Where **Innovation** Meets **Reality**

*The TPA of the Future*

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**2012 Executive Forum**

February 7–9, 2012 | ARIA Resort & Casino | Las Vegas, NV
SAVE THESE DATES

HCAA TPA University
July 11–13, 2012
Swissotel
Chicago, IL

HCAA Executive Forum
February 5–7, 2013
Caesars Palace
Las Vegas, NV

HCAA TPA University
July 10–12, 2013
The Coeur d’Alene
Coeur d’Alene, ID
Welcome
to HCAA’s Executive Forum 2012.

On behalf of the 2011–2012 HCAA Board of Directors and our Association staff, we welcome you to HCAA’s Annual Executive Forum, held at one of Las Vegas’ newest hotels, the Aria Resort & Casino.

Our Conference this year is entitled: Where Innovation Meets Reality–The TPA of the Future.

We have filled this year’s event with valuable information to help you meet the all too real challenges of today’s rapidly changing TPA environment. Our program touches on a broad spectrum of topics from our Keynote on Capitalizing on Innovation to Exchanges, ACOs, Social Media use, Custom Networks, Career Transformation, and our insightful CEO Panel. We will also feature a presentation from the SIIA COO, Mike Ferguson on Defending Self-Insurance. Our program provides attendees a wide range of interesting topics.

We demonstrate the “value of connection” through providing time to network and share knowledge with your peers throughout the event. We encourage you to participate and interact with our speakers, sponsors, and fellow attendees. Be sure to join us for the hosted lunch and our two receptions. Each will provide you with unique opportunities to listen, learn, and take back information to your companies.

Tuesday, February 7:
Welcome Reception sponsored by RedCard Systems from 5:30pm–7:00pm

Wednesday, February 8:
Lunch sponsored by HealthX, Inc. from 11:45am–1:00pm
Reception sponsored by The Phia Group, LLC from 5:30pm–7:00pm

HCAA’s events would not be possible without the support of our sponsors. We would like to ask that you be sure to take time during the breaks to visit with and thank each of them. You will find representatives from our Annual Corporate and Platinum level sponsors at tables around the perimeter of the room throughout the event.

Again, we would like to thank you for your attendance and your support of HCAA. We would be unable to bring you programs such as this one, without your support. We hope you have an enjoyable, productive, and informative event!

Sincerely,

[Signature]

President
2012

Where Innovation Meets Reality
The TPA of the Future

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It shall be the policy of the Association to be in strict compliance with all Federal and State Antitrust laws, rules and regulations. Therefore:

I. These policies and procedures apply to all membership, board, committee and other meetings sponsored by the Association, and to all meetings attended by representatives of the Association.

II. Discussion of prices or price levels is prohibited. In addition, no discussion is permitted of any elements of a company's operations which might influence price such as:
   a. Cost of operations, supplies, labor or services;
   b. Allowance or discounts;
   c. Terms of sale including credit arrangements; and,
   d. Profit margins and mark ups, provided this limitation shall not extend to discussions of methods of operation, maintenance, and similar matters in which cost or efficiency is merely incidental.

III. It is a violation of Antitrust laws to agree not to compete, therefore, discussions of division of territories or customers or limitations on the nature of business carried on or products sold are not permitted.

IV. Boycotts in any form are unlawful. Discussion relating to boycotts is prohibited, including discussions about blacklisting or unfavorable reports about particular companies including their financial situation.

V. It is the Association's policy that all meetings attended by representatives of the Association where discussion can border on an area of antitrust sensitivity, that the Association's representative request that the discussion be stopped and ask that the request be made part of the minutes of the meeting being attended. If others continue such discussion, the Association's representative should excuse herself from the meeting and request that the minuets show that she left the meeting at that point and why she left. Any such instances should be reported immediately to the President and Executive Director.

VI. It is the Association's policy that a copy of these Antitrust Compliance Policies and Procedures be given to each officer, director, committee member, official representative of member companies and Association employees annually and that the same be read or understood at all meetings of the membership of the Association.
## TUESDAY, FEBRUARY 7, 2012

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<tr>
<td>12:00pm–5:00pm</td>
<td>Registration</td>
<td>Juniper Ballroom Foyer</td>
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<tr>
<td>5:30pm–7:00pm</td>
<td>Welcome Reception</td>
<td>Juniper Ballroom 2, 3, &amp; 4</td>
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*Sponsored by RedCard Systems*

