



Axene Health Partners, LLC

Health Actuaries & Consultants

www.axenehp.com

John Price, FCA, MAAA

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Mr. Price joined Axene Health Partners, LLC in 2004 following a successful career in the managed care industry. Mr. Price held executive level positions at United Behavioral Health (Vice President Chief Actuary of a subsidiary of United HealthCare), Kaiser Permanente (Kaiser Vice President Chief Actuary and President of its subsidiary insurance operations), Aetna (Western Region CFO), and IHC Health Plans (CFO, Chief Actuary). Mr. Price has also provided independent consulting services to selected health care clients.

Mr. Price provides a wide variety of consulting services to:

- ❑ Health plans: HMOs, Blue Cross Blue Shield plans, insurers, managed care plans
- ❑ Employer self-funded benefit plans, trusts, administrators and intermediaries
- ❑ Guidance and practice strategy for other actuaries and consultants
- ❑ Healthcare technology and disease management companies
- ❑ Various government programs: federal, state and local, Medicare, Medicaid, TriCare.
- ❑ Healthcare providers: hospitals, medical groups, ancillary providers
- ❑ Medical device and technology suppliers

The attached exhibit provides a more detailed list of Mr. Price's consulting areas.

Mr. Price is recognized as an experienced executive and business strategist. He is a frequent speaker on healthcare issues. He is a Member of the American Academy of Actuaries, and a Fellow of the Conference of Consulting Actuaries. He has participated in the Actuarial Standards Board Health Committee and is a past President of the Utah Health Insurance Association. He is an active member of the Adaptive Business Leaders Organization, a California health industry and technology group.

In addition to his actuarial credentials, Mr. Price holds a bachelor's degree from the University of Washington with an emphasis in mathematical statistics.

Summary of Health Actuarial Consulting Practice	
Health Plans/Insurers/Health Care	Employers/Trusts/Associations
Marketing	Benefit Plan Types
Market Assessment/Strategy	PPO, POS, EPO, HMO, Medicare & RDS Part D
Competitive Analysis/Product Positioning	CDHP, HSAs, HRAs, FSAs, PPACA Compliant
Consumer-Directed/Defined Contribution	Wellness Plans, Dental, Vision, EAP
Insuring/Delivery Models	Benefits Strategy/Plan Design/Options
Traditional models for medical and dental	Plan Options: Choice, Access, Price vs. Cost
Alternative Network Models/Hybrids	Employer/Employee Contribution Strategy
Medicare/Medicaid/SCHIPS	Eligibility and Underwriting Criteria
Network Contracting	Funding Alternatives:
Payment Arrangements and Pay 4 Performance	Financial Management Strategy and Planning
Select and Specialty Networks	Performance & Predictive Modeling/Forecasts
Clinically Related	Design: Full or Partial Risk, Stop-Loss
Disease Management/Predictive Modeling	Health & Welfare Plan Evaluation
Provider Profiling/Performance Reporting	Risk Analysis /Management, Benchmarking
Funding Types	Stop-Loss Evaluation, RDS Part D Attestation
From Fully Insured to ASO	Financial Forecasts/Rates/PPACA Impact
Stop-Loss Insurance/Reinsurance	Vendor Assessments/RFP Development
Multi-Tiered Risk-Pool Arrangements	Disease Managers, Wellness, PBMs, Claims, etc.
Pricing Methods/Tools	Selection Criteria, Contracting Models
Outsourced Actuarial Service & Management	Performance Metrics/Standards
Pricing Strategy/Best Practices/Risk Models	RFP Evaluations
Underwriting	Responses: Metrics Scoring/Vendor Evaluations
Outsourced Underwriting & Management	Vendor Comparisons/Recommendations
Underwriting Standards/Best Practices	Vendor Negotiations/Vendor Selection
Correlating Market Conditions & Profitability	Finalist Selection and Feedback Techniques
Financial Analytics/Informatics	Best and Final Offer Strategy
IBNR/Trend Analysis/Forecasts/Modeling	Reports (Vendors, Plan Performance)
Analysis of Variation in Performance	Periodic Plan Performance Reports/Forecasts
Dashboard Reports/Executive Summaries	Vendor Renewal Negotiations