June 11-12, 2018
Hyatt Regency Boston Harbor | Boston, MA.

NEW KEY TOPICS AT THE 3RD PAYER PARTNERSHIP FORUM

- Coverage That Moves From Treatment Focus to an Emphasis on Enhancing Health, Preventing Disease and Personalizing Care
- Define Value Strategies That Scale Multifunctional Departments to Represent All Facets of Value
- Utilize Real-World Evidence (RWE) to Enhance Payer Decision-Making and Collaboration
- Elevate U.S. Market Access Strategies by Adopting Practices From Other Countries
- Cultivate a Value-Saving Task Force Through Pharma, Health System and Payer Unions
- Identify Proactive Strategies That Expand Patient Access in an Era of Increasing Cost Controls and Utilization Management
**SPONSORSHIP AND EXHIBITION OPPORTUNITIES**

Do you want to spread the word about your organization’s solutions and services to potential clients attending this event? Take advantage of the opportunity to exhibit, underwrite an educational session, host a networking event or distribute promotional items to attendees. ExL Events will work closely with you to customize a package that will suit all of your needs. To learn more about these opportunities, please contact Dor Peled, Business Development Manager, at 917-258-5159 or dpeled@exlevents.com.

**VENUE INFORMATION**

**Hyatt Regency Boston Harbor**
101 Harborside Drive
Boston, MA 02128

To make reservations, please call 888-421-1442 and request the negotiated rate for ExL's June Meetings. You may also make reservations online using the following weblink: https://goo.gl/JLCBh5. The group rate is available until May 21, 2018. Please book your room early, as rooms available at this rate are limited.

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**WHO SHOULD ATTEND**

This conference is designed for representatives from life science organizations, health systems and payers with responsibilities in the following areas:

- Payer Strategy and Contracting
- Value-Based Reimbursement Strategies
- Payer and Channel Access
- Patient Services and Pricing
- Value-Based Payment Initiatives
- Payer Engagement and Collaboration
- Physician Alignment and Recruitment
- Managed Care
- Patient Access
- Utilization Management
- Account Management
- Patient Support and Assistance
- HEOR

This conference is also of interest to:

- Data Management/Analytic Solution Providers
- Population Health Management Organizations

**Dear Colleague,**

To outrival competitors in the evolving healthcare landscape, life science organizations must partner with payers to enhance strategic product positioning, ensure optimal reimbursement, and expand market access.

With overwhelming challenges facing life science professionals, such as aligning with payers, developing value propositions, value-based contracting, and ensuring patient access, life science professionals must partner with payers to excel in the evolving healthcare landscape. At the only life science event designed to understand payer perspectives, the Payer Partnership Forum delivers your step-by-step success strategy to compliantly engage payers to prove a product's value, execute value-based agreements, and build sustainable partnerships.

At this year’s event, attendees will walk away with tangible tactics to guide them through payer engagement from pre- to postmarket. Through case studies from Abbott, plenaries from HEOR, new product planning, market access, commercial development, payer marketing and more professional perspectives, and an Executive Payer Assembly boasting five C-Suite payers, the 3rd Payer Partnership Forum is not to be missed.

Take a step away from price-centric models and delve into value-based payer partnerships this June in Boston!

Sincerely,

Michael Martinez
Conference Production Director, Payer Partnership Series
ExL Events, a division of Questex, LLC
Stop reacting and hyper-focusing on buzzwords to plan properly

Knock down barriers of data limitations, privacy concerns, pricing and

Realize that prior authorization, coverage criteria and pressure

Address issues of longer-term time frames when setting up the details of

Reconcile the ideal path with the budget and time constraints of real-

Introduce elements of EU Health Technology Assessment (HTA)

Learn strategies for direct to employer contracting for self-

Exemplify how the current reimbursement models reward making

Define the key components of a simple-but-innovative contract

Debate when access will be considered a requirement to be in the

Examine supportive activities that will enhance the likelihood of

Identify that payers will require a clear economic value proposition

Acquire knowledge regarding taking risk in Medicare Advantage

Evaluate the trade-offs between the must-have and nice-to-have

Consider what kind of analytics that capabilities need to be present to

Examine how to demonstrate the value of collaborative research

Outline why biopharma and medical device companies must

Understand why developers should not assume automatic

Overview of the early stages of risk based contracting and

Explore the trends in coverage for companion diagnostic tests

Recognize the significant incremental costs of diagnosis.

Explore the trends in coverage for companion diagnostic tests

Among US Commercial and other payers

Understand why developers should not assume automatic

Identify that payers will require a clear economic value proposition

Identify that prior authorization, coverage criteria and pressure

on price are increasingly common for companion tests, including

tests aimed at diagnosis or stratification of rare diseases

Stephen Hull, Principal and Founder, HULL ASSOCIATES LLC

Fred Brownfield, Former Director, Pharma Innovative Contracting,
HUMANA

Niall Brennan, President and Executive Director, HEALTH CARE
COST INSTITUTE

Charles Pak, Senior Director, New Product Planning,
IMMUNOGEN, INC.

Barrie Baker, M.D., MBA, Chief Medical Officer, TUFTS
HEALTH PUBLIC PLANS

Jonathan Harding, M.D., Senior Medical Director, Senior
Products Division, TUFTS HEALTH PLANS

Michael Kaminsky, Director, Value-Based Care Strategy,
AETNA

Dan LeVallee, Government and Business Relations,
GOVERNMENT PROGRAMS UPMC HEALTH PLAN DIRECTOR

Kathy Carlson, Senior Director, Patient Value & Access, Oncology
Products, TAKEDA
HEALTHCARE EXECUTIVE THINK TANK // JUNE 11, 2018

HEALTHCARE EXECUTIVE THINK TANK
As the healthcare landscape continues to drastically change and health systems continue to grow and consolidate to form large Accountable Care Organizations (ACOs) and Integrated Delivery Networks (IDNs), manufacturers are tasked with learning how to best contract with these expanding systems to ensure product success. With conflict of interest policies in place and restricted access to physicians, manufacturers need to change their sales approach.

