Compelling Sessions, Expert Panels and Interactive Workshops Covering:

- State and Federal updates on exchanges and Medicaid expansion
- The reality of patient out-of-pocket and cost-sharing
- Drug coverage, formulary structures and benefit designs
- Health plan perspectives on open enrollment
- Industry's role and responsibility in navigating and transitioning patients
- The future of manufacturer-sponsored patient assistance programs and co-pay foundations

FOUR WORKSHOPS

- SPECIALTY THERAPIES
- EMRS & TECHNOLOGY
- PATIENT NAVIGATION
- FACILITY AUDITS

THREE TRACKS

- PRESCRIPTION ASSISTANCE
- PATIENT ACCESS
- SAFETY NET RESOURCES

FEATURED FACULTY

- Tracy Foster, President, Lash Group
- Gregory Gierer, Vice President, Policy, America's Health Insurance Plans (AHIP)
- Kent Lieginger, Pharm.D., Senior Vice President, Managed Care and Customer Operations, Genentech
- Seth Lundy, Partner, Deputy Chair, FDA & Life Sciences Practice Group, King & Spalding
- Melanie Stephenson, Program Lead, Financial Assistance and Reimbursement, Biogen Idec

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As health reform continues to sweep in major changes to our nation’s healthcare system, patient assistance and access programs are rapidly evolving to assess and meet new needs. Now in its 15th year, CBI’s Patient Assistance and Access Programs meeting is the longest running, most compelling and comprehensive forum on patient-centric approaches to ensure access to prescription drug coverage. With unmatched content, an expert speaking faculty and the who’s who in the PAP industry, this forum is the must-attend event for your organization!

WHY ATTEND?

JOIN KEY STAKEHOLDERS ACROSS THE SPECTRUM OF PATIENT ASSISTANCE PROGRAMS

OUR AUDIENCE

55% PHARMA

45% FOUNDATIONS, CLINICS, HOSPITALS, GOV’T AND SERVICE PROVIDERS

NEARLY 400 ATTENDEES ANNUALLY

Representing over 160 companies

84% of participants attend with teams

Average team size 4

COMPANIES

- Pharma/Bio/Device
- Consultant/Service Provider
- Non-Profit
- Healthcare Organization
- CRO
- Government
- Medical Center
- Industry Association
- Pharmacy/PBM

RESPONSIBILITIES

- Patient Assistance/Services
- Trade Relations
- Reimbursement/Market Access
- Patient Access
- Business Management
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- Finance
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- Government Affairs/Policy/Legal
- Marketing/Sales
- Pharmacy Services
- Pricing/Contracts
- Clinical Services

PREVIOUS ATTENDEE ACCLAIM

Considered by many as the definitive event of the year on patient assistance programs... — Associate Director, Reimbursement and Patient Assistance, Otsuka America Pharmaceutical, Inc.

...very practical and timely information that will enable us to broaden our services so we can reach even more people... — Executive Director, Fund Development, The Assistance Fund

...one of the best resources for thoroughly addressing the myriad of topics impacting all those seeking to help patients access treatment! — Senior Vice President, Marketing and Development, PSI

Best conference I have attended regarding this topic. — Clinical Financial Consultant, Saint Mary’s Health Care
organizations dedicated to helping people with rare “orphan” diseases and assisting the organizations that serve them. For over 30 years NORD has been committed to the identification, treatment, and cure of rare disorders through programs of education, advocacy, research, and service. NORD is a pioneer and leader in patient assistance and rare disease advocacy.

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AstraZeneca is one of the world’s leading healthcare and pharmaceutical companies, with U.S. headquarters in Wilmington, Delaware. We make a broad range of meaningful medicines that can help change the lives of people. We focus on developing medicines to treat diseases in several key categories: cardiovascular disease, cancer, gastrointestinal disorders, neurological disorders, respiratory illness, diabetes and infectious disease. While we continually invest in finding new, effective prescription medications and treatments, we also recognize that no matter how effective our medicines, they may not be widely available to patients who do not have access. We must work to make the medicines we develop accessible to those who need them.

