

Register by August 17, 2007 and Save \$300 on Your Registration Fee!

- Can you use hard data to negotiate from a position of strength? **YES!**
- Can you enhance revenue by dealing directly with self-funded employers? **YES!**
- Can you increase market share by forming alliances with brokers and large employers? **YES!**
- Can you negotiate higher reimbursements under the new Medicare Advantage and private fee for service plans? **YES!**
- Can you increase reimbursements by identifying "silent" PPO discounts? **YES!** (We'll show you how one health system recovered over \$4 million!)

The 4th Annual OPTIMIZING MANAGED CARE CONTRACTING FOR HOSPITALS

*Proven Strategies to Maximize Revenue,
Improve Bottom-Line Performance
& Negotiate from a Position of Strength*

September 19-20, 2007 • Crowne Plaza Chicago Metro • Chicago, IL

Hear from these industry leaders how you can maintain financial stability and increase revenues through effective contracting, including:

- Contracting with Medicare Replacement Products to Maximize Reimbursements
PARK NICOLLET HEALTH SERVICES
- Best Practices for Identifying & Combating Silent PPOs
OASIS HEALTH SYSTEM
- Direct Contracting with Self-Funded Employers: Maximizing Reimbursements with ERISA and Other Self-Funded Products
ST. JOSEPH'S CANDLER HEALTH SYSTEM
- Prepare for and Maximize Reimbursements from Medicaid Managed Care Programs
THE HEALTH ALLIANCE OF GREATER CINCINNATI, INC.
- Take Charge of Your Quality Profile in the Age of Transparency
MEMORIAL HEALTH SYSTEM
- Build and Capitalize on Broker and Employer Relationships to Increase Your Market Share
WAKEMED HEALTH AND HOSPITALS
- Contract Adjustments to Maximize Revenue with Consumer-Driven Health Plans
SPECTRUM HEALTH
- Strategies for Identifying and Recovering Underpayments
CLEVELAND CLINIC
- Implications of Universal Healthcare for Managed Care Contracting: Lessons Learned from Illinois
CENTEGRA HEALTH SYSTEM
- Leveraging a Payer Report Card
INTEGRIS HEALTH
- How to Utilize Data to Leverage Contract Negotiations & Prepare for Pay-for-Performance
KALISPELL REGIONAL MEDICAL CENTER
- Tricks of the Trade: What You Really Need to Know about Health Insurance
CARLE FOUNDATION HOSPITAL
- Implications of Consumerism on Managed Care Contracting
MERCY MEDICAL CENTER

DON'T MISS THESE MUST-ATTEND, IN-DEPTH WORKSHOPS!

- Mastering the ERISA & Medicare Appeal Process Beyond & Above Managed-Care Contracting: Maximum Reimbursement through Federal Laws and Private Contracting
ERISACLAIM.COM
- Transparency, Consumerism & Tiered Networks: What Does This Mean When Negotiating Contracts?
ESSAYONS SOLUTIONS, INC.

Official Publications



Organized by:



TO REGISTER, CALL 1-800-647-7600 or 1-781-939-2438

Fax: 781-939-2490 • e-mail: info@worldrg.com • www.worldrg.com

Many health systems are already doing all this and more! Learn their proven, innovative techniques at this two-day conference, and you can too! Hear the latest strategies to effectively manage your contracts and prepare for the future. By attending this conference, you will specifically discover how to:

- **Protect** and **improve** your reimbursement levels through proactive and effective contract language
- **Prepare** for pay-for-performance
- **Maximize** reimbursements from Medicare Advantage and private fee for service plans
- **Identify, contest** and **recover** "silent" PPO discounts that could cost you millions
- **Optimize** direct contracting to increase reimbursements from ERISA and self-funded employers
- **Prepare** for mandatory enrollment of Medicaid managed care programs in your state
- **Leverage** payer report cards to achieve higher reimbursements
- **Incorporate** levels of bad debt into negotiations for better reimbursement rates
- **Manage** and **monitor** how payers profile your organization
- **Use** hard data to negotiate your way to better contracts
- **Build** and **optimize** broker and employer relationships
- **Identify** revenue leakage and payer non-compliance issues, including underpayments and denials
- **Ensure** maximum reimbursement from consumer-driven health plans
- **Understand** the implications of universal healthcare and how this may affect your contracts
- **Protect** your revenue stream during changing times

Dear Colleague:

There's an old saying that goes, "Everything is negotiable."