This dinner panel is a unique opportunity to explore the needs of top ACO and IDN leaders in order to ensure you both thrive in the rapidly changing healthcare environment.

TUESDAY, JUNE 12, 2018 // AGENDA DAY TWO

8:30 Continental Breakfast

9:00 Chairperson’s Recap of Day One
Marie Sanchirico, Medical Managed Care, SANOFI GENZYME

9:15 Define Strategies to Advance the Common Political and Structural Ground to Act As One Integrated Industry Instead of Insurers, Providers, and Pharma
> Define the reasons health plans and health systems aren’t behaving like integrated delivery systems to achieve Triple Aim goals
> Determine if the foundation of mutually exclusive behavior is the lack of ROI, trust or understanding of value-based payments
> Combat the continuous and enormous friction that stems from battling over the premium dollar rather than working with fewer rules and more alignment
Jeffrey Gold, Senior Vice President and Special Counsel, HEALTH ASSOCIATION OF NEW YORK STATE

10:15 Considerations and Strategies in Developing Outcomes-Based Contracts
> Review current landscape of value-based contracts available in the public domain
> Interactive discussion of capabilities necessary to execute
> Push the thinking as to how we can look at VBD contracts in a different light, to ultimately create value for patients, payers and pharma beyond financials
Josh Plumb, Senior Director, Distribution and Trade, SAGE THERAPEUTICS

11:00 Networking Break

11:30 Remove Communication Barriers to Engage Payer Stakeholders
> Learn how leading pharmaceutical organizations are leveraging online discussion platforms for seamless payer engagement
> Understand how these platforms are decreasing expenditures, advancing quality of care and coverage, and improving outcomes
> Discover payer-centric case studies across multiple therapeutic categories and product lifecycles
Lance Hill, CEO, WITHIN3

12:15 Luncheon

1:15 Examine What Is Right and What Is Wrong With Prescription Drug Pricing, Cost and Affordability in the United States
> Learn how medicines today are divided into four categories, each requiring specific policies to address the pricing, cost and affordability challenges
> Understand that medicines are the most valuable intervention in healthcare, more than physicians, hospitals, and pharmacists, and question how society can get the most value from the most valuable intervention
> Examine why we need a more transparent financing system in the U.S.
Robert Popovian, Pharm.D., Vice President, U.S. Government Relations, PFIZER

2:00 Panel: Develop Value Propositions to Reflect Patient Needs
> Discuss how today’s efforts in understanding and defining value capture the patient perspective
> Outline how to quantify elements of value, especially qualitative ones
> Propose technology to leverage in developing value through patient-inclusion
> Align value amongst different stakeholders, including FDA, manufacturers, patients, and employers
Moderator: Adam Kundzewicz, PhD, Head of Strategic Market Access Initiatives, BOEHRINGER INGELHEIM
Sachin Kamal-Bahl, Pharm.D., Vice President and Innovation Center Head, Global Health and Value, PFIZER
Lou Savant, Director of Market Access and Reimbursement, OSIRIS THERAPEUTICS, INC.
Diann Potestio, Senior Director Market Access, GENZYME

3:00 Networking Break

3:30 Use Real-World Evidence to Define and Demonstrate the Value Proposition
> Understand how to use database information to refine target population and unmet need analysis
> Utilize RWE to accelerate market access and uptake
> Examine evolving trends of using RWE for payer-pharma partnerships
Anita Burrell, Adjunct Professor, RUTGERS UNIVERSITY

4:15 Chairperson’s Closing Remarks
Marie Sanchirico, Medical Managed Care, SANOFI GENZYME

4:30 Forum Concludes
REGISTRATION INFORMATION

WAYS TO REGISTER

PMA Conference Management
POB 2303
Falls Church VA 22042

REGISTRATION FEES

| Life Science/Service Providers – Conference and Healthcare Executive Think Tank | $2,495 | $2,595 |
| Life Science/Service Providers – Conference Only | $2,095 | $2,195 |
| Payer and Health System Professionals – Conference and Healthcare Executive Think Tank | $1,395 | $1,595 |
| Payer and Health System Professionals – Conference Only | $1,295 | $1,395 |

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Do you have a question or comment that you would like addressed at this event? Would you like to get involved as a speaker or discussion leader?

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REGISTRATION FEE: The fee includes the conference, all program materials, and designated continental breakfasts, lunches and refreshments.

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Align health systems, pharmaceutical companies, and payers to facilitate better care, improve health outcomes, and lower costs through payer partnerships

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Fred Brownfield, Director, Pharma Innovative Contracting, HUMANA

Jim Coccia, Vice President, U.S. Market Access, TAKEDA

Bob Goldberg, Vice President and Co-Founder, CENTER FOR MEDICINE IN THE PUBLIC INTEREST

Robert Popovian, Pharm.D., Vice President, U.S. Government Relations, PFIZER

Michael Ruiz, Vice President, Provider Relations, UCARE

Brian McGarry, Market President, AETNA

Barrie Baker, M.D., MBA, Chief Medical Officer, TUFTS HEALTH PUBLIC PLANS

Pritpal Virdee, Senior Vice President and Chief Operating Officer, Senior Health Services, BLUE CROSS BLUE SHIELD MICHIGAN