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Omnicare Specialty Care Group (SCG) is a leading specialty pharmacy and consigned pharmacy network serving patients, other organizations, Omnicare SCG strategically aligns the capabilities, assets and experience of its patient-focused programs and services to accelerate and maximize commercial uptake. Our pharmacy systems also incorporate third-party logistics services, including inventory management, order processing, shipping, and billing. Our network of pharmacists, case managers and patient access specialists make a positive, measurable impact for their companies and brands.

SILVER SPONSOR

REIMBURSEMENT AND ACCESS/ADVOCACY LEADERS CIRCLE

GOLD SPONSOR:

inVentiv Health and the Patient Access Solutions group is an innovator of customized, patient-focused, patient-centric access and reimbursement solutions. As a leader in the creation, design, implementation and management of contact center based access programs; our reimbursement case managers and patient advocates; we have a proven approach to navigating barriers that impede timely access to therapy. Serving more than 11 million unique patients annually, UBC employs a team of 1,000 employees in St. Louis, supporting more than 24 pharma and biotech clients, 54 programs and more than 330 products.

SILVER SPONSOR:

As a wholly owned subsidiary of Express Scripts, United BioSource Corporation (UBC) now incorporates the market-leading HealthBridge PAP program into a single platform to provide timely access to therapy. Serving more than 1.1 million unique patients annually, UBC employees approximate 400 employees located in Austin and Kansas City.

BRONZE SPONSOR:

The Assistance Fund is a leading 501(c)(3) nonprofit organization that assists underserved individuals in gaining access to, and affording the medication associated with, advanced therapies and diagnostic treatments for chronic or critical illnesses. The Assistance Fund offers numerous state-specific Copay Assistance Programs, which provide eligible, underserved individuals, with financial assistance to cover all or part of the cost of their out-of-pocket medication cost. They also offer Healthcare Insurance Premium Assistance Programs to provide eligible individuals financial assistance to cover other living expenses associated with their illness. The Assistance Fund’s innovative programs remove financial barriers and make access a reality.

AFFILIATE SPONSORS

Selexus Health’s exclusive model is to improve your product — fully integrating direct distribution to site-of-care with pharmacy services, patient access support and financial programs for a greater connection to customer experience and better control of your product’s success. Personalized service and creative solutions executed through a state-of-the-art technology platform means providers are more confident in prescribing your drug, patients can more quickly obtain and complete therapies, and payers are accessing more actionable insight than ever before. Led by a forward-thinking team experienced in the complexities of specialty pharmacy, Selexus Health helps you rethink how your products can go.

Caring Voice Coalition, Inc. (CVC) is a national non-profit organization established in 2003 to provide Financial Assistance, Insurance Education and Patient Support to individuals diagnosed with specific chronic or life-threatening diseases. CVC seeks to empower these patients by providing comprehensive programs delivered through a holistic approach by a staff of knowledgeable, dedicated and caring individuals.

The National Organization for Rare Disorders (NORD) is a 501(c)(3) organization, is a unique federation of individuals and voluntary health

The HealthWell Foundation® assists uninsured patients with chronic and life-altering illnesses in meeting their costs-sharing obligations for treatment. HealthWell is an independent 501(c)(3) non-profit organization that provides financial assistance to cover the cost of prescription drug copayments, deductibles and health insurance premiums. For more information, visit http://www.HealthWellFoundation.org.

PSI is a national non-profit organization whose caring staff is committed to supporting people with expensive chronic illnesses and conditions through locating solutions with health insurance and assisting patients with prescription co-payments to facilitate positive health and well-being.

Occam Health Services is at the leading edge of healthcare services, helping patients and their physicians find the right resources and therapies on behalf of our biopharma clients. By combining state-of-the-art technologies with clinical value based programs and services, OccamHealth delivers cost efficient and innovative solutions today and advances the frontier of what is possible tomorrow. Our commitment to staying on the leading edge drives everything we do with our biopharma clients — including Cloud Script® our industry defining platform to perform hub services under customized support models ranging from internal or outsourced to hybrid or hosted on-site.

As an independent service provider, Occam Health brings focused attention to improving access, speed to therapy, and care coordination for specialty products. For decades our leaders have built and delivered patient centric solutions in the pharmaceutical and biologic services market.

