

MMS | MANAGED MARKETS SUMMIT

NEW ORLEANS

March 4-6, 2015

RITZ-CARLTON



Roy A. Beveridge, M.D.
Senior Vice President and
Chief Medical Officer
Humana



Dan Mendelson
Chief Executive Officer
Avalere Health



Douglas M. Long
Vice President, Industry
Relations IMS Health Inc.



Archie Manning
Football Legend



Bernard J. Tyson
Chairman and Chief Executive
Officer Kaiser Permanente



SPEAKERS AT-A-GLANCE

Bill Barre

Vice President Business Development
MedImpact Healthcare Systems, Inc.

Charles Bell

Director, New Business Development
Express Scripts

Megan Bender

Sr. Director Specialty Sales & Account
Management
Brivo Rx Specialty Pharmacy
(a subsidiary of Catamaran Rx)

Russell Bennett, MBA, CHIE

Vice President
UnitedHealthcare

Rita Carreón

Director of Clinical Strategies & Health
Care Equity America's Health Insurance
Plans (AHIP)

Kenny Cole, MD

Associate Chief Medical Officer and
VP of Care Delivery
Blue Cross Blue Shield Louisiana

Greg Drew

President
Value Drug Company

Jena L. Estes

Vice President, Government Program
Integrity and Senior Government Initiatives
Blue Cross Blue Shield Association

John Fox MD, MHA

Associate Vice President of Medical
Affairs Priority Health

Barbara Haasis

Sr. Clinical Lead, Alternative
Payment Programs
Florida Blue

Lindy Hinman

Senior Vice President
Avalere Health

Rhonda Moore Johnson, MD, MPH

Senior Medical Director of Health
Equity & Quality Services Highmark Inc.

James Kenney Jr.

Pharmacy Operations Manager
Harvard Pilgrim

David Larsen

Director, Quality Improvement
SelectHealth

Melissa Laurie

Manager, Specialty Pharmacy
OptumRx

Laura Long

Retired Chief Medical Officer,
VP of Clinical Innovation
Blue Cross Blue Shield South Carolina
Healthcare Systems, Inc.

Chronis Manolis, RPh

Vice President of Pharmacy Services UPMC
Health System (Pennsylvania)

Peter Mikhail

Associate Vice President
Procurement Services
Geisinger Health System

Neil Minkoff

Founder and CEO
FountainHead Healthcare

Mark Montgomery, MBA, CHIE

President and CEO
Axiom Healthcare Pharmacy, Inc.

Sean Murphy

Senior Director, Network
Contracting Blue Cross Blue
Shield of Massachusetts

Flo-Ann Osterbauer

Medicare/Senior Products Director
Cigna

Minalkumar Patel, M.D.

Senior Vice President and
Chief Strategy Officer
Horizon BCBSNJ

Edmund Pezalla

VP, National Medical Director
for Pharmacy Policy and
Strategy Aetna

Marc Richmond

Regional Medical Director/Officer
Blue Shield California

Dr. H. Scott Sarran

Chief Medical Officer,
Government Programs
Health Care Service Corporation

Sheri Sellmeyer

Vice President, Advisory Services
Decision Resources Group

Donna Trane

Vice President
Business Development, Express Scripts

Kimberly Tuck

President and CEO
NurseWise, a subsidiary of the
Centene Corporation

Jay Weaver

VP, Pharmacy Operations
Centene

Jeffrey Weisz

Medical Director/Officer
Kaiser Permanente (Northwest)

Michael White

Director, Clinical Pharmacy Services
Blue Cross Blue Shield of Tennessee

Jason Zilocchi

Sr. Director Pharmaceutical Strategies
and Solutions Express Scripts

Burt Zweigenhaft, MBA, CHIE

Vice Chairman
Onco360



MMS BY THE NUMBERS

7/10

OF THE TOP HEALTH
PLANS ARE SPEAKING
AT **MMS**

PBMS EXECUTIVES
SPEAKING AT **MMS**
REPRESENT

***66,858,465
LIVES***

***46,369,432
LIVES***

ARE COVERED BY THE
COMMERCIAL PAYERS
SPEAKING AT **MMS**

KEYNOTES

WEDNESDAY MARCH 4

MORNING

8:00 am – 9:15 am

Specialty Drug Boom: The Demand for Evidence And Need for Partnerships



Roy A. Beveridge, M.D.
Senior Vice President
and Chief Medical Officer
Humana

It is no secret that the health care industry is evolving at a rapid pace. From the continual shift to value-based care to rising drug costs to the increasing number of people entering the health care system in the wake of the Affordable Care Act, the industry will look very different five years from now than it does today. In his keynote address, Dr. Roy Beveridge will discuss these and other factors that will affect the aging American population in years to come, and how insurers and pharmaceutical companies can work together to ensure the right people receive the right treatments at the right times to improve the patient experience and the industry as a whole.

