

The Institute of Medical Technology Presents CBI's 3rd Annual Forum on

MEDICAL DEVICE AND DIAGNOSTICS REIMBURSEMENT AND COVERAGE

ENSURE FAVORABLE COVERAGE, CODING AND PAYMENT DECISIONS THROUGH SATISFYING COST AND OUTCOME ENDPOINTS

DECEMBER 10-11, 2007 • HILTON SAN DIEGO AIRPORT/HARBOR ISLAND • SAN DIEGO, CA

Conference Chairperson:



Kuo Bianchini Tong, MS,
President,
Quorum Consulting

Medicare Keynote Address:

"Medicare Coverage for
New Technologies"



Elizabeth A. Donohoe, M.D.,
M.H.S.A., Chief Medical Officer,
**Centers for Medicare
and Medicaid Services**

Private Payor Keynote Address:

"Private Payors' Coverage Determination
Process for Devices and Diagnostics"

Willard K. Harms, M.D., M.M.,
Medical Director,
Medical Policy and Adjudication,
Blue Cross Blue Shield of Illinois

Plus! Choose from Two
Pre-Conference Workshops —
Monday, December 10, 2007

A. Strategic Reimbursement Planning throughout the Product Development Cycle

Led by:

Mary Ann Clark,
Director of Health Economics and
Reimbursement, **Boston Scientific's
Neuromodulation Division**

Nicole Coustier, Principal,
Quorum Consulting

Christine Jackson, Senior Manager,
Medtronic, Inc.

David Parr, Vice President of Global
Reimbursement, **C.R. Bard, Inc**

B. Successful Reimbursement Structures for Diagnostic Tests

Led by:

Jeff Bush, Director of Corporate
Reimbursement, **Becton Dickinson**

John R. Ridge, Director of Reimbursement
Services, **Roche Diagnostics**

- **American Medical Association** illustrates the use of CPT coding rules, guidelines and parenthetic statements to assist with correct coding
- **ArthroCare** and **Boston Scientific Corporation** explains how to apply the critical elements of trial design and implement the revisions of the CRP to foster payor adoption of new and existing technologies
- **Blue Cross Blue Shield Association** discusses incorporating evidence principals into planning and development to benefit from TEC evaluations
- **Edwards Lifesciences** demonstrates how to align reimbursement structures with Pay-for-Performance initiatives to aid in the improvement of healthcare quality
- **NHIC Corp** discusses comparative effectiveness and the process CMS and its contractors use to make national and local coverage decisions
- **Roche Diagnostics** explains accreditation requirements for competitive bidding demonstrations
- **Thoratec Corporation** demonstrates value, both clinically and cost-effectively, to attract buy-in for newly approved technologies

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A

STRATEGIC REIMBURSEMENT PLANNING THROUGHOUT THE PRODUCT DEVELOPMENT CYCLE

The predicament that many medical device manufacturers are finding themselves in is that they have developed a new product, received FDA approval and now are fighting to receive coverage. This workshop presents you with the step-by-step process for developing a strategic reimbursement plan for coverage, coding and payment. Workshop leaders walk through the strategic reimbursement planning process beginning at the concept stages of product development for a new device.

7:30 *Workshop Registration and Continental Breakfast*

8:30 *Workshop Leaders' Welcome and Opening Remarks*

I. Strategic Reimbursement Planning

- What is strategic reimbursement planning?
- When should reimbursement planning begin to ensure appropriate coverage, coding and payment for a new product?
- How are appropriate coverage, coding and payment achieved?

II. Conduct a Reimbursement Assessment

- Who are the major players?
- Where will the procedure be performed?
* by which specialties?
- Do coding, coverage and adequate reimbursement exist?

III. Develop a Reimbursement Strategy

- Understand what payors want and engage them early
- What steps need to be taken to apply for a code?
- Securing Medicare reimbursement
- Develop a coverage dossier

IV. Prepare for Product Launch

- Coding guides
- Customer and sales force education
- Payor mailings
- Develop reimbursement hotlines and field support
- Financial and economic models

V. Ongoing Reimbursement Support

- Policy monitoring
- Data analysis
- Monitor and implement reimbursement changes

12:00 *Close of Workshop A*

There will be a 30-minute networking and refreshment break at 10:00 a.m.