And that is clearly true when it comes to managed care contracting.

With the explosive growth of consumer driven healthcare, increasing patient responsibility for higher deductibles and co-pays, and Medicare replacement products' huge growth, your hospital is now in the unenviable position of having to collect directly from patients and new MCO payers.

And all the while new managed care payment structures are pressuring you to substantiate non-compliance issues, including underpayments and denials.

To put a stop to these revenue-leaking problems, progressive hospitals are finding innovative, comprehensive ways to negotiate and adjust their contracts (including Medicare Advantage and Private Fee for Service Plans) to ensure that they receive fair payment for services rendered and minimize bad debt.

Before you enter the lion's den and try to negotiate these contracts yourself, you need to understand what works effectively – and what is a waste of your time. You need to arm yourself with the proven tools and strategies that leading hospitals know from first-hand experience will work!

Attend World Research Group's **4th Annual Optimizing Managed Care Contracting for Hospitals Conference**, taking place **September 19-20, 2007**, in **Chicago** to learn how you can maximize revenue and improve bottom-line performance.

Get First-Hand Insights from the Nation's Contracting Experts

By attending this conference, you will learn how to develop and implement contracting strategies to enable you to:

- **Maximize** reimbursements from Medicare Advantage and Private Fee for Service plans
- **Identify, contest and recover** "silent" PPO discounts
- **Prepare** for mandatory enrollment of Medicaid managed care programs in your state
- **Protect and improve** your reimbursement levels even in the face of new pay structures, higher deductibles and changing commercial pay schedules

- **Optimize** direct contracting to maximize reimbursements from ERISA and self-funded employers
- **Prepare** for pay-for-performance and learn how to *exceed* expectations
- **Utilize** outcomes data to negotiate from a position of strength by arming yourself with well organized, complete data
- **Leverage** effective contract language to improve reimbursement levels
- **Slash** revenue leakage and payer non-compliance problems through comprehensive payer scorecards

This must-attend event will provide an unparalleled high-level exchange of strategies for healthcare executives and an excellent networking opportunity for healthcare leaders. Our distinguished faculty with share case studies and specific examples of exactly which processes and procedures have improved their bottom lines, including how:

- **Integrus Health** utilized a "Payer Performance Profile" to leverage their position in contract negotiations and win higher reimbursements
- **Park Nicollet Health Services** leveraged strategic contracting language to improve reimbursement from Medicare cost replacement products
- **Oasis Health System** recovered over \$4 million in revenue from inappropriate silent PPO discounts
- **Memorial Health System** is building its own clinical quality profile – at times working with health plans, at times working around them
- **Spectrum Health** enhances revenue capture through proactive bad debt management in contract negotiations

In order to drill down into managed care contracting solutions, WRG has organized 2 in-depth workshops conducted by the industry's thought leaders. Register for both to maximize your on-site learning experience.

Register today to reserve your seat at the conference and take advantage of early bird discounts!

Attend with your colleagues and qualify for an additional team discount – Register 3 and the 4th goes free!

P.S. Right now, you're spending too much time trying to regain lost money from payers. The secret is to develop strategic contracting language to improve a better revenue stream up front. Reserve your seat today to learn exactly how to save millions each year!

Who Should Attend

Chief Financial Officers • Chief Managed Care Officers • Chief Operating Officers • Vice Presidents • Directors • Administrators, and Managers of: Managed Care • Managed Care Contracting • Finance • Patient Financial Services • Payer Relations • Payer Contracting • Contracting Revenue Management • Contract Administration • System Contracting • Strategic Planning • Contract Management Utilization Management • Accounts Receivable • Business Development • Reimbursements/Underpayments • Patient Accounting/Billing Care Management • Auditing • Pricing • Decision Support • Compliance • Network Development • Provider Relations

Multistakeholder participation is essential to improving managed care contracting. Register 3 and the 4th is free!

WHAT PAST ATTENDEES HAVE SAID ABOUT WRG's OPTIMIZING MANAGED CARE CONTRACTING FOR HOSPITALS

"I walked away with new ideas to implement in my organization. Also, great ideas on how to restructure my department."

