

THE PREEMINENT CONFERENCE ON EMERGING MEDICARE MANAGED CARE CHANGES



THE NATIONAL CONGRESS ON MEDICARE+CHOICE

MEDICARE+CHOICE:
HEALTH MAINTENANCE ORGANIZATIONS
PROVIDER-SPONSORED ORGANIZATIONS
PREFERRED PROVIDER ORGANIZATIONS
PRIVATE FEE-FOR-SERVICE ARRANGEMENTS
MEDICAL SAVINGS ACCOUNTS

SUBCONTRACTING WITH MEDICARE+CHOICE PLANS

THURSDAY AND FRIDAY
JUNE 4-5, 1998

CO-SPONSORED BY
HEALTH AFFAIRS JOURNAL AND MODERN HEALTHCARE MAGAZINE

DEVELOPED AND ADMINISTERED BY
HEALTH CARE CONFERENCE ADMINISTRATORS

**GRAND HYATT HOTEL
WASHINGTON, D.C.**

- ✓ The most complete analysis of the new Medicare Part C, referred to also as the Medicare+Choice Program, in one place, presented through 10 general sessions, 30 concurrent sessions and over 50 Government and Private Sector Speakers.
- ✓ Major presentations by HCFA experts on HMOs (with or without point-of-service), PSOs, PPOs, Private Fee-For-Service Plans and Medical Savings Accounts.
- ✓ Sessions detailing each part of the HCFA PSO Federal Waiver and Medicare+Choice Certification Applications presented by officials who review and approve those applications.
- ✓ Case studies from a number of operating Medicare Risk Plans approved under The Medicare Choices Demonstration Projects.
- ✓ Presentations for potential capital and management partners for providers developing Medicare+Choice Plans, including HMOs, PPMCs, venture capital groups and consulting organizations.
- ✓ Strategies for providers who do not develop Medicare+Choice plans, but who wish to subcontract with such plans.

MEDICARE'S NEW PART C PROGRAM: MEDICARE+CHOICE

THE NEW MEDICARE MANAGED CARE PROGRAM, called Medicare+Choice, or Medicare Part C, is being rolled out quickly. It's building speed as various clarifying regulations, including those establishing the definitions and federal solvency standard for provider-sponsored organizations (PSOs), and draft Medicare+Choice HCFA application forms, including the PSO federal waiver application and the Medicare+Choice certification application, have been issued. Full implementation of Medicare+Choice will occur with the anticipated issuance of the Medicare+Choice "Mega Regulations" on June 1, 1998.

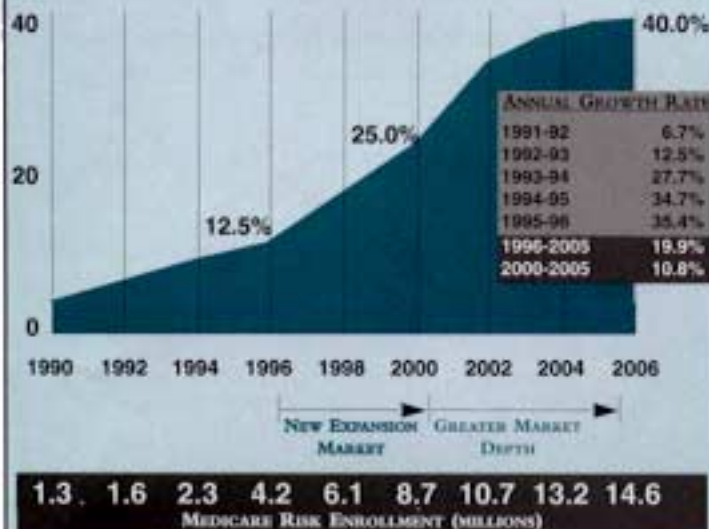
MEDICARE POPULATION (1967-2007) AND PROJECTED MANAGED CARE MEMBERSHIP

Source: Health Care Financing Administration, Office of the Actuary, December 1996



SPECULATING ON FUTURE GROWTH MEDICARE RISK PENETRATION EXPECTED TO TRIPLE OVER NEXT DECADE

Source: Health Care Advisory Board



The Medicare+Choice program has profound implications for all Medicare risk plans and for all health care providers, regardless of whether the provider is determined to form a Medicare+Choice plan or not.

