and payment arrangements, the impacts of consolidation on value-based care, management of high-risk patients, using technology to improve patient care, integrating community-bases services, and remaining barriers to effective data interoperability. The Summit will also be a great opportunity to explore the future of accountable care and other alternative payment model contracting, practice, and policies, including the broader impact of the Medicare Access and CHIP Reauthorization Act (MACRA), which encourages the adoption of APMs.

WHAT ARE APMs AND ACOs?

An alternative payment model (APM) is a payment approach that rewards providers for delivering high-quality and cost-efficient care through financial incentives and penalties based on performance. ACOs, the most widely used APM, 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.

HOW IS ACO AND APM IMPLEMENTATION PROCEEDING ACROSS THE COUNTRY?

As of January 2017, over 450 organizations across the country are participating in the Medicare Shared Savings Program (MSSP), which aims to promote accountability for the care of Medicare fee for service (FFS) beneficiaries, coordinate care for all services provided under Medicare FFS, and encourages investment in infrastructure and redesign care processes. In January, over 20 organizations joined the Next Generation ACO Model, which provides greater financial risk and reward, in exchange for even more payment and regulatory flexibility to facilitate better coordination of care. Next year, CMS will launch a MSSP Track 1+ option to help ease organizations into two-sided risk with lower overall financial risk coupled with some of the flexibility afforded to other two-sided risk participants. In addition, the Quality Payment Program (QPP), created by MACRA, launched in January and creates additional incentives for physicians to provide care to Medicare patients through alternative payment models such as ACOs and bundled payments. Additional APMs are likely to be developed and/or approved by CMS in the coming years to provide more opportunities for providers to participate in alternative payment arrangements.

Beyond Medicare initiatives, interest and participation in accountable care and other alternative payment reforms has been growing both in states and in the private sector. More than ten states have developed programs to support the transition to accountable care-like models for either their Medicaid programs or state employees. There are now over 400 private sector ACOs with all of the major private health plans implementing value-based care initiatives; these payment reforms include accountability for the full continuum of patients’ care, payment contingent upon improving the quality and coordination of care, and responsibility for cost management within a target budget. In tandem with the Medicare Shared Savings Program, the Next Generation ACO Model, and other Medicare APMs, these private sector efforts will be instrumental in moving accountable care implementation forward as health care reform progresses.
DAY I: WEDNESDAY, JUNE 28, 2017

PRECONFERENCE FOCUS SESSION

MACRA: PERSPECTIVES ON THE TRANSITION TO QUALITY PAYMENT PROGRAM (QPP)
(Optional; Separate Registration Required)

9:00 am Welcome and Introductions
S. Lawrence Kocot, JD, LLM, MPA, Principal and National Leader, Center for Healthcare Regulatory Insight, KPMG; Former Senior Advisor to the Administrator, Centers for Medicare and Medicaid Services, Washington, DC (Co Chair)

9:10 am Quality Payment Program Implementation Priorities for 2017 and Beyond: The CMS Perspective
James (JP) Sharp, JD, MPH, Special Assistant to the Deputy Directors, Center for Medicare and Medicaid Innovation, Washington, DC

9:45 am The Provider Transition to the Quality Payment Program: Views from the Field
Frank G. Opelka, MD, FACS, Colon and Rectal Surgeon, Medical Director, Quality and Health Policy, Division of Advocacy and Health Policy, American College of Surgeons, Washington, DC

Noon Adjournment and Lunch on your Own

OPENING PLENARY SESSION

1:00 pm Welcome and Introduction
S. Lawrence Kocot, JD, LLM, MPA, Principal and National Leader, Center for Healthcare Regulatory Insight, KPMG; Former Senior Advisor to the Administrator, Centers for Medicare and Medicaid Services, Washington, DC (Co Chair)

1:15 pm Welcome: Update on the State of Accountable Care
Mark McClellan, MD, PhD, Director, Robert J Margolis Center for Health Policy and Margolis, Professor of Business, Medicine and Health Policy, Duke University; Former Administrator, Centers for Medicare and Medicaid Services; Former Commissioner, US Food and Drug Administration, Washington, DC

1:45 pm Keynote
Michael Leavitt, Founder and Chairman, Leavitt Partners; Former Secretary, US Department of Health and Human Services; Former Governor of Utah, Salt Lake City, UT

2:30 pm CMS Keynote
Patrick Conway, MD, MSc (Invited), Deputy Administrator for Innovation and Quality and Chief Medical Officer, Centers for Medicare and Medicaid Services, Washington DC