Susan Turlington

Manager of Contract Management & Provider Relations
TRINITY MOTHER FRANCES HEALTH SYSTEM

"The fact that most of the attendees had similar job functions made the "networking" both valuable and enjoyable. Managed care contracting can be frustrating and tiring. I came back from the conference with renewed enthusiasm and some great ideas about how to do things differently."

John Sunde

Director of Managed Care
BAYSTATE HEALTH SYSTEM

"A good array of well-informed & prepared speakers. The topics were very relevant."

Wendy Smith

Director of Managed Care
GOOD SHEPHERD HEALTH SYSTEM

TO REGISTER, PLEASE CALL 800-647

8:30 *Workshop A (see page 5)*

12:00 *Conference Registration*

12:30 *Chairperson's Opening Remarks*

12:45 Contracting with Medicare Replacement Products to Maximize Reimbursements

Medicare private fee for service plans (PFFS) have seen explosive growth in the past two years and account for about half of the recent growth in Medicare Advantage plan enrollment. As increased government reimbursement has made Advantage plans more lucrative for insurers, many are aggressively launching more PFFS plans, which are not limited to a contracted network, and marketing them in more areas with lower premiums but often more benefits.

Providers must be proactive in maximizing their reimbursement potential with these products. This session will focus on contracting strategies utilized by Park Nicollet Health Services in St. Louis Park, MN to improve reimbursements from Medicare cost replacement products including Medicare Advantage and private fee for service plans, including:

- How to monitor and enforce timeliness and accuracy of reimbursements
- Effective contract language
- What you can and cannot negotiate
- Successes and challenges in this type of approach



William Telleen, CPA
Vice President, Payer Relations
PARK NICOLLET HEALTH SERVICES



1:30 Prepare for and Maximize Reimbursement from Medicaid Managed Care Programs

Mandatory enrollment in Medicaid managed care programs has played an important role in attracting and maintaining plan participation. This approach has ensured that health plans can expect reasonable enrollment growth in specific regions, without major marketing efforts. States are going to continue to mandate Managed Medicaid, as it allows them to control their money. While many mandatory programs started with specific demographics (i.e. children), many are expanding and including additional populations.

Although Medicaid plans vary from state to state, some Medicaid managed care challenges and trends appear universal. This session will examine the challenges and “growing pains” of Medicaid managed care programs for providers and provide insights into overcoming these challenges and maximizing reimbursements with these plans, including:

- What providers should be looking out for
- How to deal with “dual eligibles” – patients eligible for both Medicare and Medicaid
- What you can and cannot negotiate with Medicaid HMOs
- How to identify which plans pay which way
- Tracking strategies

Michele Tynes Napier
Vice President, Payer Relations
THE HEALTH ALLIANCE OF GREATER CINCINNATI, INC.

2:15 Contract Adjustments to Maximize Revenue with Consumer-Driven Health Plans

Consumer-driven health plans are resulting in ever-greater levels of patient liability. With increased patient financial responsibility, hospitals now have the added burden of trying to collect unprecedented amounts of out of pocket expenses from patients. Collecting increased deductibles and co-pays poses many challenges for hospitals and the effect on revenue and accounts receivable can be substantial. Hospitals need to protect

themselves through effective contract language and negotiation.

This session will examine contract adjustment strategies to ensure that the hospital receives payment for services rendered and maximizes revenue while minimizing bad debt exposure. Highlights include:

- Understanding the various associated features of CDHP's: High levels of patient liability; HSA or HRA accounts; quality and pricing transparency; “tiered” provider networks; provider report cards
- Removing contract restrictions from collecting patient liability at the time of service
- Examining self-pay discounting policies to avoid “double discounts” by payer and member
- Incorporating levels of bad debt into negotiations regarding payer reimbursement rates



Richard O'Donnell, MPH, CHE
Corporate Director of Payer Relations
SPECTRUM HEALTH



3:00 *Networking Break and Refreshments*

3:30 Take Charge of Your Quality Profile in the Age of Transparency

Payers are profiling your organization. Do you know what's in the profile? Do you know if the data are accurate? In the age of transparency, consumerism and pay-for-performance, providers must try to involve themselves in the process by which payers assess and report on clinical quality.