— ABOUT YOUR WORKSHOP LEADERS —

Mary Ann Clark is the Director of Health Economics and Reimbursement with **Boston Scientific's Neuromodulation Division**. In her role, Ms. Clark develops health economics, outcomes research and reimbursement strategies for the pain management franchise. Prior to joining the Neuromodulation Division, Ms. Clark spent six years with Boston Scientific's Corporate office in the same capacity, working on

health economics strategies for a variety of products including drug-eluting stents, carotid stents, aneurysm coils and minimally invasive technologies to treat uterine fibroids and dysfunctional uterine bleeding. She also developed in-house data analytics capabilities to perform outcomes research and policy analyses using claims databases. Early in her career, Ms. Clark was a research associate on the Harvard Resource-Based Relative Value Scale study developing Medicare's physician payment system. She has over fifteen years of experience in health services research, policy research and consulting and has authored over forty publications on the economic impact of medical technologies.

Nicole Coustier is a Principal at **Quorum Consulting** and has in-depth experience in both the public and the private payer sectors. Her work at Quorum Consulting encompasses the implementation of healthcare policies at a local government level, the organization and coordination of clinical trials, as well as managing a team of research analysts. With Quorum, she has worked on reimbursement strategies for products in various points along the product life-cycle: from planning during the FDA approval phase to development of payer policy for products already well-established in the market. Areas of expertise touch on call center management; coding and payment systems analysis; participation and reporting of government and industry meetings; site monitoring and data management for research studies; and interviewing leading field experts. Her work spans various disciplines including: cardiology, immunology, oncology, dermatology and infectious disease.

Christine Jackson is a Senior Manager with the **Medtronic Corporate Health Policy and Payment** department. Ms. Jackson has over ten years of reimbursement experience in both the payer and industry sectors, including experience with strategic reimbursement planning, health policy and advocacy, reimbursement education and clinical study reimbursement. Ms. Jackson has also held positions with **Blue Cross Blue Shield of Minnesota** and **Medtronic's Neurological and Cardiac Rhythm Disease Management** divisions.

David Parr is Vice President of Global Reimbursement for **C.R. Bard, Inc** and is responsible for reimbursement strategy and healthcare policy for all of Bard's business units. In his role, Mr. Parr performs research and analysis on issues affecting the coverage, coding and payment of products by various government and private sector payers as well as assessing the impact of health policy developments at the federal and state level. Mr. Parr has over 10 years experience working with stakeholders involved in the adoption of new technologies including hospitals, physicians, managed care organizations, technology assessment agencies and government payors. He has particular skill and experience in managing the complexities of negotiating successful coverage and payment policy and for solving reimbursement dilemmas faced by new medical technologies. Prior to joining Bard, Mr. Parr was Vice President for Reimbursement and Managed Care at **Genzyme Biosurgery** in Cambridge, Massachusetts and was Director of Public Policy for **Biomatrix**, a New Jersey-based biomedical company. He has a B.A from Temple University and a Master's in Business Administration at Montclair State University.

B

SUCCESSFUL REIMBURSEMENT STRUCTURES FOR DIAGNOSTIC TESTS

While device and diagnostic manufacturers face some similar challenges in the reimbursement arena, diagnostic equipment manufacturers encounter unique challenges. There are distinct regulations and payment-related regulatory processes specific to diagnostics that are important for manufacturers to understand. For payors, diagnostic testing, while typically acknowledged as necessary, is seen as a cost driver, and its added value is rarely considered in the payment context. As such, payors often require more evidence to cover certain tests. Additionally, the payment, pricing and distribution models for diagnostics equipment require specific attention to ensure acceptable endpoints. This workshop is designed specifically for diagnostics manufactures to discuss successful reimbursement structures.

7:30 *Workshop Registration and Continental Breakfast*

8:30 *Workshop Leaders' Welcome and Opening Remarks*

I. Payment-Related Regulatory Environment for Diagnostic Testing

- What regulatory requirements apply specifically to diagnostic testing?
- Government policy for diagnostics tests — Evidence based versus value based
- CPT process
- Fee schedules — The CLFS and the Physician FS
- CLIA complexity impact

II. Outcomes Research and Evidence

- Technology assessment
- Gathering evidence to prove medical necessity
- Defining appropriateness
- Comparative effectiveness for diagnostics

III. Unique Challenges for Diagnostic Manufacturers

- RCTs and Diagnostics — Mission impossible?
- What specific payment structures are best for diagnostic tests?
- Discuss the challenges with pricing diagnostic tests
- Examples of successful distribution models for diagnostic equipment
- Lab competitive bidding threats

12:00 *Close of Workshop B*

There will be a 30-minute networking and refreshment break at 10:00 a.m.