## WEDNESDAY, FEBRUARY 8, 2012

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<th>Location</th>
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<tbody>
<tr>
<td>8:00am–8:30am</td>
<td>Continental Breakfast and Networking</td>
<td>Juniper Ballroom 2, 3, &amp; 4</td>
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<tr>
<td>8:30am–11:45am</td>
<td>General Session</td>
<td>Juniper Ballroom 2, 3, &amp; 4</td>
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<tr>
<td>8:30am–8:50am</td>
<td>Opening Remarks and State of the Union</td>
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<tr>
<td>8:50am–10:20am</td>
<td>Keynote: Capitalizing on Innovation: The Future is What We Make of It</td>
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<tr>
<td>10:20am–10:40am</td>
<td>Break and Networking</td>
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<td>10:40am–11:40am</td>
<td>Career Transformation...the New Frontier</td>
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<tr>
<td>11:40am–11:45am</td>
<td>Morning Summary</td>
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<tr>
<td>11:45am–1:00pm</td>
<td>Luncheon</td>
<td>Juniper Ballroom 1</td>
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<tr>
<td>1:15pm–5:05pm</td>
<td>General Session Continues</td>
<td>Juniper Ballroom 2, 3, &amp; 4</td>
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<tr>
<td>1:15pm–2:05pm</td>
<td>Health Exchanges: Where is the Opportunity for TPA's?</td>
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<tr>
<td>2:05pm–3:05pm</td>
<td>ACO's, PCMH's, TPA's, &amp; the Rest of the Alphabet Soup</td>
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*Sponsored by TRU Services, LLC, CVS Caremark, HealthX, Inc.*
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<th>Time</th>
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<tr>
<td>3:05pm–3:25pm</td>
<td>Break and Networking</td>
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<tr>
<td>3:25pm–4:55pm</td>
<td><strong>CEO Panel: Innovative Approaches to Winning the Business</strong></td>
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<tr>
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<td><em>Tom Doney, Cypress Benefit Administrators</em></td>
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<td><em>Daniel Dugan, North America Administrators</em></td>
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<td><em>Kurt Ridder, Spectrum Underwriting Managers</em></td>
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<td></td>
<td><em>Moderated by Andrew Rowe, AllMed Healthcare Management</em></td>
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<tr>
<td>4:45pm–5:05pm</td>
<td>Wrap Up Wednesday</td>
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<tr>
<td>5:30pm–7:00pm</td>
<td>Networking Reception</td>
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<td><em>Sponsored by The Phia Group, LLC</em></td>
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**THURSDAY, FEBRUARY 9, 2012**

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<th>Time</th>
<th>Event Description</th>
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<td>7:30am–8:00am</td>
<td>Continental Breakfast and Networking</td>
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<td><em>Sponsored by Partners Rx</em></td>
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<tr>
<td>8:00am–12:00pm</td>
<td>General Session</td>
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<td><em>Sponsored by CVS Caremark</em></td>
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<tr>
<td>8:00am–8:05am</td>
<td>Introduction</td>
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<tr>
<td>8:05am–9:35am</td>
<td><strong>Social Media Boot Camp</strong></td>
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<td><em>Presented by John Larsen, Splash Media</em></td>
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<tr>
<td>9:35am–9:55am</td>
<td>Break and Networking</td>
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<tr>
<td>9:55am–10:45am</td>
<td><strong>High Performance Custom Networks</strong></td>
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<td></td>
<td><em>Presented by Jim Hammond, Professional Healthcare</em></td>
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<tr>
<td>10:45am–11:35am</td>
<td><strong>Defending Self-Insurance</strong></td>
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<td></td>
<td><em>Presented by Mike Ferguson, SIIA</em></td>
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<tr>
<td>11:35am–11:55am</td>
<td>Conference Wrap Up, Closing Remarks, &amp; Prize Drawing</td>
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<td><em>President Jarschke and Treasurer Ludwick</em></td>
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Tom Doney  
President  
Cypress Benefit Administrators  
tomd@cypressbenefit.com  
Tom is the founder and president of Cypress Benefit Administrators, a Third Party Administrator; CEO of Argus Claim Review, a claim auditing and negotiation organization; and Principal of Armada Business Services, a TPA consulting and Business Process Outsourcing service company. He has as his responsibilities overall direction of business development, sales, marketing, strategic planning, stop-loss market development, and managed care relationships at each company.

Tom brings over 25 years of management experience in Third Party Administration, health insurance, consulting, and managed care to Cypress. He has been at the senior level of several health care businesses, including TPA, HMO, PPO, and insurance entities as CEO, Vice President, and Director. Tom spent several years as Director of Marketing and Provider Relations for one of the largest TPAs in the country and has successfully developed managed care networks throughout the nation.

Tom's undergraduate degree is from the State University of New York College of Arts and Sciences at Geneseo, NY and his post-graduate work was done at Gannon College in Erie, Pennsylvania.

Daniel Dugan  
President/CEO  
North America Administrators  
ddugan@naa-lp.com  
Danny Dugan began his career with NAA as a marketing representative to single employer self-funded group health plans in 1985. He assumed ownership of the company in 1993 and currently serves as President/CEO.

Danny is a member of the Society of Professional Benefit Administrators, the Self Insurance Institute of America, and the International Foundation of Employee Benefit Plans. In addition to his tireless dedication to his company, he is an active supporter of the Down Syndrome Association of Middle Tennessee, Nashville Area Habitat for Humanity, and a member of St. Stephen Catholic Community.