Memorial Health System in Springfield, IL has taken an innovative and proactive approach to maximizing success in an era of transparency. This session will provide you with an in-depth examination of the health system's successes, failures and lessons learned, including:

- Why it matters – developments in one market regarding transparency, consumerism, P4P and tiered networks
- Best practices for environmental scanning to determine your organization's current profile
- Contract provisions to protect providers from data errors, misleading statistics and other bad outcomes
- How to build these terms into your contracts
- Broker and employer outreach to direct the quality message in favor of your organization



Scott Kiriakos
Vice President, Managed Care
MEMORIAL HEALTH SYSTEM



4:15 Leveraging a Payer Report Card



This session will detail a case study on the development and use of the “Payer Performance Profile” at INTEGRIS Health in Oklahoma City, OK. This report card, presented to payers on a semi-annual basis has proven to be the health system's single most effective weapon in the contract data wars. By attending this session you will be provided with strategies for effectively presenting the results to payers and leveraging your position in contract negotiations, including:

- Developing “sellable” metrics
- Defining a “clean payment” from the provider's view
- Turning data into dollars
- “Who” is reporting “whom” to the consumers



Greg Meyers
System Vice President
Contracting & Revenue Cycle Management
INTEGRIS HEALTH



5:00 *Day One Concludes*

5:30 *Dinner Workshop B (For details please see page 5)*

8:00 *Chairman's Recap of Day One*

8:15 Building and Capitalizing on Broker and Employer Relationships to Increase Your Market Share

Strong employer and broker relationships can differentiate your organization in a managed care market where it seems everyone is in the same network.

This case study will provide you with proven strategies utilized by WakeMed Health and Hospitals in Raleigh, NC to increase market share by building and optimizing broker and employer relationships. Having these strategic relationships in place has been integral to WakeMed's success during a recent termination with a major health plan. This session will focus on how to:

- Approach brokers and employer groups and build commitment to your organization
- Utilize these relationships to attract patients from outside your market area



Jeff Kiser, MHA
Director, Managed Care Contracting and Communications
WAKEMED HEALTH AND HOSPITALS



9:00 Direct Contracting with Self-Funded Employers: Maximizing Reimbursements with ERISA and Other Self-Funded Products

Direct contracting offers an excellent opportunity to be less reliant on insurers. At St. Joseph's Candler Health System in Savannah, GA direct contracting with self-funded employers has proven to be a successful method for enhancing revenue and bottom-line performance with ERISA and other self-funded products. This case study of direct contracting with self-funded employers will provide you with best practices for approaching, negotiating and implementing direct contracting with employers, including:

- Best practices for ERISA contracting
- Understanding who and what can be billed
- Maximizing reimbursements with ERISA and other self-funded products

Elizabeth Thornton
Director, Managed Care
ST. JOSEPH'S CANDLER HEALTH SYSTEM

9:45 *Networking Break and Refreshments*

10:15 Best Practices for Identifying & Combating Silent PPOs

Out-of-area insurers and employers have always sought local discounts whenever they lacked direct access to a specific hospital or provider. Healthcare providers have become increasingly concerned over the many unanticipated or inappropriate discounts taken by unfamiliar insurers who often gain access to local contracts through Silent Preferred Provider Organizations (PPOs). Though difficult to control, silent PPOs can effectively be identified and managed.

Oasis Health System in Las Vegas, NV has successfully developed and implemented a program for managing this costly problem. This in-depth case study will provide you with the strategies you need to identify and contest these sneaky discounts, including how to:

- Recover, and methodically eliminate, inappropriate discounts
- Maximize this opportunity to increase the hospital's percent of reimbursement
- Preserve relationships with local PPOs and regional and national payers
- Minimize silent PPO problems from the front-end
- Create a managed care contracting base that will both discourage abuse and provide the on-going legal basis to recover inappropriate discounts
- Strengthen the negotiating position of your hospital

Edward M. Duke
Chief Executive Officer
OASIS HEALTH SYSTEM

\$4.13 MILLION IN RECOVERED REVENUE!

11:00 Strategies for Identifying and Recovering Underpayments

This session will examine the strategies that Cleveland Clinic Health System, in northeastern Ohio, has utilized to identify revenue leakage and payer non-compliance issues, including underpayments and denials. Through multi-departmental coordination, contract management systems have been implemented that enable the health system to review internal patient data, and bring quantifiable data to the negotiating table with payers.