AFTERNOON

1:00 pm – 2:15 pm

Healthcare 2020: Anticipating Change in Managed Markets



Dan Mendelson
Chief Executive Officer
Avalere Health

We all know this is a time of dramatic change in healthcare. Employer markets are increasingly consumer directed high deductible plans. New public exchanges have created an individual market for insurers. Medicare and Medicaid managed care plans are increasingly the standards way that government programs have expanded. And healthcare delivery systems are increasingly aligned with health plan interests. Dan Mendelson will give a compelling account of how change in your customer base should affect your approach to managed markets. And what should command your attention going forward.



THURSDAY MARCH 5

MORNING
8:00 am – 9:15 am

US. Pharmaceutical Market: Trends, Issues, and an Outlook



Douglas M. Long
Vice President, Industry
Relations
IMS Health Inc.

In his keynote presentation, Long will give an overview of the managed markets industry while discussing cost containment and co-pay trends, Medicare, new products that are in the pipeline and future blockbusters that are in production and share his insights on what the next twelve to eighteen months will look like and what to expect in the five year outlook.

AFTERNOON
1:00 pm – 2:15 pm

Archie Manning: Off The Field



Archie Manning
Football Legend

Join us for an afternoon with Archie Manning as he shares lessons that he's learned in leadership as a 14-year veteran quarterback, a father of two Super Bowl Champion quarterbacks and as a businessman. Manning highlights his keys to success and achieving goals, as well as being a team player in both business and in life.

FRIDAY MARCH 6

MORNING
8:00 am – 9:15 am

21st Century Health in America



Bernard J. Tyson
Chairman and Chief
Executive Officer
Kaiser Permanente

In the midst of the biggest changes the country's health care system has seen in generations with health care reform, Americans are assuming more responsibility for their own health and demanding more from providers and payors. Today, advances in technology and innovation in care are driving new possibilities in how we approach health care in America. Bernard J. Tyson, Chairman and CEO of Kaiser Permanente, will discuss why health care must be affordable, more accessible, and more consumer-oriented than ever before. We must bring the health care industry into the 21st century.



AGENDA

TUESDAY MARCH 3

Registration Opens

4:00 pm – 8:00 pm

Welcome Reception

6:00 pm – 8:00 pm

Morning and afternoon sessions run 60 minutes, then repeat. There is a 15-minute break between sessions.



WEDNESDAY MARCH 4

Registration Opens

7:00 am

Breakfast

7:00 am – 8:00 am

Keynote Presentation

Roy A. Beveridge, M.D.

8:00 am – 9:15 am

MORNING SESSIONS

9:30 am – 11:45 am

- Primary Medication Non-Adherence in Specialty Pharmacy
- A Model for Putting Accountability in Oncology Care: The Patient Comes First
- When to Call the Cavalry: Medical Science Liaisons in Support of Formulary Discussions
- Lessons from the National Health Plan Collaborative—10 Years of Health Plan Innovations to Reduce Health Care Disparities, Improve Quality and Health Care Outcomes
- Using the ACO/Provider Collaboration Model for Enhances Pharmacy Management Including Quality and Cost
- Assessing quality and competency in cancer care: the managed-care perspective
- Understanding the 340B Drug Program
- Exchanges: Preparing for Potential Disruption

Lunch

11:45 am – 1:00 pm

Keynote Presentation

Dan Mendelson

1:00 pm – 2:15 pm

AFTERNOON SESSIONS

2:30 pm – 4:45 pm

- Understanding the Role of ACO's in our Healthcare Delivery System
- The Community Pharmacist and The Value Equation
- Specialty Pharmacy at Retail
- Changing the Conversation from Unit-Cost to Quality and Outcomes
- Building a Healthcare System That Works
- Dual Eligible Populations
- Orphan Diseases—What Makes Them So Unique?