2:50 pm Congressional Keynote
Representative Michael C. Burgess (R/TX), Chair, Subcommittee on Health, Committee on Energy and Commerce, US House of Representatives, Washington, DC

2:55 pm Break

3:00 pm The Health Plan Perspective: Progress and Challenges in Moving from Volume to Value
Chip Howard, Vice President and Payment Innovations Leader, Humana Inc.; Former Director, Accountable Care Organizations, WellPoint; Former Director, Financial Models, Alternative Reimbursement Programs, Florida Blue; Former Director, Provider Contracting Performance and Cost Analytics, Kaiser Permanente, Louisville, KY

3:30 pm The Provider Perspective: Progress and Challenges in Moving from Volume to Value
Marna Parke Borgstrom, MPH (Invited), President and Chief Executive Officer, Yale New Haven Health System, Lecturer in Public Health (Health Policy), Yale School of Public Health, New Haven, CT

4:00 pm The Keys to APMs and ACOs: The Move to a More Patient-Centric Health Ecosystem
John B. Bulger, DO, MBA, Chief Medical Officer, Geisinger Health Plan; Former Chief Quality Officer, Geisinger Health System, Danville, PA

4:30 pm Harold Paz, MD, Executive Vice President and Chief Medical Officer, Aetna; Former Chief Executive Officer, Senior Vice President for Health Affairs and Dean, Penn State Hershey Medical Center and Health System, Hartford, CT

5:00 pm The Keys to APMs and ACOs: The Move to a More Patient-Centric Health Ecosystem

5:45 pm Adjournment and Networking Reception

HOTEL INFORMATION/RESERVATIONS

The National ACO Summit does not contract with any third party organization to make hotel reservations directly with the hotel and not with a third party vendor.

The Hyatt Regency Crystal City is the official hotel for the Eighth National Alternative Payment Model (APM) and Accountable Care Organization (ACO) Summit. A special group rate of $199.00 single/$209.00 double per night (plus applicable taxes) has been arranged for Summit Attendees. A dedicated website is now available for you to book your special group-rate hotel rooms online. 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 the cut-off date of Thursday, June 1, 2017. After this date, reservations will be accepted on a space-available basis at the prevailing rate.

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EXHIBIT AND SPONSORSHIP OPPORTUNITIES:

Take advantage of this unique opportunity to expand your reach! The Summit is attended by highly influential and experienced professionals. Sponsorship offers you strategic positioning as an industry leader. For more information call 206-673-4815 or email exhibits@hcconferences.com.
DAY II: THURSDAY, JUNE 29, 2017

MORNING TRACK SESSIONS I 9:00 am – 10:15 am

Track Session 1: Advancing the Transition to Value-Based Payment

Troy Barsky, JD, Health Care Partner, Crowell & Moring; Former Director, Division of Technical Payment Policy, Former Senior Attorney, Office of the General Counsel, Centers for Medicare and Medicaid Services, Washington, DC

Robert D. Belfort, JD, Partner, Manatt, Phelps & Phillips, LLP, New York, NY

Brian C. Betner, JD, Attorney, Hall, Renden, Killian, Heath & Lyman, PC, Indianapolis, IN

Kimberly Brandt, JD, Chief Oversight Counsel, US Senate Finance Committee, Majority Staff; Former Director, Medicare Program Integrity Group, Centers for Medicare and Medicaid Services, Washington, DC

Track Session 2: Integrating Community and Home-Based Health Services

Toyin Ajayi, MD, MPhil, Chief Medical Officer, Commonwealth Care Alliance; Former Attending Physician, Boston Medical Center, Boston, MA

Nicole Bruno (invited), Co-founder and Executive Director, Transitions Guiding Lights, Raleigh, NC

Tiffany Ferguson, LMSW, ACM, Director, Community Care Management, Northern Arizona Healthcare, Flagstaff, AZ

David B. Muhlestein, PhD, JD, Vice President, Research and Development, Leavitt Partners, LLC, Salt Lake City, UT

Track Session 3: Care Transformation through Contracting Innovation

Ruth N. Benton, MBA, Chief Executive Officer, New West Physicians, PC; Former Vice President, Swedish Medical Center, Golden, CO

Jed Constanztz, MHA, Chief Strategy Officer and Senior Vice President, Client Relations, Employer Advantage Health Care Solutions, Franklin, TN