By attending this session, you will be provided with proven strategies for identifying and recovering underpayments, including:

- How to work with and coordinate the efforts of different departments within your organization to identify and quantify trends in underpayments
- Contract language that specifies what needs to be reimbursed
- Communication and process best practices
- How underpayments fit into the "big picture" of revenue cycle

Florence C. Kot
Assistant Director, Contract Management
CLEVELAND CLINIC HEALTH SYSTEM



11:45 Tricks of the Trade: What You Really Need to Know about Health Insurance

This session will examine common misconceptions about health insurance, and provide you with the important numbers that every managed care and payer contracting personnel needs to know, including:

- What makes up the "loss ratio" for insurance companies
- Why hospital costs are important
- Where the premium actually goes
- Why high-deductible plans are growing
- Why consumer-driven health plans are not the bogey men hospitals fear
- Why everyone but the patient gains from higher healthcare costs
- How this can be simpler and easier for patients

Alan L. Mytty, FAHM
Director of Payer Contracting
CARLE FOUNDATION HOSPITAL



12:30 *Luncheon for Delegates and Speakers*

1:30 How to Utilize Data to Leverage Contract Negotiations & Prepare for Pay-for-Performance

What is the best way for providers to present their data to ensure that the best reimbursement rates are obtained in negotiations? How does documentation and data affect pay-for-performance? It is important for providers to know their systems and trust their data in order to paint the best picture possible. Quality care is worth being paid for.

This session will examine the strategies that Kalispell Regional Medical Center in Kalispell, MT has utilized to leverage outcomes data in contract negotiations and prepare for pay-for-performance, including:

- Using physician report cards to change clinical practice behaviors
- How to get to the top tier: analyzing practice patterns
- Pay-for-performance implementation

Stacey Bradley
Director, Health Information Management

Sandra Swanson
Performance Improvement Coordinator
KALISPELL REGIONAL MEDICAL CENTER

2:15 Implications of Consumerism for Managed Care Contracting

Consumerism is gaining momentum across all regions of the U.S. Already, healthcare consumers are able to choose which facility to receive services from based on quality and cost, as represented on their health plan's website. The impact of consumerism on healthcare translates into transparency in pricing and quality, pay-for-performance and greater financial responsibility by end users of services.

This discussion will examine where consumerism is today, the future implications of consumerism on managed care contracting and a look into what the future may hold.

Joseph Lapinski, MBA
Vice President, Managed Care
MERCY MEDICAL CENTER

Implications of Universal Healthcare for Managed Care Contracting: Lessons Learned from Illinois

There is political will to implement Universal Healthcare in Illinois and three major proposals have been introduced into the state legislature with multibillion dollar price tags. This session will assess the likelihood of passage, determine the effect on the managed care industry and examine funding. Highlights of this session include:

- A detailed examination of the proposals by Blue Cross Blue Shield, Illinois Chamber of Commerce and G Rod – Governor Rod Blagojevich
- Estimating the impact on providers, insurers, employers and the government
- Is it the end of managed care as we know it?
- Assessing the impact on the current Medicaid system
- Universal healthcare funding sources

John F. Wrostek
Director of Managed Care
CENTEGRA HEALTH SYSTEM

CentegraHealthSystem

5:00 *Conclusion of Conference*

In-Depth, Pre-Conference Workshop • Wednesday, September 19, 2007

Workshop A • 8:30 a.m. – 11:30 a.m.

Mastering the ERISA & Medicare Appeal Process Above & Beyond Managed Care Contracting: Maximum Reimbursement through Federal Laws and Private Contracting

Both ERISA and Medicare claim regulations primarily regulate and govern more than 90% of hospital reimbursement in USA above and beyond secondary private managed-care contracting.

This workshop will provide you with the specific tools you need to optimize maximum legally entitled reimbursement through ERISA protections above and beyond managed care contracting. You will learn the recent U.S. Supreme Court rulings on ERISA and managed-care reimbursement and ERISA compliance in your contracting and reimbursement practice.

