



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 a subsidiary of United HealthCare), Kaiser Permanente (President of its subsidiary insurance operations (KPIC), and Vice President of Actuarial Services), Aetna/US HealthCare (Western Region CFO), and IHC Health Plans (Vice President, CFO). 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, PPOs, managed care plans, Blue Cross Blue Shield plans, insurance companies
- Healthcare providers: hospitals, medical groups, ancillary providers
- Employer health benefit plan sponsors, administrators and intermediaries
- Various governments and government programs: federal, state and local, international, Medicare, Medicaid, CHAMPUS, social systems.
- Healthcare technology companies
- Medical device and technology suppliers

The attached exhibit provides more detailed examples 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 is the past President of the Utah Health Insurance Association and has participated in the Actuarial Standards Board Health Committee.

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

Mr. Price is married and has two grown children.

Summary of Consulting Practice Areas	
Health Plans/Insurers/Health Care	Employers/Associations/Trusts
Marketing	Plan Types
Market Assessment/Strategy	Health & Welfare Plans
Competitive Analysis/Product Positioning	Health Reimbursement Accounts
Consumer-Driven/Defined Contribution	Consumer-Directed Plans
Insuring/Delivery Models	Plan Strategy/Plan Design/Options
Traditional models for medical and dental	Eligibility and Underwriting Criteria
Alternative Network Models/Hybrids	Employer/Employee Contribution Strategy
Network Contracting	Plan Options: Choice, Access, Price vs. Cost
Payment Arrangements and Performance	Funding Alternatives:
Select and Specialty Networks	Strategy and Planning
Clinical	Evaluation of Performance/Forecasts
Predictive Modeling	Design: Full or Partial Risk, Stop-Loss
Provider Profiling/Reporting (Metrics)	Health & Welfare Plan Evaluation
Funding Types	Risk Analysis, FAS 106, Stop-Loss Evaluation
From Fully Insured to ASO	Financial Projections/Forecasts/Funding Rates
Stop-Loss Insurance/Reinsurance	Vendor Assessments/RFP Development
Multi-Tiered Risk-Pool Arrangements	Administrators: Billing, Claims, PBMs, etc.
Pricing Methods/Tools	Selection Criteria
Outsourced Actuarial Management/Functions	Performance Metrics/Standards
Pricing Strategy/Best Practices	RFP Evaluations
Pricing Monitors/Management Reports	Responses: Metrics Scoring/Vendor Evaluations
Underwriting	Vendor Comparisons/Recommendations
Outsourced Underwriting Management/Functions	Vendor Negotiations/Vendor Selection
Underwriting Standards/Best Practices	Finalist Selection and Feedback Techniques
Correlating Market Conditions With Profitability	Best and Final Offer Strategy
Financial Analysis/Informatics	Reports (Vendors, Plan Performance)
Dashboard Reports/Executive Summaries	Periodic Plan Performance Reports/Forecasts
Analysis of Variation in Performance	Vendor Renewal Negotiations
Trend Analysis/Forecasts/Modeling	