Voodoo Lounge Party

5:30 pm – 7:30 pm



THURSDAY MARCH 5

Registration Opens
7:00 am

Breakfast
7:00 am – 8:00 am

Keynote Presentation
Douglas M. Long
8:00 am – 9:15 am

MORNING SESSIONS
9:30 am – 11:45 am

- Provider Contracting - Updates on the Latest Trends on Payer Contracting With: Specialty, Mail and Retail Providers
- Specialty Pharmacy Contracting
- Exchanges and Multicultural Populations: Still a Significant Market Opportunity!
- The Pharmaceutical Value Equation—Contracting with Integrated Health Services Organization
- Advancing the Twin Goals of Improving Quality While Slowing Spending Growth: The Alternative Quality Contract (AQC)
- One Size Does Not Fit All
- Update on Future Direction of Oncology Drug Markets
- Medicare Advantage Stars: A View From Above

Lunch
11:45 am – 1:00 pm

Keynote Presentation
Archie Manning
1:00 pm – 2:15 pm

AFTERNOON SESSIONS
2:30 pm – 4:45 pm

- Understanding the Value of Specialty Pharmacy from the Payer
- Contracting in New Age of Formulary Management
- Utilizing Member Engagement Strategies to Enhance HOS and CAHPS
- Patient Reported Outcome Data —The Next Wave in Big Data
- Managing the Medicaid Population: Forging a New Blueprint for Success

MMS Mardi Gras Bash
5:30 pm – 7:30 pm

FRIDAY MARCH 6

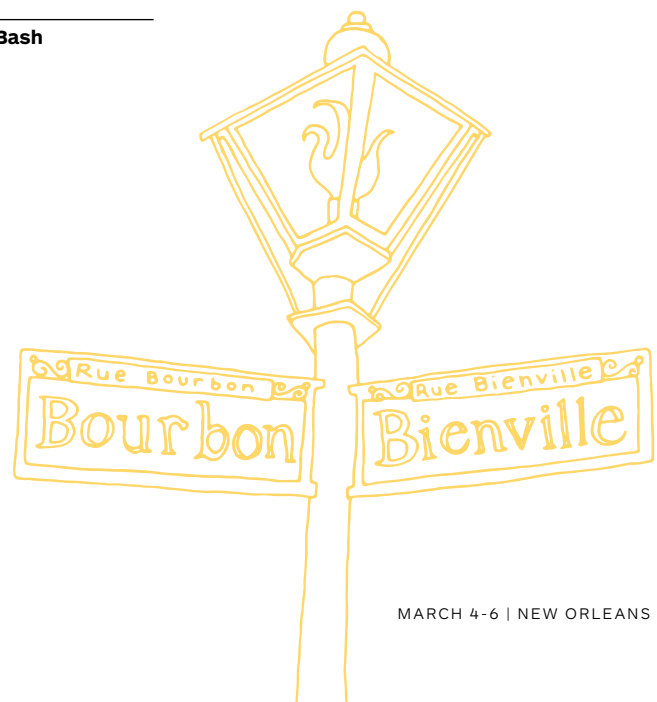
Registration Opens
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Breakfast
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Keynote Presentation
Bernard J. Tyson
8:00 am – 9:15 am

MORNING SESSIONS
9:30 am – 11:45 am

- Oncology Practice of the Future
- Maximizing Effectiveness of Specialty Drugs through Innovative Collaboration Strategies
- The Role of the Payer Post ACA...Challenges and Opportunities
- Busting the Myths in Year 2 of the Exchanges



WEDNESDAY MARCH 4

MORNING SESSIONS

Sessions are 60 minutes beginning at 9:30 am – 10:30 am
and repeated again at 10:45 am – 11:45 am.

Lessons from the National Health Plan Collaborative — 10 Years of Health Plan Innovations to Reduce Health Care Disparities, Improve Quality and Health Care Outcomes



Rita Carreón
Director of Clinical Strategies & Health Care Equity
America's Health Insurance Plans (AHIP)



Rhonda Moore Johnson, MD, MPH
Senior Medical Director of Health
Equity & Quality Services

- Recognize the historical context, accomplishments and impact of the National Health Plan Collaborative (NHPC)
- Describe the innovative strategies underway by NHPC health plans to improve culturally competent care, patient — centered strategies, language access services and pay for performance initiatives.
- Hear “lessons learned” from Highmark Inc. corporate efforts to reduce disparities and improve health literacy.