By attending this workshop you learn how to master Medicare and ERISA 2007 appeal processes

and maximize reimbursements, including:

- The difference between ERISA benefits/coverage dispute and provider disputes under MCO contracting, why ERISA is more important than any MCO, and how to maximize protections from both public policy and private contracting
- Demystifying the new Medicare appeal regulation for senior executives and management to optimize your bottom-line performance
- How to best use federal ERISA and state laws in utilization review (UR/medical necessity review) and external reviews to get your claim paid in a timely manner and reasonably

- ERISA claims compliance and anti-fraud and abuse prevention
- Train and utilize ERISA and Medicare claim specialists within in your organization

ABOUT YOUR WORKSHOP LEADER:



Dr. Jin Zhou is a national speaker, consultant, author and publisher of healthcare ERISA claim denials and appeals, regulation education and compliance. He pioneered, authored and published the nation's first ERISA Healthcare Claim Appeal System in a CD book, and the nation's first website (www.ERISAclaim.com) in ERISA healthcare claim denials, appeals, claim regulation education and compliance.

In-Depth, Dinner Workshop • Wednesday, September 19, 2007

Workshop B • 5:30 p.m. – 8:30 p.m.

Transparency, Consumerism & Tiered Networks: What Does this Mean When Negotiating Contracts?

Transparency, Consumerism and Tiered Networks Oh My! What is a provider to do?

As what we negotiate moves from a blended reimbursement in broad categories to discrete prices by service, how we negotiate and the data necessary changes. It is also important to recognize HOW we negotiate in a world which the results, and changes of, are readily visible to all parties involved – employers, payers (ultimately all payers, not just the negotiating payer), patients, and even competing providers; so this must be a consideration as well. Hospitals must be able to not only analyze complicated contracts being pursued by payers, but also decide what services to compete on price, service and/or quality (or at all) with consumers.

This in-depth workshop will examine how changing contracting approaches now may better position and balance your contracts later. It will also focus on what payers are and will be doing, and what decisions and preparations providers should be making to best position themselves. Key take-aways include:

- What you need to consider that you did not when rates were confidential between payer and provider
- How evolving product designs and consumer-driven products need to be considered in pricing decisions and negotiations
- How to cultivate sources of data to ensure solid, consistent and credible financial modeling, reporting and analysis

ABOUT YOUR WORKSHOP LEADER:



Greg Mylin, MBA, Principal, at ESSAYONS SOLUTIONS, INC., has extensive professional training and experience in healthcare finance, operations, strategy and negotiations. He has held senior positions with major payer and provider organizations. These experiences include work in provider and payer side negotiations, strategy, budgeting, financial analysis, revenue enhancement, and optimization with payer, physician, hospital, and ancillary providers as well as integrated networks.

Mr. Mylin hold a Masters of Business Administration from Northern Illinois University. He has been a guest lecturer and author of numerous speeches and articles relating to his area of expertise.

Essayons Solutions, LLC

EXHIBITOR



Register by August 17, 2007 and Save \$300 on Your Registration Fee!

The 4th Annual

OPTIMIZING MANAGED CARE CONTRACTING FOR HOSPITALS

Proven Strategies to Maximize Revenue,
Improve Bottom-Line Performance & Negotiate from a Position of Strength

September 19-20, 2007 • Crowne Plaza Chicago Metro • Chicago, IL

DON'T MISS THESE MUST-ATTEND, IN-DEPTH WORKSHOPS!

- Mastering the ERISA & Medicare Appeal Process Beyond & Above Managed-Care Contracting: Maximum Reimbursement through Federal Laws and Private Contracting
ERISACLAIM.COM
- Transparency, Consumerism & Tiered Networks: What Does This Mean When Negotiating Contracts?
ESSAYONS SOLUTIONS, INC.



WRG Research, Inc.
500 West Cummings Park, STE 5200
Woburn, MA 01801

HW07069

PRSRD STD
U.S. POSTAGE PAID
SALEM, NH
PERMIT #151

ATTENTION MAILROOM: If undeliverable to addressee, this important time-sensitive information should be forwarded to your **Vice President/Director of Managed Care Contracting or Payer Relations**
Please do not remove label
YOUR KEYCODE =
X A B C

Registration Information:

	Healthcare Facilities		Standard Rate	
	Early Bird Rate Before August 17, 2007	Regular Rate After August 17, 2007	Early Bird Rate Before August 17, 2007	Regular Rate After August 17, 2007
Conference ONLY	\$1295	\$1595	\$1595	\$1895
Conference and 1 Workshop	\$1595	\$1895	\$1895	\$2195
Conference and 2 Workshops	\$1895	\$2195	\$2195	\$2495

Fee includes continental breakfast, lunch, refreshments, and conference documentation CD-ROM. Please make checks payable to WRG Research, Inc.