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3
PRE-CONFERENCE WEDNESDAY, MARCH 5, 2014

4:00 – 6:00PM  PAP Director Invitation-Only Welcome Reception Hosted by:

Join industry peers in a relaxed setting prior to the main conference kick-off. Participants benefit from exclusive networking and an opportunity to share challenges and gain valuable insight leading into the conference. Invited participants hold the title of Director of Patient Assistance Programs or an equivalent leadership position at a pharmaceutical/biotech company. Final eligibility approval is at the discretion of CBI.

DAY ONE  THURSDAY, MARCH 6, 2014

7:00  Main Conference Registration and Continental Breakfast

8:00  CBI’s Welcome and Opening Remarks

Conference Organizer
Amanda Batstone, Senior Program Manager, CBI

Chairperson
Sharon Langan, Team Leader, Programming, CBI

ACA IMPLEMENTATION AND THE IMPACT ON PATIENT ASSISTANCE STRATEGY

8:05  VOICE OF THE PATIENT
A Patient-Centric Approach to Assistance — Trends in Patient Support and Advocacy

This opening address aptly starts where it all begins... with the patient. Gain critical insight into the importance of assisting and advocating for patients from the perspective of a community and industry leader with over 20 years experience, weaved into an impressive story.

• Patient access challenges
• Advocating — A most powerful catalyst
• Connecting patients with critical resources

Dana A. Kuhn, Ph.D., President and Founder, Patient Services Incorporated (PSI)

Patient Testimonial — Daniel Phillips

8:35  LUMINARY ADDRESS
Importance of Continued Innovation and Enhancing Medication Access

Genentech Access Solutions is a segment of Genentech focused solely on providing patients access to medicine. In this address, learn from one of the leaders of the company’s patient access and assistance initiatives on the importance of pharmaceutical companies offering innovative patient-centric programs.

• Genentech’s corporate mission
• Enhancing access to critical and life-saving therapy
• Breaking down financial barriers

Kent Lieginger, Pharm.D., Senior Vice President, Managed Care and Customer Operations, Genentech

9:05  CMS ADDRESS
The 2014 ACA Landscape — Initial Learnings Based on the Implementation of the Exchanges and Medicaid Expansion

This session shares the perspective of CMS on the initial implementation of the exchanges and the expansion of Medicaid. Learn whether or not key benchmarks have been met and identify the implications for future patient assistance.

• ACA implementation and associated program adjustments
• Government resources available
• Medicaid expansion based on state
• Key insights on the exchanges, including:
  • enrollment numbers
  • reimbursement rates
  • the government role

Janet L. Miller, MPA, Division of Strategic Partnerships, Office of Communications, Centers for Medicare and Medicaid Services

9:35  Networking and Refreshment Break

10:05  KEYNOTE ADDRESS
ACA Coverage Expansion’s Impact on Patient Access — What Have We Learned?

With open enrollment in the ACA’s health insurance exchanges drawing to a close at the end of March, what insight have we gained in the last six months regarding the effect of the ACA on patient access?

Tracy Foster, President, Lash Group

10:45  STATE PANEL
State Perspectives on Navigating the Exchanges

This panel convenes multiple states to share how state-run and federally-run exchanges are operating, and the impact on patient assistance and access.

• State and federal government involvement in navigating the exchanges
• Direction of state level funding
• Coverage offerings on a state-by-state basis
• Navigator and in-person assistance programs in place
• Critical deadlines for patients to file before their eligibility time period expires
• Expectations for 2014 and beyond

Moderator:
Dan Hawkins, Senior Vice President, Public Policy and Research, National Association of Community Health Centers

Panelists:
Demian Fontanella, General Counsel, Connecticut Office of the Healthcare Advocate
Katherine Grant-Davis, President and CEO, New Jersey Primary Care Association
Michelle Amadio, Director, Delaware’s Health Insurance Marketplace

11:25  HEALTH PLAN PANEL
Open Enrollment Outlook from a Plan Perspective

This panel offers the health plan perspective on the following:

• Plans being offered in the exchanges
• How enrollment looks in the bronze, silver, gold and platinum plans
• Beneficiary counseling and assistance in decision-making
• Provision of educational materials for those covered
• Medicaid expansion and the impact of HCR on Managed Medicaid

Moderator:
Stacie Heller, 
Vice President of Health Policy, 
Xcenda

Panelists:
Gregory Gierer, 
Vice President, Policy, 
America's Health Insurance Plans (AHIP)

Scott McKibbin, 
Principal, 
The McKibbin Group, Inc

Bryan Amick, Pharmacy Director, 
South Carolina Department of Health and Human Services

1:05 MIX & MATCH STAKEHOLDER PANEL
ACA Across the Board — The Impact on Assistance Plans

It’s March 2014 — Where do we stand with the Affordable Care Act? This panel convenes manufacturers, patient navigators and healthcare professionals to discuss assistance plans for uninsured and underinsured patients in 2014 and beyond.