— ABOUT YOUR WORKSHOP LEADERS —

Jeff Bush is the Director of Corporate Reimbursement at **Becton Dickinson**. In his corporate position based out of BD's Washington, DC office, Mr. Bush manages BD's interactions with public and private payors on coverage, coding and payment of diagnostic and other BD products both in the U.S. and abroad. He has twice chaired AdvaMed's Diagnostics Payment and Outcomes Task Force, and during his tenures, he led the group's development of diagnostics industry reimbursement policy and

interactions with federal policymakers. Mr. Bush's knowledge and leadership contributed to language — sponsored by Rep. Jennifer Dunn (R-WA) — that provided for appropriate reimbursement of new laboratory tests; the provision was incorporated into the Medicare Modernization Act. Mr. Bush also spearheaded the Diagnostic Task Force's successes in a number of national and local Medicare reimbursement initiatives and coverage decisions with Medicare contractors. He represents the medical technology industry as a laboratory expert representative to the National Committee for Quality Assurance (NCQA), and he represents industry interests on the Clinical Laboratory Management Association's (CLMA) Health-Care Policy Committee (HCPC). Mr. Bush holds a Bachelor's degree in Chemistry from California State University, is a certified medical cytotechnologist (Loma Linda University) and obtained his Executive MBA from Colorado State University.

John R. Ridge is the Director of Reimbursement Services for **Roche Diagnostics** where he is responsible for providing strategic and tactical leadership that ensures a favorable reimbursement environment for Roche Diagnostic's products. Mr. Ridge has authored articles on coding, coverage and payment issues and is often sought after to speak at conferences on reimbursement and health policy issues. In addition to writing and speaking, Mr. Ridge serves on the Editorial Board Advisory Board of the Personalized Medicine Journal. Prior to joining Roche Diagnostics, Mr. Ridge worked for **American Urological Association** as a Reimbursement Systems Project Manager. In that role, he was responsible for dealing with external regulatory government agencies, pharmaceutical companies, medical device manufacturers, third-party payers and the American Medical Association to execute the American Urological Association's reimbursement and payment policy strategies. Mr. Ridge's other work experience include positions at **Tucker Alan Inc.**, the **Florida Medical Association** and the **Florida Department of Health**. Mr. Ridge graduated from Florida State University with a bachelor's degree in Interdisciplinary Social Sciences. He also earned a master's degree in Interdisciplinary Social Sciences from Florida State University.

“EXCELLENT CONFERENCE, VERY TIMELY — THE DIVERSIFICATION AND PRESENTATION OF THE SPEAKERS WAS WORTHWHILE AND UNIQUE.”

— 2006 Attendee, John Beale, Vice President Reimbursement, Tenet Healthcare Corporation

MAIN CONFERENCE

Day One — Monday, December 10, 2007

12:00 *Main Conference Registration*

1:15 *Chairman's Opening Remarks*



Kuo Bianchini Tong, MS, President, Quorum Consulting
Mr. Tong is the Founder and President of Quorum Consulting, Inc., a company that consults with clients in the pharmaceutical, biotechnological and medical device manufacturing industries. Mr. Tong works with his clients to understand how economic, financial and reimbursement forces can be managed and how to influence product acceptance and utilization. His consulting engagements focus on strategic planning and implementation in early phases of product development, during clinical evaluation and following regulatory approval. Mr. Tong is an active member of numerous professional organizations and societies including: the Academy of Managed Care Pharmacy; American Public Health Association; American Society for Blood and Marrow Transplantation; American Society of Clinical Oncology; Infectious Disease Society of America; International Society for Heart and Lung Transplantation; International Society Pharmacoeconomics and Outcomes Research; and Society for Investigative Dermatology.

MEDICARE KEYNOTE ADDRESS

1:30 **Medicare Coverage for New Technologies**

As the healthcare industry shifts into a personalized medicine community, many new technologies arise providing new and exciting opportunities for patients and physicians. While the advancement of modern medicine is highly regarded, CMS must adhere to strict guidelines to monitor new developments and to answer the question — Is this better than what we already use?