Assessing Quality and Competency in Cancer Care: The Managed-Care Perspective



John Fox, MD, MHA
Associate Vice President of Medical Affairs
PriorityHealth

- Understand the payer perspective on the ASCO, COA and CMMI payment reform strategies
- Review payer preferences for accreditation of Oncology Medical Homes
- Understand the payer perspective on QOPI, COA, NQE, and NCQA oncology quality metrics

Exchanges: Preparing for Potential Disruption

Lindy Hinman
Senior Vice President
Avalere Health

- Identify next significant milestones and potential impact to the market
- Anticipate impact of upcoming Supreme Court decision
- Learn what benefit designs are succeeding in driving enrollment

Primary Medication Non-Adherence in Specialty Pharmacy



Melissa Laurie
Manager, Specialty Pharmacy
OptumRx

- Definition and Prevalence
- Identification
- Reasons
- Financial Impact
- Interventions



A Model for Putting Accountability in Oncology Care: The Patient Comes First



Laura Long
Retired Chief Medical Officer,
VP of Clinical Innovation
BlueCross BlueShield South Carolina

- Identify at least three key drivers of change in the oncology practice model today.
- Discuss key attributes of at least 3 current oncology models to align payment and quality.
- Identify key components to include in future oncology practice redesign to achieve accountability.

When to Call the Cavalry: Medical Science Liaisons in Support of Formulary Discussions



Edmund Pezalla
VP, National Medical Director for
Pharmacy Policy and Strategy Aetna

- In commercial formulary placements for ASO business access to superior products and more cost effective products are important to employers
- What are the key points that help make that case?
- What resources will you need?
- In exchange and insured business health plans are concerned with meeting benchmark rules and not running afoul of CMS while managing costs and balancing concerns about adverse selection
- What are some key clinical uses that payors need to address in making selections for closed formularies?

Understanding the 340B Drug Pricing Program



James Kenney Jr.
Pharmacy Operations Manager
Harvard Pilgrim

- Review Participation Requirements for the 340B Program
- Understand 340B Finances
- Discuss exclusions for Medicaid and Orphan Drugs
- Evaluate Potential 340B Opportunities for Health Plans

Using the ACO/Provider Collaboration Model for Enhanced Pharmacy Management Including Quality and Cost



Chronis Manolis RPh
Vice President of Pharmacy Services
UPMC Health System (Pennsylvania)

- Using Pharmacists in the medical home—is it effective?
- P&T optimization for enhanced decision support
- Using physician risks models to enhance drug management

WEDNESDAY MARCH 4

AFTERNOON SESSIONS

Sessions are 60 minutes beginning at 2:30 pm – 3:30 pm and repeated again at 3:45 pm – 4:45 pm.

Understanding the Role of ACO's in our Healthcare Delivery System



Kenny Cole, MD
Kenny Cole, MD Associate Chief Medical Officer and VP of Care Delivery

- Understand the current cost/quality disparities that exist in our American Healthcare system as well as widespread variation in practice patterns and outcomes
- Understand the concept of an accountable care organization (ACO) as potential a solution to the problem of cost/quality disparity in American healthcare
- Understand the features of ACOs that could enable their success vs. failure

The Community Pharmacist and The Value Equation



Greg Drew
President
Value Drug Company

Community pharmacy, regardless of channel, provides most medications to US health care.

Let's see how they may be major influencers of pharmaceutical outcomes:

- The community pharmacist and the impact on Star Ratings
- Can a local specialty pharmacy model be beneficial?
- How might Medication Therapy Management and Med-synch programs enhance adherence?
- Are the market forces too much to let them participate?

Specialty Pharmacy at Retail



Mark Montgomery
President and CEO
Axiom Healthcare Pharmacy, Inc.

- Specialty Pharmacy Market Drivers
- SPRx at Retail Highlights
- Patient Engagement





Changing the Conversation from Unit-Cost to Quality and Outcomes



Jay Weaver
VP, Pharmacy Operations
Centene

- Review current pharmaceutical care quality-related metrics including STARS and HEDIS measures
- Survey the evolving landscape of procurement and reimbursement methodologies incorporating quality metrics
- Understand the value-proposition of promoting adherence to and utilization of necessary medications
- Outline current PBM and payer solutions to improve key quality metrics
- Explore health plans efforts to select drug products which provide the most value; considering quality, cost and outcomes
- Discuss opportunities for pharmaceutical manufacturers to partner with payers to drive pharmaceutical care quality

Building a Healthcare System That Works



Jeffrey Weisz
Medical Director/Officer
BlueCross BlueShield Tennessee

- Understanding the direct relationship between high quality and affordability in the Healthcare delivery system.
- Understanding the paradigm shift from illness, to wellness and prevention.
- Patient centered Healthcare / The new patient physician bond.