• Extended open enrollment —
  Expectations, approaches and realities
  • amount of funding allocated to the exchanges —
  is it adequate based on the enrollment numbers?
  • critical enrollment deadlines for March 2014
• The future of manufacturer-sponsored patient assistance programs and co-pay foundations
• Uninsured patients who choose not to enroll in a plan and accept the penalty
• Coordination needed to transition patients off of their PAPs and into coverage
• Happenings at the employer level and impact on employer-sponsored coverage and benefits

Moderator:
Scott Dultiz, MBA, 
Senior Director, Manufacturer Services, 
UBC

Panelists:
Tammy Cooper, RN, MSN, Director, USMD, 
Medical Education Grants and Patient Assistance Program, 
Eli Lilly and Company

Kesslyn Smith, 
Associate Director, Reimbursement and Patient Access, 
Otsuka America Pharmaceutical, Inc.

Rhonda Harding-Hill, 
Rx for Oklahoma Program Planner, 
Oklahoma Department of Commerce

Pamela K. Gavin, 
Chief Operating Officer, 
National Organization for Rare Disorders, Inc. (NORD)

I. Assessment of Current Opinions and Treatment of Exchanges
• Government opinion on these programs
• Private CMS sources treating the exchanges as commercial
• The impact of the exchanges and Medicaid expansion on PAPs

II. Assistance Plans for Patients Not Yet Enrolled
• How patient assistance and navigation services will work
• Liability parameters governing navigators
• Manufacturer charitable funding strategies

III. Guidelines for Commercial Co-Pay Programs
• Methods manufacturers can use to determine whether or not a patient has insurance
• Controls in place to ensure manufacturers don’t provide commercial co-pay support to a government-insured patient

2:45 Drug Coverage and Formulary Structures under the Medical Benefit of the Exchanges

Under the Affordable Care Act, all health plans must provide some sort of drug coverage, but patients will only benefit if their specific medications are included on the formulary of their newly adopted plan. In this session, learn about the variations in formulary status of drugs offered through the exchanges.

• The pharmacy benefit for branded products
• Co-pays for non-preferred branded products
• Coinsurance vs. co-pay considerations
• How patient selection of plans in the exchanges affects access

Valerie Sullivan, Executive Vice President and General Manager, 
Patient Access Solutions, inVentiv Health

3:25 Next Generation Distribution and Support Services to Improve Patient Access

As specialty drugs become more prevalent, specialty pharmacies and hubs are being tasked with improving their support services and PBMs are gaining even more importance. How are key stakeholders reacting to this industry shift toward specialty products and what is the impact on patient access?

• Assess specialty distribution models
• Understand hub models, program design and associated support services

David Blanc, Vice President, Client Services, 
Omnicare Specialty Care Group
Workshop Objective:
Assistance for rare disease populations can vary tremendously compared to other types of access and reimbursement programs. This workshop dives into the challenges around access to high cost specialty drugs for smaller patient populations.

Key Questions to Be Addressed:
• What are the unique challenges for access with rare disease populations?
• What is the payer strategy for handling these higher priced drugs?
• What does an effective access program look like for specialty therapies?

Workshop Outline:
I. Overview of Rare Disease Population Challenges
   • Why are there pricing concerns?
   • Why is there currently such an interest in orphan populations among big pharma?
   • What obstacles must be overcome with payers?
   • What might be the impact on these populations due to the ACA?
   • What is the role of advocacy groups?