- Trends in CMS coverage decisions
- Understand the expectations and standards of CMS's coverage criteria — What evidence is needed to support better health outcomes?
- What are the new and pending legislative initiatives for CMS?
- Changing authority over Medicare contractors — Who is responsible?



Elizabeth A. Donohoe, M.D., M.H.S.A., Chief Medical Officer, Centers for Medicare and Medicaid Services
Dr. Donohoe's work involves provision of clinical input to the Regional Office and enhancement of securing quality services for the Medicare and Medicaid populations through promotion of related initiatives. She serves as a key liaison between health professional associations, medical societies, academic health institutions and the Regional Office. Areas served by Region IX include the states of Arizona, California, Hawaii and Nevada and the Pacific Territories of American Samoa, Commonwealth of the Northern Mariana Islands and Guam. Dr. Donohoe came to CMS in June 2007 from clinical practice and recently completed a service commitment under a National Health Service Corps scholarship. She holds a Medical Degree from Case Western Reserve University School of Medicine and completed a residency in Internal Medicine at MetroHealth Medical Center in Cleveland, OH in addition to a clinical Geriatrics Fellowship at Johns Hopkins Bayview in Baltimore, MD. She is board-certified in Internal Medicine and Geriatrics. Prior to medical school, Dr. Donohoe worked in health policy and obtained a Master's degree in Health Services Administration from George Washington University.

PRIVATE PAYOR KEYNOTE ADDRESS

2:15 **Private Payors' Coverage Determination Process for Devices and Diagnostics**

In this address, hear from a private payor on how they come to a conclusion regarding coverage decisions. Understand some of the challenges private payors are going through and learn how to work cohesively to develop and cover products that provide better health outcomes.

- Payor standards and expectations
- Learn how to develop relationships with payors

Willard K. Harms, M.D., M.M., Medical Director, Medical Policy and Adjudication, Blue Cross Blue Shield of Illinois
Dr. Harms is responsible for the development, administration and articulation of medical policy for the Illinois division of Health Care Service Corporation (HCSC). He is the HCSC representative to the Blue Cross Blue Shield Association's Medical Policy Panel. Dr. Harms holds a Master's degree in Management from the Kellogg Graduate School of Management, Northwestern University, with an emphasis on strategy and marketing Board-certified in ophthalmology.

CHALLENGES ASSOCIATED WITH NEW TECHNOLOGY CODING AND ADOPTION

3:00 **Assess the Value Associated with New Technology**

In this session, understand how to attract payor buy-in for new technologies and new indications for existing technologies. Discuss how to best provide the necessary evidence to demonstrate the value, both clinically and cost-effectively, of your device over existing products.

- Attract buy-in for newly approved technologies
- Recognize barriers to payment for new and existing medical technologies
- Prepare for future indications of approved medical devices
- Understand the role of personalized medicine in the medical device community

Tina Ommaya Ivovonic, Corporate Director of Reimbursement, Thoratec Corporation

3:45 *Networking and Refreshment Break*

4:15 **Unravel CPT Coding for New Technologies**

When a device or diagnostic manufacturer develops a new technology, one of the major challenges is securing proper coding for the product. Many times, new products are lumped into a CPT code, ineffectively capturing the true value. In this session, learn how to unravel CPT coding for a new technology.

- Access the CPT Editorial Panel process
- Decide if a new code is needed
- Use of CPT coding rules, guidelines and parenthetical statements to assist with correct coding
- Relation of CPT to the RUC process and the Medicare Physician Fee Schedule

Michael Beebe, Director CPT, American Medical Association

5:00 **Develop Reimbursement Strategies Aligned with Industry Quality Reporting and Pay-for-Performance Initiatives**

Pay-for-Performance is a system of providing incentives for providers to improve the quality of healthcare. In this session, understand how P4P systems are implemented and how they are impacting reimbursement strategies for medical device and diagnostic manufacturers.

- What are the challenges for reimbursement with P4P systems?
- How can medical device and diagnostics manufacturers position reimbursement to align with P4P incentives?
- Discuss the benefits of P4P for manufacturers
- How can device companies get involved?

Carol Harding, Vice President, Global Reimbursement, Edwards Lifesciences

5:45 *Close of Day One*



5:45-6:45 **Networking,
Wine & Cheese Reception**

Join colleagues and friends in a relaxed setting.