Those plans and providers intending to form plans will be directly affected by the changes mandated by the new Medicare Part C Program. Providers who determine to participate in Medicare Managed Care by subcontracting with Medicare+Choice plans will also be substantially impacted.

HCFA is allocating substantial resources to quick-start Medicare+Choice. It has issued an early definition of PSOs, and has made available draft application forms. HCFA has already begun processing Medicare+Choice applications. Upon the issuance of the Medicare+Choice "Mega Regulations", the omnibus regulation which will clarify all remaining issues with respect to the program, applications will be formally processed.

Looming on the horizon is the "Medicare Compare," November 1998 Medicare+Choice national information campaign. Funded in part by an assessment on existing Medicare risk plans, the information campaign will provide all Medicare beneficiaries with detailed comparative information on all Medicare options available in the geographic area, including the standard Part A and B program and the full array of Part C, Medicare+Choice options.

The number and type of Medicare+Choice plans which will be approved over the next 12 to 24 months is speculative. However, interest across the country is extraordinary. There is a consensus that the Medicare+Choice program will dramatically increase the number of Medicare beneficiaries moving into a managed care option.

WHO SHOULD ATTEND THE CONGRESS

- Health Care Leaders, including CEOs and CFOs in hospitals, medical groups and IPAs, ancillary providers, long-term care organizations and health plans
- Members of the Board of Trustees of Health Care Enterprises
- Health Care Finance, Patient Accounts and Billings Specialists
- Health Care Managed Care Contract Officers
- Physicians and other Health Professionals
- Health Care Consultants and Attorneys
- Health Care Regulators
- Health Care Investment Bankers and Venture Capitalists
- Health Care Researchers, Academics and Policy Makers

MEDICARE+CHOICE AT A GLANCE

- Permits Medicare-only risk plans
- Adjusts the Medicare premium, the Average Adjusted Per Capita Cost (AAPCC), to the greater of a floor rate, a 2% minimum rate increase, or a national/local blended rate.
- Adds a medical risk adjustment to the AAPCC in 2000.
- Establishes a national information program in November 1998 and annual coordinated election periods each November thereafter.
- Transitions from open beneficiary enrollment and disenrollment to annual lock-in by July 2002.
- Expands the types of managed care arrangements available to beneficiaries from HMO-like arrangements only, to include Provider-Sponsored organizations (PSOs), PPOs, Private Fee-For-Service plans (PFFSs and Medical Savings Arrangements (MSAs).
- Permits HCFA to waive minimum enrollment requirements.

THE NATIONAL CONGRESS ON MEDICARE+CHOICE

THURSDAY-FRIDAY, JUNE 4-5, 1998

PROGRAM

THURSDAY, JUNE 4, 1998

7:45 - 8:15AM

OPENING PLENARY SESSION: THE ROLE OF THE NEW MEDICARE PART C: MEDICARE+CHOICE IN THE CHANGING MEDICARE PROGRAM

ROBERT A. BERENSON, M.D., DIRECTOR, CENTER FOR HEALTH PLANS AND PROVIDERS, HCFA (INVITED)

8:15 - 8:45AM

MEDICARE+CHOICE RISK CONTRACTING STRATEGIC ALTERNATIVES

BRUCE MERLIN FRIED, J.D., PARTNER, SHAW, PITTMAN, POTTS & TROWBRIDGE, WASHINGTON, D.C. AND FORMER DIRECTOR, CENTER FOR HEALTH PLANS AND PROVIDERS, HCFA

8:45 - 9:15AM

STRATEGIES FOR PROVIDERS NOT FORMING MEDICARE+CHOICE PLANS: RISK SUBCONTRACTING, GOVERNANCE PARTICIPATION, ETC.

PETER N. GRANT, J.D., PH.D., PARTNER, DAVIS WRIGHT TREMAINE LLP, SEATTLE AND SAN FRANCISCO

9:15 - 9:30AM

TRANSITION BREAK

9:30 - 10:30AM

CONCURRENT SESSIONS 1: STRATEGIC ALTERNATIVES IN PARTICIPATING IN MEDICARE+CHOICE

1.A. STATE-LICENSED COORDINATED CARE PLANS: HMOs, PSOs AND PPOs

JEAN LEMASURIER, DEPUTY DIRECTOR FOR PLAN AND PROVIDER PURCHASING POLICY GROUP, HCFA

1.B. FEDERAL WAIVERED PSOs

MAUREEN MILLER, SENIOR ANALYST, DIVISION OF INTEGRATED DELIVERY SYSTEMS, CENTER FOR HEALTH PLANS AND PROVIDERS, HCFA

AARON BROWN, HEALTH INSURANCE SPECIALIST, DIVISION OF INTEGRATED DELIVERY SYSTEMS, CENTER FOR HEALTH PLANS AND PROVIDERS, HCFA