Dual Eligible Populations



Dr. H Scott Sarra
Chief Medical Officer Government Programs
Health Care Service Corporation

- Learn about CMS' latest attempt to serve Dual Eligibles, Financial Alignment Demonstrations (FADs)
- Hear about the model employed and early outcomes for a large IL plan serving members enrolled in the demonstration
- Discuss ways to integrate Medicare and Medicaid for Dual Eligibles post FADs

Orphan Diseases—What Makes Them So Unique?



Donna Trane
Vice President, Business Development
Express Scripts

- Explore coverage challenges
- Highlight distribution channel options
- Discuss necessary patient support services

THURSDAY MARCH 5

MORNING SESSIONS

Sessions are 60 minutes beginning at 9:30 am – 10:30 am
and repeated again at 10:45 am – 11:45 am.

Provider Contracting—Updates on the Latest Trends on Payer Contracting With: Specialty, Mail and Retail Providers



Bill Barre
Vice President, Business Development
MedImpact Healthcare Systems, Inc.

- Understand the current cost/quality disparities that exist in our American Healthcare system as well as widespread variation in practice patterns and outcomes
- Understand the concept of an accountable care organization (ACO) as potential a solution to the problem of cost/quality disparity in American healthcare
- Understand the features of ACOs that could enable their success vs. failure

Specialty Pharmacy Contracting



Charles Bell
Director, New Business Development
Express Scripts

- Detailed review of the key components of a contract between a specialty pharmacy and a manufacturer
- Discussion of best practices during the contracting process including timelines, internal coordination, and general preparedness
- Overview of pricing structures and the role of Fair Market Value assessments

The Pharmaceutical Value Equation— Contracting with Integrated Health Services Organization



Peter Mikhail
Associate Vice President Procurement Services
Geisinger Health System

- Understanding the evolution of healthcare systems and the associated value shift
- Understanding the full economic picture and value equation
- Understanding the partnership potential between manufacturer, provider, and payer

Exchanges and Multicultural Populations: Still a Significant Market Opportunity!



Russell Bennett
Vice President/SVP
UnitedHealthcare

- How are health plans reaching out to multicultural populations?
- Has enrollment of diverse populations been successful?
- What remains to be done?
- As more individuals get coverage, what hard-to-reach eligible populations remain?
- Once they get coverage, how do we engage them in the health system



One Size Does Not Fit All



Barbara Haasis
Sr. Clinical Lead, Alternative Payment Programs
Florida Blue

- Diverse geography and physician practice composition across the state required Florida Blue to design multiple programs appropriate in scope and design to move the quality and cost bar; one size does not fit all!
- Understand how national PCMH recognition standards such as NCQA impact practices in ACO's and PCMH models. They play a significant role in the transformation to patient centeredness.
- Behavior will not change without meaningful and understandable data. I will provide samples of the data shared 24/7 with providers and physicians through our portal
- Provide the results of implemented programs Significant cost savings and reductions in ER utilization admissions, preventable avoidable complication already realized in both ACO and PCMH

Medicare Advantage Stars: A View from Above



David Larsen
Director, Quality Improvement
SelectHeath

- Update: Stars 2015- Wishing on a Star
- How to have a successful Stars management program
- Visions of Stars 2016
- Working with Medicare Advantage plans to help them improve their Star ratings

Advancing the Twin Goals of Improving Quality While Slowing Spending Growth: The Alternative Quality Contract (AQC)



Sean Murphy
Senior Director, Network Contracting
Blue Cross Blue Shield of Massachusetts

- How to approach the holy grail of health care reform, reducing costs while increasing quality
- Important considerations when building a reimbursement model that puts providers at risk for total medical expense
- Ways to partner with and support providers to be successful in risk contracts

Update on Future Direction of Oncology Drug Markets



Burt Zweigenhaft, MBA, CHIE
Vice Chairman
Onco360

Covering Trends and Strategy on Managed Care, Limited Distribution, Integrated Delivery Networks and Hospitals sectors

- Understand the different market segments mega trends
- Help evaluate business segment risks and opportunities
- Adjust you strategy and position on market segment for success
- Develop a market implementation plan to navigate business channels

THURSDAY MARCH 5

AFTERNOON SESSIONS

Sessions are 60 minutes beginning at 2:30 pm – 3:30 pm and repeated again at 3:45 pm – 4:45 pm.