II. Coverage and Reimbursement Barriers to High-Cost Medicine
   • Insurance and coverage Issues
     * no insurance
     > chronically or categorically indigent and transitional situations
     * inadequate insurance
     > high premiums, co-pays, coinsurance, OOP costs
     * gaps in coverage
     > benefit design problems and denied service
   • Reimbursement issues
     * inadequate reimbursement for provider reduces number of providers

III. A Case Study — Developing an Effective Patient Access Program
   • Recommendations for designing effective assistance programs for high-cost medicines

Workshop Leaders:
Art Wood, Senior Vice President, Marketing and Development, Patient Services Incorporated (PSI)
Jayne Gershkowitz, Vice President, Patient Advocacy & Public Policy, Amicus Therapeutics
Eric Grinstead, Chief Commercial Officer, Clementia
Brad Dickerson, Director, Managed Markets and Patient Support, ViroPharma Incorporated

Workshop Objective:
As companies strive to move beyond traditional faxes and hard copies to track patient enrollment in assistance programs, this workshop explores the variety of tools available to improve efficiencies. It looks at the synergies between e-prescribing and EMRs for patient assistance, and describes the emerging technologies used to streamline program applications and processes, save time and money and ultimately improve connections with patients.

Key Questions to Be Addressed:
• What software and technologies are available to improve patient assistance program efficiencies?
• How likely are companies to adopt new forms of technology?
• Is the role of e-prescribing and EMRs evolving?

Workshop Outline:
I. User-Friendly Tools and Technologies to Streamline PAP Administration
   • Emerging technologies
   • Online application design
   • Pros and cons of electronic application submission

II. The Future of e-Prescribing and Electronic Medical Records
   • Ways to leverage EMRs
   • Efficient and effective transfer of information from physician’s database to the manufacturer’s/foundation’s database
   • Ability to access data electronically and minimize manual review of submissions
   • Electronic enrollment and e-signatures on PAP applications

III. Advantages of Emerging Technologies
   • Increased cost-savings
   • Improved time management
   • Enrollment and data management efficiencies

Workshop Leaders:
Leslie McGuire, MSW, Director, U.S. Medical Assistance, AmeriCares
Lori Giang, CEO and Executive Director, NC MedAssist
Melissa Paige, Pharmacy Patient Medication Lead Coordinator, University of Virginia Health System
WORKSHOP C — PATIENT NAVIGATION

Patient Outreach and Navigation for the Newly Enrolled

Workshop Objective:
As patients who previously qualified for free product as part of a manufacturer-sponsored Patient Assistance Program are now eligible for other forms of assistance (exchanges or Medicaid), the safety-net community is working to navigate these patients to appropriate coverage. This workshop addresses this transition period and shares best practices for meeting the needs of the newly enrolled now and into the future.

Key Questions to Be Addressed:
- What is the impact of the Affordable Care Act on patient access to medical care?
- What common questions are patient navigators hearing during the extended open enrollment period?
- With the influx of patients now eligible for healthcare assistance, are there enough physicians to meet the needs of this growing population?
- How can key stakeholders best assist patients throughout the rest of 2014 and beyond?

Workshop Outline:
   - Insights and statistical information gleaned from open enrollment
   - Patient navigator “reach” and the role of federally-approved patient navigators
   - How to best address any leftover gaps
   - Communication strategies and referral sources

II. Ensuring Provider Participation in Programs
   - Workforce challenges and the declining trend in number of physicians
   - The role of “non-specialists”, including Physician Assistants, Nurse Practitioners and Pharmacists, in treating patients

III. Meeting the Needs of the Newly Enrolled in 2014 and Beyond
   - Innovative advocate programs for the future
   - Collaborative efforts among manufacturers, co-pay foundations, free clinics, health centers, advocacy organizations and more

Workshop Leaders:
Rachel Klein, Director, Navigators and Assistors Program, Families USA
Nicole Lamoureux Busby, Executive Director, National Association of Free and Charitable Clinics
Jacqueline O’Doherty, Founder and Certified Patient Advocate, Health Care Connect, LLC
Dayanne Leal, MA, Deputy Director, Best Practices Institute, Enroll America

WORKSHOP D — FACILITY AUDITS

Best Practices and Fostering Relationships for Facility Audits

Workshop Objective:
Institutional PAPs, iPAPs, provide bulk donations of free product to qualifying clinics. They are an effective channel to ensure medication access on a large scale, but there are also compliance challenges that come with it. This workshop shares strategies for ensuring bulk replenishment programs remain compliant and provides best practices for approaching facility model changes and facility audits.