1.C. PRIVATE FEE-FOR-SERVICE PLANS

ANITA HEGSTER, HEALTH CARE SPECIALIST, DIVISION OF INTEGRATED DELIVERY SYSTEMS, HCFA

1.D. MEDICAL SAVINGS ACCOUNTS

CYNTHIA MASON, OFFICE OF RESEARCH AND DEVELOPMENT, HCFA (INVITED)

1.E. THE ROLE OF MEDICARE SELECT (THE MEDICARE SUPPLEMENT PROGRAM) IN THE CONTEXT OF MEDICARE+CHOICE

MICHELE MOLDEX, EXECUTIVE VICE PRESIDENT, PRODUCT LINE MANAGEMENT/STRATEGIC PLANNING, OLYMPIC HEALTH MANAGEMENT SERVICES, INC.

10:30 - 10:45AM

TRANSITION BREAK

10:45 - 11:45AM

CONCURRENT SESSIONS 2: ORGANIZING AND CAPITALIZING A MEDICARE+CHOICE PLAN

2.A. MEDICARE+CHOICE PLAN STRUCTURE AND TAX ISSUES

MARTIN MORFELD, ESQ., OF COUNSEL, DAVIS WRIGHT TREMAINE LLP, SEATTLE, WASHINGTON

T. J. SULLIVAN, ESQ., PARTNER, GARDNER, CARTON & DOUGLAS, WASHINGTON, D.C., AND FORMER SPECIAL ASSISTANT (HEALTHCARE) TO THE IRS, ASSISTANT COMMISSIONER (EXEMPT ORGS.)

2.B. BUSINESS PLAN AND PRO FORMA FINANCIAL PROJECTION DEVELOPMENT

LORI B. SCHLEICHER, SENIOR MANAGER, ERNST & YOUNG LLP

2.C. CAPITALIZATION AND INFRASTRUCTURE

JERRY F. POGUE, PUBLISHER, INTEGRATED HEALTHCARE REPORT AND PRINCIPAL, INTEGRATED HEALTHCARE CONSULTING GROUP

2.D. MEDICARE+CHOICE PLANS: PSO FEDERAL SOLVENCY STANDARD AND APPLICABLE STATE SOLVENCY STANDARDS; LETTERS OF CREDIT, GUARANTIES, MANDATORY CAPITAL CALLS, ADMITTED TANGIBLE AND INTANGIBLE ASSETS

EDWARD B. HIRSHFELD, ESQ., ASSOCIATE GENERAL COUNSEL, AMERICAN MEDICAL ASSOCIATION

2.E. MEDICARE+CHOICE REGULATORY COMPLIANCE: PIP, FRAUD AND ABUSE, ETC.

MARK S. JOFFE, ESQ., LAW OFFICES OF MARK JOFFE, WASHINGTON, D.C.

11:45 - 1:00PM

LUNCH

LUNCH

THE POLITICS OF MEDICARE+CHOICE

REP. WILLIAM THOMAS (R), CHAIR, HEALTH SUBCOMMITTEE, HOUSE WAYS AND MEANS COMMITTEE

REP. PETE STARK (D), RANKING MINORITY MEMBER, HEALTH SUBCOMMITTEE, HOUSE WAYS AND MEANS COMMITTEE (INVITED)

1:00 - 1:30PM

AN OVERVIEW OF PAST AND FUTURE HCFA MANAGED CARE DEMONSTRATION PROJECTS

LU ZAWISTOWICH, DIRECTOR OF PROGRAM DEVELOPMENT AND INFORMATION GROUP (DEMONSTRATION PROJECTS), HCFA

1:30 - 1:45PM

TRANSITION BREAK

1:45 - 2:45PM

CONCURRENT SESSIONS 3: LESSONS FROM THE MARKETPLACE: THE EXPERIENCE OF MEDICARE/CHOICES DEMONSTRATION PROJECTS

3.A. FLORIDA HOSPITAL, ORLANDO, FLORIDA

DONNA BLEXRUD, ADMINISTRATIVE DIRECTOR, FLORIDA HOSPITAL PREMIER CARE

3.B. CROZER-KEYSTONE HEALTH SYSTEM, SPRINGFIELD, PENNSYLVANIA

BEVERLY J. SLAVIC, EXECUTIVE VICE PRESIDENT & COO, HEALTH PLANS OF PENNSYLVANIA

3.C. ST. JOSEPH'S MEDICAL CENTER, ATLANTA, GEORGIA

THOMAS FLORA, CHIEF EXECUTIVE OFFICER, ST. JOSEPH'S CARE MANAGEMENT CORP.