Managing the Medicaid Population: Forging a New Blueprint for Success



Jena L. Estes
Vice President, Government Program
Integrity and Senior Government Initiatives
BlueCross Blue Shield Association

- Exploring existing belief systems and how they support innovative approaches
- Understanding the impact of limiting beliefs
- Exploring foundational building blocks for a new blueprint for succeeding in the Medicaid market



Understanding the Value of Specialty Pharmacy from the Payer Perspective



Megan Bender
Sr. Director Specialty Sales & Account Management
BrioVAX, a subsidiary of Catamaran

- Discuss factors that are driving use to specialty pharmacies
- High-touch Care Model
- PA facilitation
- Increased Adherence
- Payers demands for trend control...what payers are asking about:
- Channel strategy
- Biosimilars strategy
- Therapy management and preferred products strategies (including their questions around manufacturer copay card utilization)

Utilizing Member Engagement Strategies to Enhance HOS and CAHPS

Flo-Ann Osterbauer, BHS
Medicare/Senior Products Director
Cigna

- Five star ratings become increasingly important, not just to customers however to health plans as well
- Your competitor's star rating is a telling sign that key CAHPS and HOS initiatives are table stakes in your overall strategies. It's important that you do it well versus be the first to do something "new".
- CMS imposes strict guidelines and regulations that impact the sustainability of a health plan



Patient Reported Outcome Data— The Next Wave in Big Data



Neil B. Minkoff, M.D.
Founder and CEO
FountainHead Healthcare

- Understand current barriers to PRO use
- Understand how technology can address these barriers
- See where understanding of disease states benefit most from PROs

Contracting in New Age of Formulary Management



Jason Zilocchi
Sr. Director Pharmaceutical
Strategies and Solutions
Express Scripts

- Current strategies in formulary management
- Forces driving current behavior
- Different Contracting Strategies (PMPM, Net Price, Outcomes)

FRIDAY MARCH 6

MORNING SESSIONS

Sessions are 60 minutes beginning at 9:30 am – 10:30 am
and repeated again at 10:45 am – 11:45 am.

Oncology Practice of the Future



Marc Richmond
Regional Medical Director/Officer
Blue Shield California

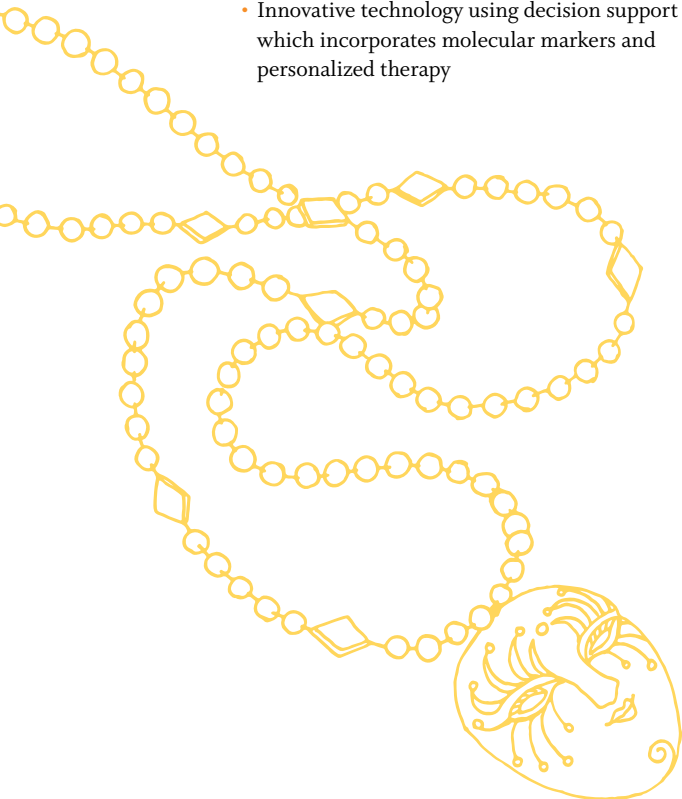
- State of the art cancer care worthy of our families and friends respect for patient autonomy throughout care and end of life
- New compensation models which rewards quality and value
- Innovative technology using decision support which incorporates molecular markers and personalized therapy