Day Two — Tuesday, December 11, 2007

7:30 *Continental Breakfast*

8:00 *Chairman's Review of Day One*
Kuo Bianchini Tong, MS, President, Quorum Consulting

**UNDERSTAND TECHNOLOGY ASSESSMENTS
AND THE IMPACT OF THE CHANGING
MEDICARE PAYMENT LANDSCAPE**

8:15 **Technology Assessments — How Do They Work?**

Technology assessments are used to inform coverage decisions for health plans, widely based on the evidence that a product is sound. TEC assessments apply methodologies for calculating the clinical utility of medical interventions. Both public and private payors utilize technology assessments to decide national coverage decisions. Medical device companies can benefit from understanding the technology assessment process and incorporating evidence principles into their planning and development. In this session, hear from the Blue Cross Blue Shield Technology Evaluation Center on the methodology they use for assessing new technologies.

- How does a TEC select technologies for assessment?
- How does TEC evaluate the evidence on a technology?
- Why is comparative effectiveness and cost-effectiveness becoming more important?
- How do health plans use TEC assessments in their decision-making?

Naomi Aronson, Ph.D., Executive Director, Blue Cross Blue Shield Association, Technology Evaluation Center

9:00 **Overview of the DRG Changes and Medicare's Hospital Inpatient Reimbursement Rates**

The Centers for Medicaid and Medicare Services (CMS) has made significant changes to the DRG classification system for Medicare inpatient payments from charged-based to cost-based weights. There are a number of new and reconfigured DRGs based on the severity of the patient's condition and complications, which take effect on October 1, 2007. This new structure focuses on actual hospital costs rather than the severity of the patient's condition. Gain a better understanding of the changes to the DRG system and the implications for manufacturers especially for cardiac, orthopedic and neurology procedures.

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- What are examples of the new DRGs and the reconfigurations of existing DRGs?
- How will the changes impact procedures using cardiac or orthopedic implants?
- What are the concerns of specialty hospitals?
- What does this mean for medical device & diagnostic manufacturers?
- How should manufacturers work with their hospitals to implement these new payment rates, especially for new technologies?
- What is on the horizon for new technology DRG adds-ons?

Moderator: Kuo Bianchini Tong, MS, President, Quorum Consulting
Panelists: Stephen Phillips, Director, Health Policy, Johnson & Johnson
Barbara Rohan, Vice President of Government Affairs, Smith & Nephew
Gordon Schatz, Health Care Partner and Technology Reimbursement Counsel, Reed Smith, LLP

9:45 *Networking and Refreshment Break*

10:15 **New Developments in Hospital Outpatient APC and Ambulatory Surgical Center Payment Systems**

CMS has issued two significant proposals during the summer of 2007 on APC and ASC payment. These will be finalized and go into effect January 2008. The APC system continues to reflect many new technologies through the new device pass through payments. Other technologies have to fit into existing APCs. The new Medicare ASC payment system will likely re-structure payment dramatically. Device manufacturers can better plan ahead knowing how much their hospital and ASC customers will be paid in the coming year. This session addresses the following:

- Basics of hospital outpatient APCs
- New technology and new device APC pass through
- How to apply for a new technology under HOPPS
- Comparison of 2007 and 2008 payment levels for selected procedures
- Medicare payment methods in the ambulatory surgical center new ASC payment for 2008
- Impact on surgical and medical devices used in the ASC

Gordon Schatz, Health Care Partner and Technology Reimbursement Counsel, Reed Smith, LLP

11:00 **Future Implications of Competitive Bidding Demonstrations of Durable Medical Equipment (DME) Products**

Competitive bidding demonstrations changes the reimbursing guidelines for durable medical equipment from the current fee schedule to a bidding process between CMS and suppliers. The bid is mostly based on costs and if suppliers lose the bid, they lose the ability to attain Medicare coverage for that product. In this session, understand the rules of competitive bidding and what suppliers should consider as far as their business and competitive bidding in the future.

- What is required of suppliers as far as accreditation?
- How can a supplier successfully win bidding contracts?
- What can manufacturers expect in the future regarding competitive bidding?