3.D. PEOPLES HEALTH NETWORK/TENET CHOICES 65, NEW ORLEANS, LOUISIANA

ROGER W. FRIEND, DIRECTOR, PSO DEVELOPMENT, TENET HEALTH SYSTEM

3.E. YELLOWSTONE COMMUNITY HEALTH PLAN, BILLINGS, MONTANA

CAROL A. BEAM, C.P.A., M.B.A., DIRECTOR OF FINANCE

THOMAS P. THIGPEN, M.D., MEDICAL DIRECTOR

KATHRYN A. WAGNER, CHIEF OPERATING OFFICER

2:45 - 3:00PM

TRANSITION BREAK

THE NATIONAL CONGRESS ON MEDICARE+CHOICE

THURSDAY-FRIDAY, JUNE 4-5, 1998

PROGRAM

THURSDAY, JUNE 4, 1998 (CONTINUED)

3:00 - 4:00PM

CONCURRENT SESSIONS 4: MEDICARE+CHOICE PLAN GENERAL ISSUES

4.A. WHAT INVESTMENT BANKER ANALYSTS THINK ABOUT MEDICARE+CHOICE

JOSEPH CHIARELLI, VICE PRESIDENT, J.P. MORGAN SECURITIES, INC., NEW YORK, NY

LAWRENCE C. MARSH, CFA, DIRECTOR, EQUITY RESEARCH, SALOMON SMITH BARNEY, NEW YORK, NY

4.B. BUILDING AND IMPLEMENTING EFFECTIVE COMPLIANCE STRATEGIES FOR MEDICARE+CHOICE

PLANS - WHAT DOES HCFA LOOK FOR?

STEVE BALCERZAK, MANAGED CARE COMPLIANCE SOLUTIONS, INC., WASHINGTON, D.C., AND FORMER DIRECTOR, PERFORMANCE REVIEW DIVISION, HCFA

GADY WENRICH, ESQ., PARTNER, SHAW, PITTMAN, POTTS & TROWBRIDGE, WASHINGTON, D.C.

4.C. WHAT CAN GO WRONG: PROVIDER COMPENSATION AND RISK SHARING

RICK LEVINE, PRESIDENT, LEVINE HEALTH CARE, INC., BOULDER, CO

4.D. WHAT CAN GO WRONG: UNREASONABLE PROVIDER EXPECTATIONS

MICHAEL D. BARRETT, PRINCIPAL, ADVANCED MANAGED CARE SOLUTIONS, ORLANDO, FL

4.E. WHAT CAN GO WRONG: INCURRED BUT NOT REPORTED (IBNR) CLAIMS

EARL L. WHITNEY, F.S.A., CONSULTING ACTUARY, MILLIMAN & ROBERTSON, INC., RADNOR, PA

TRANSITION BREAK

CLOSING PLENARY SESSION: THE ROLE OF MEDICARE+ CHOICE IN AMERICAN HEALTH POLICY

CHARLES (CHIP) KAHN, CHIEF OPERATING OFFICER AND PRESIDENT-DESIGNATE, HEALTH INSURANCE ASSOCIATION OF AMERICA, AND FORMER MAJORITY STAFF DIRECTOR, HEALTH SUBCOMMITTEE, HOUSE WAYS AND MEANS COMMITTEE

LYNN M. ETHEREDGE, HEALTH POLICY CONSULTANT

GAIL WILENSKY, PH.D., CHAIR, THE MEDICARE PAYMENT ADVISORY COMMISSION

MODERATED BY JOHN IGHART, FOUNDING EDITOR, HEALTH AFFAIRS JOURNAL

4:00 - 4:15PM

4:15 - 5:30PM

FRIDAY, JUNE 5, 1998

8:00 - 8:45AM

OPENING PLENARY SESSION: THE ECONOMICS OF MEDICARE+CHOICE RISK CONTRACTING

JACQUE SOKOLOV, M.D., JJS, INC./PSO DEVELOPMENT CORP., LOS ANGELES, CA

8:45 - 9:30AM

RISK ADJUSTED PAYMENTS IN MEDICARE: ANOTHER YEAR 2000 PROBLEM?