Key Questions to Be Addressed:
- What common ACA questions are facilities asking manufacturers?
- How likely are facilities to change their operating model?
- What are best practices for positive audit results?

Workshop Outline:
I. Gearing up for ACA...Are you ready?
   - Facility challenges and concerns — Open discussion
   - Manufacturer’s perspective

II. PAP Bulk Program Facility Model Changes
   - Understanding the risks in changing of facility’s operation model
   - Understanding the importance of communication with program manufacturers

III. Facility Audits and the Impact of ACA
   - Maintain compliance with industry regulations
   - Develop an effective internal audit strategy
   - Identify potential risks

Workshop Leader:
Arlene Rufalo, Director, Auditing Services, inVentiv Health

WORKSHOPS AND DAY ONE

Invention Health
8:30 Track Chairperson’s Introductions and Review of Day One
Jennifer McGovern, Director of Patient Assistance Programs, AstraZeneca

8:35 STAKEHOLDER PANEL
Addressing the Affordability Issue — How Can We Adapt?
This panel convenes perspectives from manufacturers and advocate organizations to address the many factors impacting medication affordability and patient access, including:
• The stagnant economy
• Increased number of insured patients
• Rising costs of drugs and the impact on patient cost-share
• The growing market for expensive oral, orphan and specialty drugs
• Higher OOP costs (insurance premiums, deductibles and coinsurance) for patients across all payer types
• The increase of generics in the marketplace and role they play in patient access to therapies
• Insurers’ use of formularies
• Utilization management techniques — Tiered benefits, prior authorization requests
Moderator:
David MacLeod, Vice President of Program Development and Executive Advisor, InVentiv Health
Panelists:
Molly Burich, Senior Manager, Government Affairs, Reimbursement and Policy, Otsuka America Pharmaceutical, Inc.
Kim Calder, Director, Federal Health Affairs and Insurance Policy, National Multiple Sclerosis Society
Jan Nielsen, Division President, Access and Patient Support, Sonexus Health

9:15 A “Certified Patient Advocate” Perspective on Improving Patient Adherence and Compliance
Ensuring patients adhere to their medications is a problem that has been daunting healthcare professionals for a long time. This session offers insight into what patients are looking for, why they are not compliant and what can be done to try to get them to become more compliant.
• Lessons learned from navigating patients to appropriate coverage and ensuring access to medicine
• Resources available and industry collaboration efforts to improve patient compliance
Jacqueline O’Doherty, Founder and Certified Patient Advocate, Health Care Connect, LLC

9:45 STAKEHOLDER PANEL
Gaining Access to Medicines for Varying Patient Populations — Areas of Need for Patient Assistance Programs
This panel convenes multiple organizations, including the AASC (American Association of Service Coordinators), the American Public Health Association and AmeriCares, to discuss the populations they serve and where and how PAPs can help.

10:25 Networking and Refreshment Break

10:55 Cultural Awareness and Outreach Strategies for Immigrant and Undocumented Populations
This session shares best practices for providing healthcare resources to varying ethnicities, undocumented residents and the immigrant population, and focuses on the changing demographic around language and issues of health literacy and medication adherence.
• Understand the patient population demographic — Language, health literacy, geography, socioeconomic status, technology adoption
• Determine appropriate communication strategies — Multi-lingual call centers, culturally attuned programs, medical interpreters
• Identify educational outreach activities — Social media, podcasts, websites
Lois Wessel, RN, CFNP, Associate Director for Programs, Association of Clinicians for the Underserved (ACU)

11:25 Town Hall Forum
During this town hall forum, attendees break into interactive working groups led by a facilitator to address a topic in greater detail. At the end, each facilitator shares the key takeaways with the entire audience. Suggested topics for discussion include:
• Bulk replenishment programs
• Patient navigation initiatives
• Changes to PAP due to HCR
Moderators:
Molly Burich, Senior Manager, Government Affairs, Reimbursement and Policy, Otsuka America Pharmaceutical, Inc.
Tammy Cooper, RN, MSN, Director, USMD, Medical Education Grants and Patient Assistance Program, Eli Lilly and Company
Paulina Ospina, MHS, MA, Senior Program Manager, Direct Relief
Jennifer Teague, Clinic Relations Manager, NC MedAssist