TEAM DISCOUNT: Register 3 team members from the same organization at the same time and the 4th team member attends **FREE!** (Valid only at regular registration rate.)

PAYMENT POLICY/SUBSTITUTIONS/CANCELLATIONS: Registration fees must be paid by September 5, 2007. Your registration may be transferred to a member of your organization up to 24 hours in advance of the conference. All cancellations received on or before September 5, 2007 will be subject to a \$195 administrative charge. We regret that no refund for cancellations will be made after this date. In case of conference cancellation, World Research Group's liability is limited to refund of the conference registration fee only. World Research Group reserves the right to alter this program without prior notice. All cancellations must be submitted in writing on or before 14 days prior to the conference date in order to receive a refund, minus cancellation fee.

SATISFACTION GUARANTEED: World Research Group stands behind the quality of its conferences. If you are not satisfied with the quality of the conference, a credit will be awarded towards a comparable World Research Group conference of your choice.

CONFERENCE VENUE:
Crowne Plaza Chicago Metro
733 West Madison
Chicago, IL 60661
Tel: (312) 829-5000
Fax: (312) 602-2199

Sponsorship & Exhibit Opportunities

Don't miss out on this opportunity to showcase your products and services to executives at the highest levels of managed care contracting and revenue cycle management. Your competitors will be networking and selling their services to this targeted group, shouldn't you? For more information on sponsoring a Lunch, Cocktail Reception, Breakfast, Welcome Pack or Badges, please contact **Mark Bernard** at 646-723-8012 or mark.bernard@worldrg.com.

DOCUMENTATION CD-ROMS: If you are unable to attend the conference or you would like extra copies for your colleagues, you can order your conference documentation CD-ROM today. Don't miss out on the valuable information presented by industry leaders exclusively at this event. The CD-ROM is available for only \$150. Add \$50 for international shipments. The CD-ROM includes overheads, articles and presentations. Simply fill out the order form and the CD-ROM will be shipped to you 2 weeks after the conference occurs.



Registration Card

Please photocopy this form for multiple registrations.

Yes! Please register me for the 4TH OPTIMIZING MANAGED CARE CONTRACTING FOR HOSPITALS.

- Also register me for: Workshop A Workshop B
- I would like to take advantage of the early-bird discount by registering before August 17, 2007.
- I cannot attend. Please send me a Conference Documentation CD-ROM. Please send me future information via e-mail
- Great News! **A FREE 13-week subscription to the ONLINE edition of THE WALL STREET JOURNAL – a \$25 value** – is included as a "thank you" gift with your conference registration. A confirmation email with instructions on activating your free Online subscription will be sent to you as soon as your registration is received. No strings. No cost. No obligation. Just enjoy! Offer valid for 30 days from receipt of this notice. Available to new online subscribers only. © 2007 Dow Jones & Company. All rights reserved.

PRIORITY CODE (appears above mailing address): _____

1. NAME _____ POSITION _____

2. NAME _____ POSITION _____

3. NAME _____ POSITION _____

4. NAME _____ POSITION _____

COMPANY _____ DIVISION _____

ADDRESS _____

CITY _____ STATE/COUNTRY _____ ZIP/POSTAL CODE _____

TELEPHONE _____ FAX _____ E-MAIL _____



FREE

AUTHORIZED SIGNATURE _____

Payment Options: Payment in full is required to process registration

- Enclosed is a check for payment in full (No personal checks accepted)
- MC/Visa: - - -
- Amex: - -

NAME (AS APPEARS ON CARD) _____ EXP. DATE _____

CARDHOLDER SIGNATURE _____

5 Easy Ways to Register



WEBSITE
www.worldrg.com



PHONE
800-647-7600
781-939-2438
outside the U.S.



FAX
781-939-2490



E-MAIL
info@worldrg.com



MAIL
WRG Research, Inc.
500 West Cummings Park
STE 5200
Woburn, MA 01801
(For Registrations and Payments Only)