Lynn Dong, FSA, MAAA, Principal and Consulting Actuary, Milliman, Inc., Seattle, WA

Richard E. Heller, III, MD, MBA, Vice President of Clinical Services and National Director of Pediatric Radiology, Radiology Partners, Los Angeles, CA

Mary Langowski, JD, MPA, Former Executive Vice President, Strategy, Corporate Development, and Government Affairs, CVS Health Corporation; Former Chair, Health Care Policy and Regulatory Practice, DLA Piper; Former Senior Health Care Policy Advisor, US Senator Tom Harkin, Washington, DC

10:15 am Break

MORNING TRACK SESSIONS II 11:00 am – 12:15 pm

Track Session 4: The Impacts of Consolidation in an Evolving Value-Based Marketplace

Deborah L. Feinstein, JD, Former Director, Bureau of Competition, Federal Trade Commission, Washington, DC

David B. Muhlestein, PhD, JD, Vice President, Research, Leavitt Partners, LLC, Salt Lake City, UT

Douglas C. Ross, Esq., Partner, Davis Wright Tremaine LLP; Former Attorney, Antitrust Division, US Department of Justice, Seattle, WA

Joshua H. Soven, JD, Partner, Gibson, Dunn & Crutcher LLP; 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

Track Session 5: Proven Approaches to Managing High-Risk Patients through Data

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

Derek DeLia, PhD, Research Professor and Senior Health Economist, Center for State Health Policy, Rutgers University, New Brunswick, NJ

Christie Lawrence, MPR, Vice President, Commercial Services, ARDX, Norfolk, VA

Edward Stall, MBA, Principal, Enterprise Intelligence, Market Leader, Dixon Hughes Goodman LLP, Greenville, SC

Track Session 6: Digital Health: Using Technology to Meet the Patient, including Telehealth

Henry DePhillips, MD, FAAFP, Chief Medical Officer, Teladoc, Nashville, TN

Robert Plotkin, MSW, MBA, Founder and Chief Executive Officer, Arcadian Telepsychiatry, Fort Washington, PA

Angelo Volandes, MD, MPH, Internist, Massachusetts General Hospital; Assistant Professor of Medicine, Harvard Medical School; Co-Founder and President, Advance Care Planning (ACP) Decisions; Author, The Conversation: A Revolutionary Plan for End-of-Life Care, Boston, MA

12:15 pm NETWORKING LUNCHEON

AFTERNOON CLOSING PLENARY SESSION

1:30 pm Healthcare Integration and the Continuing Challenge of Interoperability

Leigh C. Burchell, FHMSS, Vice President, Policy and Government Affairs, Allscripts; Chair Emeritus, Executive Committee, Electronic Health Records Association; Vice Chair, Public Policy Committee, HIMSS, Durham, NC

Bruce A. Meyer, MD, MBA, Executive Vice President, Health System Affairs, Executive Director, Faculty Practice Plan, UT Southwestern Medical Center; Chief Executive Officer, Population Health Services Company, Southwestern Health Resources, Dallas, TX

Stuart Portman, MPH, Legislative Assistant to Senator Orrin G. Hatch, US Senate, Washington, DC

2:15 pm Future Directions for APM Development: The Role of P-TAC

Paul N. Casale, MD, MPH, FACC, Executive Director, New York Quality Care, New York-Presbyterian Columbia Weill Cornell, Member, Physician-Focused Payment Model Technical Advisory Committee (PTAC); New York, NY

Len Nichols, PhD, Director, Center for Health Policy Research and Ethics and Professor of Health Policy, George Mason University; Member, Physician-Focused Payment Model Technical Advisory Committee (PTAC); Former Senior Advisor for Health Policy, Office of Management and Budget, Washington, DC

3:00 pm Closing Comments

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

3:15 pm Summit Adjournment
ACO SUMMIT VIII AND BUNDLED PAYMENT SUMMIT VII SEQUENTIAL AGENDAS-AT-A-GLANCE
AND DISCOUNTED PACKAGE REGISTRATION — SAVE UP TO $900
Register at a discount to attend both events, which flow sequentially.