12:15 Close of Track I and Start of Lunch and Learn
8:30 Track Chairperson's Introductions and Review of Day One
Dina Inverso, Reimbursement and Patient Engagement Strategy Leader, CSL Behring

8:35 Expanding Guidelines to Assist the Underinsured
Learn about some patient assistance programs that may be expanding their guidelines and patient eligibility criteria to assist the underinsured due to rising healthcare costs.
- Income guidelines
- Sub-par insurance coverage
- Eligibility thresholds
Pamela K. Gavin, Chief Operating Officer, National Organization for Rare Disorders, Inc. (NORD)

9:05 Expanding the Footprint and Effectiveness of your Patient Support Services
Call-center based patient support programs continue to be a critical component to optimizing access. However, opportunities exist to better leverage and integrate field personnel to enhance the customer experience. This session explores:
- Various models of support service and field personnel coordination
- Best practices to integrate field personnel with the support program
- Considerations for optimizing data analytics, communication and overall workflow within the integrated approach
- Case study to illustrate outcomes of best practices
Wade Hubbard, Field Reimbursement Specialist, Team Lead, Xcenda
Kelly Gasper, Vice President, Strategic Account Management, Lash Group

Panel Discussion
Premium Assistance and Cost-Sharing Subsidy Provisions — Obtaining Access to Therapy Amid Coverage Obstacles
As more patients gain some sort of healthcare coverage, they may still have difficulty affording high cost medications. This panel discusses the expected access challenges for patients as a result of high out of pocket costs and defines the exceptions/appeals process for obtaining access to therapy.
- Projections for average patient OOP costs by income
- Expected enrollment in exchange subsidies
- Patient education on various financial assistance offerings
- Examination of drug benefits in existing "proxy" plans with 60-70% actuarial value (e.g., individual market, Massachusetts Connector)
- Other threats to access, including transparency of coverage information and website interface
Moderator:
Charles A. Stevens, JD, MBA, Vice President and General Manager, Commercialization Strategy, PAREXEL
Panelists:
Kesslyn Smith, Associate Director, Reimbursement and Patient Access, Otsuka America Pharmaceutical, Inc.

10:15 Networking and Refreshment Break

10:45 The Development of an Integrated Market Access PAP Strategy
With the shift from uninsured to underinsured, many drug manufacturers are looking to modify their PAP strategy to find more suitable alternatives to assist low-income patients gain access to treatment. This session describes the variety of cost-offset, financial-subsidy mechanisms available and projects the future of such assistance.
- Co-pay assistance cards
- Reimbursement assistance
- Cost share options
Nora Tsivgas, Senior Vice President, Market and Business Development, inVentiv Health

Innovative Tools and Trends for Modern Patient Access Solutions
This session explores the latest tools, trends and service models that leading pharmaceutical companies are using to build modern patient access programs that are more dynamic, efficient and better connected across key stakeholders. Learn about specific tactics and examples that can be quickly implemented to improve many patient access programs in the market today. Topics include:
- Best-in-class care coordination
- Unleashing the power of mobile
- Trends in automation and real-time data
- Improvements in cost-share, PAP and co-pay solutions
- Insights on e-prescribing for specialty products
- Use of design thinking in hub and access services
Rujul Desai, President, Occam Health Services

Town Hall Forum
During this town hall forum, attendees break into interactive working groups led by a facilitator to address a topic in greater detail. At the end, each facilitator shares the key takeaways with the entire audience. Suggested topics for discussion include:
- Oncology/specialty Rx assistance
- Premium assistance and cost-sharing
- Access challenges for low-income patients as a result of OOP costs
- Specialty drug distribution models
- Drug pricing strategy and contracting/reimbursement negotiations with payers
Moderators:
Kesslyn Smith, Associate Director, Reimbursement and Patient Access, Otsuka America Pharmaceutical, Inc.
Steven Bourke, R.Ph., Senior Director, Market Access Strategy and Patient Services, Ipsen Biopharmaceuticals, Inc.

12:15 Close of Track II and Start of Lunch and Learn
I. Thought Leader Showcase and Participant Recognition

This portion of the lunch showcases our sponsors and exhibitors and recognizes those audience members who have taken the time to network and meet with them.

