



Medicare Advantage Webinar

Thursday, October 10th, 2019

2:00pm - 4:00pm

“Overview of the Medicare Advantage Program and Current Developments with Home Health Services and Medicare Advantage”

Are you interested in learning more about how your Agency can work with Medicare Advantage?

Thomas Barker, attorney with Foley Hoag will be hosting an exclusive webinar in partnership with the Home Care Aide Council.

During this informational webinar, participants will learn about:

- The basics of the Medicare Advantage Program
- The growth and prevalence of Medicare beneficiary enrollment in MA plans
 - Medicare Advantage benefit design
 - Medicare Advantage plan relations with providers
 - Payment to Medicare Advantage plans
- Supplemental benefits in the Medicare Advantage program

Participants will also learn about what types of home care companies will be able to partner with Medicare Advantage plans and what services will be covered, and will have the opportunity to participate in a Q&A with the presenters.

This great opportunity is available at an exclusive discounted rate of \$40 for Council Members, \$75 for nonmembers.

To register to attend, please fill out and return the registration form below. Once registration is confirmed, an email will be sent with log-in instructions for the webinar.

If you have any questions, please contact the Home Care Aide Council at 617-744-6561 or jwattfaqir@hcacouncil.org

REGISTRATION FOR MEDICARE ADVANTAGE WEBINAR

October 10th, 2019 • 2:00pm – 4:00pm

COUNCIL MEMBER REGISTRATIONS: (\$40.00 per registration)

Name _____ Title _____

Agency _____

Email _____ Phone _____

NON-MEMBER REGISTRATIONS: (\$75.00 per registration)

Name _____ Title _____

Agency _____

Email _____ Phone _____

PAYMENTS OPTIONS:

TO PAY BY CHECK: Make check payable to Home Care Aide Council and mail to:
Home Care Aide Council, 46 Farwell Street, 2nd Floor, Newton, MA 02460.

TO PAY BY CREDIT CARD: Complete form and forward to the Council office by mail,
email to layala@hcacouncil.org, or fax to (781) 209-5977

Number of Registrations: ____ Amount Total: _____

Please check one:

____ American Express _____ MasterCard _____ VISA

Exp. Date ____/____ (Month/Year),

CV Code (MC/Visa: 3 digit on reverse or AMEX: 4-digit code on front) _____

Card Number _____

Cardholder's Name _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____