ARLENE ASH, PH.D., RESEARCH PROFESSOR OF MEDICINE, BOSTON UNIVERSITY SCHOOL OF MEDICINE,

PRINCIPAL, D_XCG, INC.

9:30 - 10:15AM

OVERVIEW OF THE MEDICARE+CHOICE HCFA APPLICATION PROCESS

GARY BAILEY, DIRECTOR, HCFA HEALTH PLAN PURCHASING AND ADMINISTRATION GROUP, CHPPS

10:15 - 10:45AM

BREAK

10:45 - NOON

CONCURRENT SESSIONS 5: MEDICARE+CHOICE HCFA APPLICATION PREPARATION

5.A. APPLICATION: PROVIDER CONTRACTS AND HEALTH SERVICE DELIVERY

JERRY HILL, HILL & ASSOCIATES, SAN FRANCISCO, CA

SIDNEY J. LINDENBERG, PLAN MANAGER, DIVISION OF PROGRAM MANAGEMENT AND FIELD LIAISON, HCFA

5.B. APPLICATION: HCFA REQUIREMENTS- MARKETING, ENROLLMENT, APPEALS AND GRIEVANCES

RHYS JONES, SENIOR CONSULTANT, HILL & ASSOCIATES, COLORADO SPRINGS, CO

5.C. APPLICATION: FINANCE

PHILLIP DOERR, DIRECTOR, DIVISION OF PREMIUM AND FINANCIAL EVALUATION, HPPA, CHPP, HCFA

5.D. APPLICATION: COMPUTATION OF ADJUSTED COMMUNITY RATE (ACR)

HOWARD RUBENSTEIN, SENIOR ANALYST, DIVISION OF PREMIUM AND FINANCIAL EVALUATION, HPPA, CHPP, HCFA

DIRK VAN DER BURCH, F.S.A., M.A.A.A., CONSULTING ACTUARY, MILLIMAN & ROBERTSON, INC., SEATTLE, WA

5.E. APPLICATION: COMPLETENESS AND HCFA SITE VISIT

JOHN GORMAN, PRESIDENT, MANAGED CARE COMPLIANCE SOLUTIONS, INC., WASHINGTON, D.C.

12:00 - 1:30PM

LUNCH

1:30 - 2:15PM

MEDICARE+CHOICE PLANS: STRUCTURING ARRANGEMENTS WITH CAPITAL PARTNERS AND

NEGOTIATING MANAGEMENT CONTRACTS

KEITH KORENCHUK, ESQ., PARTNER, DAVIS WRIGHT TREMAINE LLP, CHARLOTTE, NORTH CAROLINA

TRANSITION BREAK

2:15 - 2:30PM

2:30 - 3:45PM

CONCURRENT SESSIONS 6: MEDICARE+CHOICE PLAN STRATEGIC CAPITAL/MANAGEMENT PARTNERS

6.A. MEDSTEP (A SUBSIDIARY OF HUMANA)

GREG ROTHERHAM, PRESIDENT

6.B. SECURE HORIZONS USA (A SUBSIDIARY OF PACIFICARE)

CRAIG S. SCHUB, PRESIDENT

6.C. PHYCOR

PAUL KECKLEY, VICE-PRESIDENT, STRATEGIC DEVELOPMENT

6.D. SCHEUR MANAGEMENT GROUP

BARRY SCHEUR, PRESIDENT

6.E. OLYMPIC HEALTH MANAGEMENT SERVICES, INC./ THE ZURICH GROUP: AN INSURANCE PARTNER IN A MULTI-PRODUCT PLATFORM

DEBBIE AHL, CHIEF OPERATING OFFICER, OLYMPIC HEALTH MANAGEMENT SERVICES, INC.

6.F. CNA HEALTH PARTNERS

KIRK B. JOHNSON, SENIOR VICE PRESIDENT

THE NATIONAL CONGRESS ON MEDICARE+CHOICE

THE NATIONAL CONGRESS ON MEDICARE+CHOICE is fundamentally different from recent conferences which have largely focused on PSOs only.

