
The Challenges and Opportunities for Medicare Advantage Plans in 2017

Thursday, September 22nd, 2016
1:00 - 2:00 p.m. Eastern (10:00 a.m. to 11:00 a.m. Pacific)

- Opportunities and challenges for Medicare Advantage plans and networks in 2017
- A focus on implications for provider sponsored and regional plans and networks

- Selected strategic opportunities in the midst of chaos
- Key challenges for Medicare Advantage plans in 2017 and beyond
- Projected CMS future directional insights, and the potential post-election impact on Medicare
- Medicare environment including beneficiary demographics, growth of elderly poor, and spending trends

Faculty:
Henry W. "Hank" Oswoski,
Managing Director
Strategic Health Group LLC

Registration

Individual Registration Fee: $195. Post-Event Materials: $45 for attendees; $260 for non-attendees after the event.

Corporate Site licensing also available (see inside for details) Use the form on the back page to fax or mail your registration or call 209.577.4888

Online: To register or get detailed information on the web, go to:
http://www.healthwebsummit.com/medicare092216.htm
2017 will place Medicare Advantage stakeholders at a critical crossroads in a post election environment. The landscape will be shaped by recent provider value based payment innovations; increased CMS oversight and initiatives including star ratings, increased competition; mega health plans seeking market share outside of exchange populations and hedging against antitrust uncertainties; as well as many other factors. In particular, implications are significant for provider sponsored and regional plans and provider networks.

Medicare Advantage has witnessed enrollment growth to more than thirty-two percent of eligible Medicare beneficiaries, yet this success has also increased the number of detractors and competitors for Medicare funding. Entering or maturing in the MA space can be an exciting strategy for commercial plans looking to expand their product portfolio or for ACOs and hospitals seeking new ways, and new revenue streams, to serve a rapidly growing demographic in their community. The MA market contains many of the elements needed for business success, from changing demographics moving in its favor to market receptivity for the product category. In addition, the financial model needed for MA success is favorable as an increasing number of providers are accepting capitation or various reimbursement arrangements under a value-based model being promoted by CMS and others.

But the MA industry is one fraught with regulation, dependent on a single payer – CMS – operating on slim margins, reliant on provider cooperation, hostage to the introduction of costly new specialty drugs, and engulfed in consolidations that give mega brands a decided competitive advantage.

This session will position stakeholders for 2017 and beyond by providing a deeper understanding of the current Medicare environment; an examination of the intricacies of the challenges facing Medicare Advantage plans and networks - especially provider sponsored and regional plans and networks - as they seek to compete in an era of consolidation and revenue compression; and identify and discuss selected strategic opportunities to achieve success in serving Medicare Advantage members.

Please join us Thursday September 22nd, 2016 at 1 PM Eastern as Strategic Health Group's Hank Oswoski helps position stakeholders for the future that are involved with Medicare Advantage plans, in the HealthcareWebSummit event: The Challenges and Opportunities for Medicare Advantage Plans in 2017.
Learning Objectives

After attending this webinar, attendees will be able to:

1. Understand the current Medicare environment, including current and projected beneficiary demographics, the growth of elderly poor, and Medicare spending and trends
2. Consider projected CMS future directional insights, and the potential post-election impact on Medicare
3. Ascertain key challenges for Medicare Advantage plans in 2017 and beyond including revenue compression, tightening margins, increased competition for beneficiaries, and network adequacy and accuracy
4. Explore potential strategic opportunities in the midst of chaos, including duals as a long-term opportunity, the growth of provider sponsored Medicare Advantage options, unfunded retiree liability that requires creative solutions, and strategies for owning your market
5. Examine the specific implications for provider sponsored and regional plans and networks
6. Engage in interactive learning through online question submission, attendee feedback and opportunity for follow up questions, and networking with attendees, faculty and other professionals through dedicated LinkedIn group.