Bruce T. Taylor, Director, Government Marketing, Roche Diagnostics

12:30 *Luncheon*

1:45 **Changes to the Clinical Trial Coverage Guidelines and the Effect on Manufacturers**

On July 9, 2007, CMS finalized revisions to their National Clinical Research Policy (CRP) requiring additional transparency for trial sponsors. Understand the changes to the clinical research policy and hear some of the challenges device manufacturers face in implementing this new policy, as well as some of the opportunities for improvement.

- Overview of the CRP revisions — Increased transparency, post approval studies and trial registration
- Understand how to successfully implement changes in clinical trial design
- Capitalize on opportunities provided in the policy changes

Michael Sanchez, MA, CCA, Reimbursement Advisor,

CRM Clinical Research, Boston Scientific Corporation

CLINICAL TRIAL COVERAGE

11:45 **Alignment of the Regulatory and Payment Process — What Do Companies Need to Know to Be Prepared?**

Collaboration among CMS, FDA and other government agencies is occurring and is forcing a change in approach to regulatory and payment processes. Renewed efforts at applying comparative effectiveness to coverage or payment decisions have caught the attention of Congress, policymakers and private industry and may be fueled or supported by such collaborative efforts. In this interactive panel discussion, hear how government agencies have made efforts to collaborate; and what you as a policymaker inside your device or diagnostic company need to do to prepare and manage this new trend. Specifically, this panel discusses:

- Respective roles of the key government agencies that pertain to payment and regulatory processes
- Current climate in Washington, DC in regards to agency collaboration in payment and regulatory processes
- Discuss what such collaboration means for the device and diagnostic industry, highlighting comparative effectiveness as the latest concern among industry insiders
- What can the device and diagnostic industry do to prepare for increased collaboration, especially as they enter later stages of research and at launch

Moderator: Marc Samuels, Partner, HillCo Partners

Panelists: Carol Harding, Vice President, Global Reimbursement,

Edwards LifeSciences

Gwen Mayes, Director Government Relations & Reimbursement,

ABIOMED

Tina Ommaya Iovonic, Corporate Director of Reimbursement,

Thoratec Corporation

2:30 **Comparative Effectiveness — Understand the Unique Challenges of FDA Approval versus Payor Adoption**

There can be a significant distinction between FDA product approval and coverage by payors. It is important for manufacturers to understand the difference and prepare the different data needed not only to secure approval but to ensure coverage. Understand the unique challenges and differences in approval versus payor coverage.

- How does CMS describe its expectations for coverage of new technologies?
- What are the processes CMS and its contractors use to make national and local coverage decisions?

Bruce Quinn, M.D., Medical Director, NHIC Corp.

3:15 **Getting from Clinical Trial to Coverage — What Endpoints Satisfy Payor's Cost and Outcome Expectations?**

Clinical trial design is a key factor in securing coverage of a medical device. Manufacturers can focus on endpoints for achieving a strong coverage and reimbursement position. In this session, hear the critical elements of trial design that will pave the way to coverage.

- What key factors should you focus on during clinical trials?
- Techniques for establishing effective clinical trial design
- Levels of evidence required for proven health outcomes

Linda Pauer, Director of Reimbursement and Payer Relations,

ArthroCare

4:00 *Close of Conference*

— WHO SHOULD ATTEND —

This conference would be of interest to Vice Presidents and Directors at medical device or diagnostics companies with responsibility in the following areas:

- Reimbursement
- Commercial Distribution
 - Pricing Policy
- Economic Outcomes
 - Health Policy
- Government Affairs
- Commercial Operations

This conference would also be of interest to law firms, managed care consultants, Medicare consultants, reimbursement consultants, health policy consultants and software and technology vendors.

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Orthofix of Americas

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DECEMBER 10-11, 2007

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— Previous Attendee, Peggy Cooley, Reimbursement Manager, **Arthrex**

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Two Panel Discussions on the Following Topics:

"Overview of the DRG Changes and Medicare's Inpatient Reimbursement Rate"

Participants include:
Johnson & Johnson, Reed Smith, Quorum Consulting and Smith & Nephew

"Alignment of the Regulatory and Payment Process — What Do Companies Need to Know to Be Prepared?"

Participants include:
ABIOMED, Edwards Lifesciences, HillCo Partners and Thoratec

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Two Pre-Conference
Workshops — Monday,
December 10, 2007

- A. Strategic Reimbursement Planning throughout the Product Development Cycle**
- B. Successful Reimbursement Structures for Diagnostic Tests**

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