First, the Congress is timed to coincide with the issuance of the Medicare+Choice "Mega Regulations" which will provide a detailed road map to potential Medicare+Choice applicants and subcontractors. In the event that the regulations have not yet been issued at the time of the Congress, each registrant to the Congress will receive a copy of the regulations and an analysis of their implications as soon as possible following publication.

Second, all other conferences on Medicare Part C have focused almost solely on PSOs. While the Congress will provide the most sophisticated and timely analysis of PSO issues, we believe that PSOs have been overemphasized. The other forms of Medicare+Choice arrangements, HMOs (with or without point-of-service), PPOs, Private Fee-For-Service arrangements (PFFSs) and Medical Savings Accounts (MSAs), have been virtually ignored.

The failure to analyze the full array of Medicare+Choice arrangements is a strategic blunder.

- Many providers, initially attracted to the compelling acronym PSO concept, may ultimately determine to qualify as a state-licensed HMO which will not be subject to the ownership and compensation constraints applicable to PSOs.
- PPOs and Private Fee-For-Service plans may constitute more appropriate vehicles for Medicare managed care contracting in new Medicare+Choice markets and rural areas.
- The MSA concept, incorporated into Medicare Part C as a pilot project, may emerge as an important coverage option in the next century.

Third, speakers at the Congress include governmental regulators; expert attorneys, consultants and actuaries; representatives of Medicare Choices demonstration projects with actual implementation experience; potential capital and management partners; health services researchers and academics. This unconventional admixture of leading-edge thinkers and doers will paint a detailed strategic picture of the Medicare+Choice program and its implications for you.

Further, the Congress will focus in practical detail on "how-to:"

- How to form and capitalize a Medicare+Choice plan. How to establish covered and supplemental benefits and draft provider contracts.
- How and when to apply for state HMO insurance licensure, federal waiver status for a PSO, and HCFA certification as a Medicare+Choice plan.
- What are the elements of the HCFA application and approval process, and how to complete the applications to maximize opportunities in success.
- How to comply with state and federal solvency standards, including the use of letters of credit, guarantees and the admissibility of tangible and intangible health care delivery assets.
- How to develop operational infrastructure and/or to negotiate appropriate arrangements with capital or management partners.

A TEAM APPROACH

DEVELOPING A STRATEGIC RESPONSE to Medicare+Choice and/or organizing a Medicare+Choice Plan requires a team approach. Health systems will wish to involve board members, senior management and clinicians. Medical groups and IPAs may coalesce representation of various medical specialties with community and hospital representatives.

Through its concurrent sessions format, the Congress will maximize the ability of teams to absorb and share substantive and technical presentations. Large panel presentations often do not give either the presenter or participant the opportunity to address issues in depth.

In order to facilitate participation by institutional teams, there is a discount for additional participants from one organization.

WRITTEN BACKGROUND DOCUMENTATION

Each registrant will receive a binder containing pertinent background documentation, including law, regulations and governmental policy pronouncements applicable to Medicare+Choice, and copies of speaker presentation materials.

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HEALTH CARE CONFERENCE ADMINISTRATORS (HCCA) develops, organizes and administers health care conferences alone or on behalf of sponsoring organizations. HCCA seeks to illuminate complex issues of health care practice and policy by bringing together leading edge doers and thinkers - from operations to academia, from clinical practice to corporate management, from Main Street to Wall Street and from patient to politician.

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THE NATIONAL CONGRESS ON MEDICARE+CHOICE

THURSDAY-FRIDAY, JUNE 4-5, 1998

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REGISTRATION FEES ARE NOT REFUNDABLE

SCHEDULE SUBJECT TO CHANGE

CONFERENCE HOTEL INFORMATION

A SPECIAL RATE OF \$189 PER SINGLE PER NIGHT HAS BEEN ARRANGED FOR THIS CONFERENCE. PLEASE MAKE YOUR RESERVATIONS DIRECTLY WITH THE GRAND HYATT AND MENTION THE MEDICARE+CHOICE CONFERENCE TO RECEIVE THIS REDUCED RATE. RESERVATIONS WILL BE ACCEPTED UNTIL MAY 15, 1998. AFTER THAT CUT-OFF DATE, RESERVATIONS WILL BE ACCEPTED ON A SPACE-AVAILABLE BASIS.

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