Who Should Attend

Interested attendees would include:

- C-Suite Executives
- Medicare Advantage Executives and Staff
- Legal, Regulatory and Policy Executives and Staff
- Healthcare Innovation, Transformation and Reform Executives
- Planning and Strategic Executives and Staff
- Provider Relations and Contracting Executives and Staff
- Provider Network Operations Executives and Staff
- Managed Care Executives and Staff
- Business Intelligence Staff
- Other Interested Parties

Attendees would represent organizations including:

- Health Plans
- Hospitals and Health Systems
- Medical Groups
- Accountable Care Organizations
- Provider Networks
- Other Healthcare Providers
- Government
- Pharmaceutical Organizations
- Solutions Providers
- Associations, Institutes and Research Organizations
- Media
- Other Interested Organizations
Hank Osowski, a founding member and managing director of Strategic Health Group, is an experienced healthcare executive and strategist who has provided leadership to commercial, Medicare and Medicaid health plans for more than three decades. He has led several engagements for the firm’s clients on the key challenges of dual integrated care programs in California, Michigan, Illinois, New Mexico and Hawaii.

Formerly the senior vice president of corporate development for SCAN Health Plan, Mr. Osowski was a key member of the senior leadership team that turned the company around from a "near death experience" into an exceptionally strong financial position and one of the largest nonprofit Medicare Advantage plans in the country. He led SCAN’s expansion into seven additional California counties and as well as its first out-of-state expansion into Arizona where Hank then served as President of SCAN Health Plan Arizona and SCAN Long Term Care. Mr. Osowski has also led the organization’s strategic planning efforts and initiated an innovation development regimen to seek improvements in care coordination practices and future care outcome protocols.

Prior to SCAN, Mr. Osowski served as a principal in a national healthcare consulting organization providing a range of strategic, financial and development services for health plans, physician groups and hospitals. He also served as vice president International Operations for American Family Life Assurance Corporation where he directed the development of start-up operations in the United Kingdom, Germany and Italy, as well as the financial turnaround of the company’s Canadian operations.

Hank began his California career as a member of the senior management team responsible for the turnaround and financial survival of Blue Cross of California. In this capacity, Hank led the financial improvement of the individual and small group division and provided leadership to the organization’s strategic planning efforts.
Corporate Pricing, Terms and Conditions

Individual vs. Corporate Site License Pricing

- Individual registrations cover a single phone line.
- Multiple persons may listen via speaker phone for the individual registration fee.
- Each individual receives a unique dial-in ID that is not re-useable.
- Corporate pricing is available when registrations are desired for more than one phone line.

Corporate Site License Attendee Registrations

- Organizations individually register all participants for web access and e-mail delivery unless arranged otherwise with MCOL, but corporate pricing will apply based on the number of employees registered.

Eligibility

- Corporate pricing is only available to single organizations, or parent organizations and their affiliates.
- Professional Associations or other groups of separate organizations may not combine for corporate pricing.

Pricing Schedule

Events Priced at $195 Individually: Site License pricing for one of any $195 individual events is based upon the number of covered phone lines, according to the following table.

<table>
<thead>
<tr>
<th>Covered Phone Lines /Logins</th>
<th>Total Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 10</td>
<td>$870.00</td>
</tr>
<tr>
<td>10-29</td>
<td>$2,005.00</td>
</tr>
<tr>
<td>30-74</td>
<td>$4,425.00</td>
</tr>
<tr>
<td>75-174</td>
<td>$9,230.00</td>
</tr>
<tr>
<td>175-249</td>
<td>$12,525.00</td>
</tr>
<tr>
<td>250+</td>
<td>Call for quote</td>
</tr>
</tbody>
</table>

Equivalent Price per employee and total savings compared to individual $195.00 price*:

<table>
<thead>
<tr>
<th>Covered Phone Lines /Logins</th>
<th>Price per Line</th>
<th>Total Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 10</td>
<td>$174.00</td>
<td>$605.00</td>
</tr>
<tr>
<td>10-29</td>
<td>$100.25</td>
<td>$3,895.00</td>
</tr>
<tr>
<td>30-74</td>
<td>$88.50</td>
<td>$10,325.00</td>
</tr>
<tr>
<td>75-174</td>
<td>$73.84</td>
<td>$27,645.00</td>
</tr>
<tr>
<td>175-249</td>
<td>$59.64</td>
<td>$49,425.00</td>
</tr>
</tbody>
</table>

* based upon the midpoint of employees in each range