

Citizens' Council on Health Care

Invites you to a Seminar

Consumer Driven Health Care: Public Sector Opportunities

Solutions for health care differ little between the public and the private sectors. This seminar will address how to implement consumer driven health care and patient incentives in both the private and public sectors. It will discuss alternatives for reducing health care costs while improving service in private and public health care programs, including Medicaid and public employee health insurance. Strategies to provide effective health care for a more economical cost and better value will be discussed.

Speakers

Jim Frogue, HHS Task Force Director, American Legislative Exchange Council(D.C.),

The Future of Medicaid: Consumer Directed Care

Commissioner Penny Steele, Board of Hennepin County Commissioners (MN),

Making a Case for Patient Incentives in Health Care

Greg Scandlen, Center for Consumer Directed Health Care, Galen Institute (D.C.),

Consumer Driven Health Care: New Tools for Minnesota

Panel Discussion to Follow Presentations

There will be ample opportunity for questions and discussion.

Wednesday, October 15, 2003

8:30 a.m. - 11:30 a.m.

*8:00 a.m. - Registration and
Light Breakfast Buffet*

Radisson Plaza Hotel

35 South 7th Street
Minneapolis, #612-339-4900

Sponsors

Healthcare Finance Solutions, Inc.
Larkin, Hoffman, Daly & Lindgren, Ltd.
Medical Savings Account, Inc.
Micro Control Company
Minnesota Medical Group Management Association
Minnesota Oncology Hematology Professional Association (NAFAC)
North American Association for Ambulatory Urgent Care
Now Care Medical Centers
Unison, Inc.

Seminar Fee: \$50 by Thursday, October 9th; **\$55** after October 9th

**** Special Offer:** Those who register at the regular price of \$50 may bring ONE (1) associate of their choice for an additional \$10 (no more than one associate per registrant). Please complete associate form below. Deadline: Monday 10:00 a.m., October 13th.

----- **The \$50 Seminar Registration Form** -----

Registrant Name _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

----- **The \$10 Associate Registration Form** -----

Associate Name _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
Guest of _____

**** NOTICE ****

**The \$10 Associate Registration fee is good for
only ONE associate per registrant. Thank you.**

Make checks payable to CCHC and send with this registration form to:
Citizens' Council on Health Care, 1954 University Ave. W. Ste. 8, St. Paul, MN 55104
Questions? Call #651-646-8935, twila@cchc-mn.org, www.cchconline.org