Maximizing Effectiveness of Specialty Drugs through Innovative Collaboration Strategies



Kimberly Tuck
President and CEO NurseWise, a subsidiary
of Centene Corporation

- During this presentation, we will share how adherence programs that link teams of participants, providers, payers and specialty pharmacy equal:
- Positive clinical outcomes
- Positive patient experiences
- Increased provider satisfaction
- The opportunity to decrease downstream costs of complex, chronic conditions





The Role of the Payer Post ACA... Challenges and Opportunities



Minalkumar Patel, M.D.
Senior Vice President and Chief Strategy Officer
Horizon BCBSNJ

- Discuss how the payer landscape continues to evolve
- Identify specific challenges for success
- Determine long-term value drivers and impacts to the overall healthcare economy

Busting the Myths in Year 2 of the Exchanges



Sheri Sellmeyer
Vice President, Advisory Services
Decision Resources Group

- Staying up to speed on exchange opportunities is a continuing challenge for pharma, further complicated by misleading prognosticators. In this session you will learn:
- How the exchanges are impacting payers' bottom lines
- The real truth about movement to private exchanges
- What hybrid Medicaid/exchange programs mean for the market
- How competitive are the top players and new entries

**For event updates and registration,
visit ManagedMarketsSummit.com.**



WELCOME RECEPTION

Tuesday, March 3rd

6:00 pm to 8:00 pm

Join us at our Welcome Wine and Cheese Reception after checking in at MMS! Enjoy fine wines, Prosecco, imported and domestic cheeses, crackers and crudités; all while networking and toasting to the opening night at MMS!

A VOODOO LOUNGE PARTY

Wednesday, March 5th

5:30 pm to 7:30 pm

Head to the MMS Voodoo Lounge and relax with speakers, attendees and spirits while enjoying Blues music, Cajun cuisine and libations.

MMS MARDI GRAS BASH

Thursday, March 6th

5:30 pm to 7:30 pm

We've got beads and we're not afraid to throw 'em! Take in the sights and sounds of the French Quarter with a lively brass band, authentic New Orleans cuisine and, of course, Hurricanes!

REGISTRATION

INDIVIDUAL REGISTRATION

Early Bird Fee: \$2595 (Ends 2/20/15)

Regular fee: \$2795

Your registration fee includes:

- Keynote presentations
- Breakout sessions
- Three evening receptions, three full breakfasts, two lunches and all refreshment breaks

Registration Information

- The dress code for this meeting is business casual
- Please make all checks payable to DR/Decision Resources, LLC
- All payments must be received prior to the program
- All cancellations are subject to a \$200 cancellation fee
- No refunds will be granted after February 20, 2015.
- Cancelled registrations or no-shows will not be carried over to future programs.

GROUP DISCOUNTS

Register five or more colleagues and take advantage of special group pricing.

Group Pricing Breakdown

REGISTRANTS	DISCOUNT	PRICE/REGISTRANT
5-9	\$100	\$2495
10-14	\$200	\$2395
15-19	\$300	\$2295
20+	\$400	\$2195

WHY BRING YOUR TEAM?

- Valuable training for your department
- Decades of experience funneled into three days
- Best practices and hands-on training
- Networking with colleagues and faculty

Questions?

Please direct questions regarding registration to events@dresourcesgroup.com.

ACCOMMODATIONS

The Ritz Carlton Hotel Discount

We are pleased to offer a discounted room rate of \$219 per night for MMS attendees. Reserve your room by February 9, 2015 to take advantage of this discounted rate.

Reserve your room online at:
ManagedMarketsSummit.com or
 call (504) 524-1331.

About the Ritz Carlton New Orleans

At The Ritz-Carlton, New Orleans, located on the edge of the French Quarter, the experience of the city comes to life as soon as guests cross the threshold of the historic hotel. Set within the 1908 Beaux Arts Maison Blanche building, the luxury hotel highlights traditional Southern ambiance with an interior that reflects the graciousness of antebellum mansions.



Register online at:
ManagedMarketsSummit.com



Decision Resources Group is a cohesive portfolio of companies that offers best-in-class, high-value information and insights on important sectors of the healthcare industry
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