AGENDAS-AT-A-GLANCE

MONDAY, JUNE 26, 2017

BUNDLED PAYMENT SUMMIT VII
• Afternoon preconference session (optional)

TUESDAY, JUNE 27, 2017

BUNDLED PAYMENT SUMMIT VII
• Morning opening plenary session
• Networking luncheon
• Afternoon track sessions
• Networking reception

WEDNESDAY, JUNE 28, 2017

BUNDLED PAYMENT SUMMIT VII
• Morning closing plenary session
• Noon adjournment

ACO SUMMIT VIII
• Morning preconference session (optional)
• Lunch on your own
• Afternoon opening plenary session
• Networking reception

THURSDAY, JUNE 29, 2017

ACO SUMMIT VIII
• Morning track sessions
• Networking luncheon
• Afternoon closing plenary session
• Adjournment

TO ATTEND BOTH ACO SUMMIT AND BUNDLED PAYMENT SUMMIT IN-PERSON ON SITE
Onsite conference registration includes onsite attendance, professional networking, and live interaction with the faculty.

INDIVIDUAL REGISTRATION FOR BOTH EVENTS:
CONFERENCES (Does not include Preconference):

Standard Rate:
• Through Friday, May 5, 2017* $1,495
• Through Friday, June 2, 2017** $1,695
• After Friday, June 2, 2017 $2,095

Special Academic/Government Rate***:
• Through Friday, May 5, 2017* $ 995
• Through Friday, June 2, 2017** $1,095
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GROUP REGISTRATION DISCOUNT (Does not include Preconference):
Three or more registrations submitted from the same organization at the same time receive the following discounted rates for conference registration only. To qualify, all registrations must be submitted simultaneously. Rates are per person:
• Through Friday, May 5, 2017* $1,195
• Through Friday, June 2, 2017** $1,395
• After Friday, June 2, 2017 $1,595

TO ATTEND BOTH ACO SUMMIT AND BUNDLED PAYMENT SUMMIT VIA THE LIVE/ARCHIVED INTERNET WEBCAST
Webcast conference registration includes the live Internet feed from the Summit, plus six months of continued archived Internet access, available 24/7.

INDIVIDUAL REGISTRATION FOR BOTH EVENTS:
CONFERENCES (Includes Preconference):

Standard Rate:
• Through Friday, May 5, 2017* $ 995
• Through Friday, June 2, 2017** $1,195
• After Friday, June 2, 2017 $1,595

Special Academic/Government Rate***:
• Through Friday, May 5, 2017* $ 795
• Through Friday, June 2, 2017** $ 895
• After Friday, June 2, 2017 $ 995

GROUP REGISTRATION:
Group registration offers the substantial volume discounts set forth below.
All webcast group registrants are enrolled in Preconference and the main conference. Group registration permits the organizational knowledge coordinator either to share conference access with colleagues or to assign and track employee conference participation. Rates are per person.
Conference Access: □ 5 or more $595 per person □ 10 or more $495 per person □ 20 or more $395 per person □ 40 or more $295 per person

To find out more about the Bundled Payment Summit, go to www.BundledPaymentSummit.com
Please include this page with your registration form (page 7), and enter applicable fees at the bottom.
To register for the package or for more information, visit our webpage: www.ACOSummit.com/registration/

See INTELLECTUAL PROPERTY POLICY, page 6.

Watch Our Website for Information on the Conference App!
www.ACOSummit.com
THE FOLLOWING REGISTRATION TERMS AND CONDITIONS APPLY

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• Online at www.ACOSSummit.com.
• Fax/Mail/Email using this printed registration form. Mail the completed form with payment to the Conference registrar at 12330 NE 8th Street, Suite 101, Bellevue, WA 98005-3187, or fax the completed form to 206-319-5303, or scan and email the completed form to registration@hcconferences.com. Checks or money orders should be made payable to Health Care Conference Administrators LLC.

The following credit cards are accepted: American Express, Visa or MasterCard. Credit card charges will be listed on your statement as payment to Health Care Conference Administrators LLC.

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Expenses of training including tuition, travel, lodging and meals incurred to maintain or improve skills in your profession may be tax deductible. Consult your tax advisor. Federal Tax ID: 91-1892021.

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GENERAL TERMS AND CONDITIONS
Program subject to cancellation or change. If the program is cancelled the only liability of the Summit will be to refund the registration fee paid. The Summit shall have no liability regarding travel or other costs. Registration form submitted via fax, mail, email or online constitutes binding agreement between the parties.

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Call 800-503-3597 (Continental US, Alaska and Hawaii only) or 206-452-5530, send e-mail to registration@hcconferences.com, or visit our website at www.ACOSSummit.com.