II. Chair Recap of Key Learnings

During this interactive lunch and learn, the chairs from each Track recap the hottest discussion points and key takeaways from the morning sessions.

III. Pearls of Wisdom Closing Address

This closing address shares some “pearls of wisdom” and key learnings from the conference to arm you with some immediate steps to take when returning to the office. What should you implement when you get home? What conversations do you need to have? What questions remain and where can we go for support and answers?

10:25 Networking and Refreshment Break

10:55 STAKEHOLDER PANEL

Automated Patient Application Process

This panel convenes manufacturer, clinic and non-profit perspectives to share best practices for automating and simplifying the PAP application process.

- Software and online capabilities
- Common application problems and how they can be fixed
- Approaches to simplify the application process
- Recommendations for improved patient communication

Moderator:
Robert Milos, Senior Vice President, Strategy and Business Development, Otsuka America Pharmaceutical, Inc.

Panelists:
Robert Milos, Senior Vice President, Strategy and Business Development, Otsuka America Pharmaceutical, Inc.

- Meghan Hover Szczech, Senior Manager, Reimbursement and Patient Access, Astellas
- Robert Milos, Senior Vice President, Strategy and Business Development, Otsuka America Pharmaceutical, Inc.

9:45 Total Patient Care — Across the Aisle Advocacy

ACA has changed how the healthcare industry thinks about — and approaches — advocacy. There are higher expectations of coordinated efforts to assist newly insured patients as they maneuver the healthcare system. “Across the aisle” partnerships are crucial among and between entities that coordinate, create, cover, pay for and deliver treatments to improve the overall experience of patients.

Copay foundations serving as financial and access advocates for patients across a broad spectrum of disease areas must also join the efforts of industry. This session introduces ideas that support advocacy efforts for total patient care through non-traditional partnerships.

- Enhanced copay assistance — Going beyond disease silos
- Foundation-to-foundation — Getting help into the hands of patients
- Total patient care — Relieving the pressure points

Moderators:
Maureen Boyd, Vice President of Operations, The Assistance Fund
Debra Jennings, Manager, Reimbursement, Millennium Pharmaceuticals
Melanie Stephenson, Program Lead, Financial Assistance and Reimbursement, Biogen Idec
Sherrie Trott, Associate Manager, Patient and Physician Resource Services, Forest Pharmaceuticals

9:15 ACA Implementation and the Impact on Patients, Physicians, Co-Pay Programs and PAPs

Learn the overall impact of the ACA and how the changes will impact the various forms of patient assistance.

- Patients — How their insurance options are changing
- Physicians — How to direct patients appropriately
- Co-Pay Programs and PAPs — How to operate with new government plans in place

Moderator:
Rosie Miller, Director of Development and Strategic Partnerships, The Assistance Fund

Panelists:
Melanie Stephenson, Program Lead, Financial Assistance and Reimbursement, Biogen Idec
Sherrie Trott, Associate Manager, Patient and Physician Resource Services, Forest Pharmaceuticals
Debra Jennings, Manager, Reimbursement, Millennium Pharmaceuticals
Janet M. Petrillo, Assistant Director, Reimbursement and Market Access Strategy, Astellas

9:15 Manufacturer Panel

Gain Critical Insight into the Heavily Regulated Business of Manufacturer-Sponsored PAPs

This panel addresses the most crucial factors impacting a manufacturer-sponsored PAP that advocates should be aware of, including:

- How a PAP is run
- What goes into designing your PAP
- OIG opinions and other legal mandates/strict business rules that must be followed
- Why there is eligibility criteria
- The risk of getting audited
- The increase in cost-share and why that doesn’t necessarily translate to free products

Moderator:
Anita Lester, Health Care Attorney, Caring Voice Coalition, Inc.
Lauren Ruiz, Senior Case Manager, Caring Voice Coalition, Inc.

9:45 Total Patient Care — Across the Aisle Advocacy

A new wave of patient assistance programs.

- Certified application counselors vs. patient navigators — Understanding the differences
- PAP development and structure from a manufacturer point of view
- Business rules and addressing exceptions for patient assistance programs

2:45PM Close of Conference
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