EIGHTH NATIONAL ALTERNATIVE PAYMENT MODEL (APM) AND ACCOUNTABLE CARE ORGANIZATION (ACO) SUMMIT CONTINUING EDUCATION CREDITS

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This program addresses topics that are of a current concern in the healthcare quality and patient safety environment. This is an update, group-live activity. For more information regarding administrative policies such as complaints or refunds, call 206-757-8053 or email petergrant@ehcca.com.

AMA PRA CATEGORY 1 CREDITS™
Accreditation Statement
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 providorship of Amedco and the Health Care Conference Administrators (HCCA). Amedco is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation Statement
Amedco designates this live activity for a maximum of 11.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CERTIFICATE OF ATTENDANCE
Onsite attendees may 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.

HOW TO REGISTER: Fully complete the form on page 7 (one form per registrant, photocopies acceptable). Payment must accompany each registration (U.S. funds, payable to Health Care Conference Administrators, LLC).

FAX: 206-319-5303 (include credit card information with registration)
MAIL: Conference Office, 12330 NE 8th Street, Suite 101, Bellevue, WA 98005-3187

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PHONE: 800-503-3597 (Continental US, Alaska and Hawaii only) or 206-452-5530, Monday-Friday, 7 AM - 5 PM PST
E-MAIL: registration@hcconferences.com
ACCOUNTABLE CARE ORGANIZATION SUMMIT

COMPLETE THE FOLLOWING. PLEASE PRINT CLEARLY:

NAME

SIGNATURE OF REGISTRANT - REQUIRED

JOB TITLE

ORGANIZATION

ONSITE CONFERENCE ATTENDANCE

Onsite conference registration includes onsite attendance, professional networking, and live interaction with the faculty.

PRECONFERENCE (Optional):

- MACRA: Perspectives on the Transition to Quality Payment Program (QPP) $ 495

CONFERENCE (Does not include Preconference):

- Standard Rate:
  - Through Friday, May 5, 2017* $1,195
  - Through Friday, June 2, 2017** $1,195
  - After Friday, June 2, 2017 $1,795

- Special Academic/Government Rate***:
  - Through Friday, May 5, 2017* $ 795
  - Through Friday, June 2, 2017** $ 895
  - After Friday, June 2, 2017 $ 995

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- Through Friday, May 5, 2017* per person $ 995
- Through Friday, June 2, 2017** per person $1,195
- After Friday, June 2, 2017 per person $1,395

ONLINE ELECTRONIC MEDIA:

Onsite Attendees — Following the Summit, the video and presentations are made available in the following formats. To take advantage of the discounted prices below, you must reserve media WITH your Summit registration:

- 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: Thursday, June 29

GROUP I – 9 am

1: Advancing the Transition to Value-Based Payment
2: Integrating Community and Home-Based and Health Services
3: Care Transformation Through Contracting Innovation

GROUP II – 11 am

4: The Impacts of Consolidation in an Evolving Value-Based Marketplace
5: Proven Approaches to Managing High-Risk Patients through Data
6: Digital Health: Using Technology to Meet the Patient, including Telehealth

GROUP III – 1:30 pm

7: The Role of ACOs in Improving Care Coordination
8: Combating Readmissions: A Quarterly Update
9: Campus News

GROUP IV – 2:30 pm

10: What the Market Really Thinks about ACOs
11: ACOs: An Innovative Model for the Delivery of Health Care
12: The Evolution of the Value-Based Marketplace

GROUP V – 3:30 pm

13: OB/GYN and ACOs: Meeting the Challenge of Value-based Care
14: Population Health Management
15: The Patient Experience: A Strategy for Success

GROUP VI – 4:30 pm

16: Payment Models and Risk Adjustment
17: ACOs in the Era of Value-Based Care

GROUP VII – 5:30 pm

18: ACOs and the Transformation of the Medical Home
19: Population Health Management
20: The Patient Experience: A Strategy for Success

WEBCAST CONFERENCE ATTENDANCE

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, May 5, 2017* $ 995
  - After Friday, June 2, 2017 $1,395

- Special Academic/Government Rate**:
  - Through Friday, May 5, 2017* $ 995
  - After Friday, June 2, 2017 $ 995

GROUP REGISTRATION:

Group registration offers the substantial volume discounts set forth below.

Conference Access:

- 5 or more $995 each
- 20 or more $495 each
- 40 or more $295 each

See INTELLECTUAL PROPERTY POLICY, page 6.

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