Mark Ernst  
Vice President Human Resources  
Southern California  
Young's Market Company  
markernst@youngsmarket.com  
Mark Ernst is the Vice President, Human Resources, Southern California for Young's Market Company, a 122 year old family owned $1.5B distributor of Wine and Spirits in 10 western states.

He has led HR organizations and has been a trusted advisor to senior business leaders for over 20 years. He has an extensive background in strategic planning, mergers and acquisitions diligence and assimilation planning, process improvement, change management, talent acquisition, organizational alignment, executive coaching, team building, complex harassment/discrimination and pre-termination investigations, management and employee development and retention, and succession planning.

Mark's corporate career includes such prominent companies as Nabisco and PepsiCo. His industry experience includes: internet marketing, food manufacturing and distribution, financial services, broadcast and print media, consulting, and distribution.

Mark earned his J.D. from DePaul University and his BA and MS from Lewis University and he has completed specialized executive certificate programs in Mergers & Acquisitions at UCLA; Managing Organizational Change at Stanford University; and The Executive Development Program at the Kellogg School of Business, Northwestern University.

He has also been a frequent presenter of Leadership and Management topics at the FABTECH International and Metal Matters trade shows.
Michael W. Ferguson  
COO  
Self-Insurance Institute of America, Inc. (SIIA)  
mferguson@siia.org  

Mike Ferguson serves as chief operating officer of the Self-Insurance Institute of America, Inc. (SIIA) and is responsible for the association’s day-to-day operations as well as serving as a federal lobbyist. Mr. Ferguson has been with the association for more than 16 years. He has significant expertise on self-insurance matters related to group health plans, workers’ compensation programs, and captive insurance companies. Most recently, he launched his own blog, which includes original reporting and commentary regarding legislative/regulatory developments affecting the self-insurance/ART industry.

Prior to joining SIIA, he was a corporate communications specialist for Rockwell International at the company’s world headquarters.

Mr. Ferguson holds a bachelor’s degree in political science from California State University, Long Beach and is member of the American Society of Association Executives.

Jim Hammond  
COO  
Professional Healthcare Solutions, LLC  
jim.phs@cox.net  

Jim Hammond has worked in the Arizona healthcare industry for over 25 years. He has experience with payers and providers of all types; including AHCCCS plans, the AHCCCS Administration, commercial health plans, IPA’s, and hospitals. Jim currently operates Professional Healthcare Solutions. PHS offers consulting services in the fields of managed care contracting, network development, and strategic planning.

Jim has been an active member of Arizona HFMA for many years. He served on the board for six years and as President in 2006–2007. He is a frequent speaker on managed care topics, presenting recently to HFMA, MGMA, and AAHAM audiences. Jim also moderates the Arizona Managed Care Newsletter State-of-the-State meetings.

Robert K. Kritzler, M.D.  
Deputy Chief Medical Officer,  
Care Management, Johns Hopkins Healthcare LLC  
Assistant Professor,  
Johns Hopkins University  
rkritzler@jhhc.com  

Dr. Kritzler received his undergraduate degree from The Johns Hopkins University in 1973 and his MD from Columbia University College of Physicians and Surgeons in 1977. He completed a pediatric residency at Babies Hospital, NYC followed by a post-doctoral fellowship in pediatric endocrinology at Johns Hopkins.


Since 2008 Dr. Kritzler has served on the board of the center for Health Value innovation and became chairman in November of 2011. Dr. Kritzler has lectured and published in a number of areas including utilization and care management, value benefit design, predictive modeling, PCMH, ACO, large scale electronic medical record deployment, patient access, safety, disaster management, as well as areas of clinical pediatric endocrinology including diabetes management, at the patient and population level.
John Larsen  
National Social Media Instructor  
Splash Media

All the significant milestones that John Larsen hit in his previous careers – software innovation, entrepreneur, successful financial broker, and trader – have proven to be the best preparation for his new role as a Splash Media national social media instructor. John works the podiums at our Social Media for CEOs Boot Camps; armed with the latest survey information and statistics, he provides a 90-minute crash course for audiences of executives on how web marketing, social media, and video content can help their companies boost their brands.

It’s a way for John to combine his backgrounds in public speaking, technology, and knowledge of business strategies. John started as a licensed securities broker and member of the Chicago Board of Trade (CBOT) and has seen action on trading floors and trading desks around the world. As a trader, he has managed a wide range of investment products and has been on the leading edge of charting and electronic trading platforms that helped democratize Wall Street for a new generation of investors.

John took his two decades of market experience and parlayed that into the entrepreneurial realm with the launch of Larsen Capital Partners, LLC. He was president of GlobalTec Solutions’ “Wizetrade for Options” (Options Made Easy) software division and served as its chief software architect, chief strategist, and lead trainer. In that role, he regularly spoke to large audiences of investor groups and also started sharing his market knowledge in broadcast; he was featured on the USA Radio Networks’ financial talk radio station, Wizetalk Radio, and appeared on Traders Television Network (TTV) and Wizetrade Television Network (WTV).

Catherine M. Murphy-Barron, FSA, MAAA  
Principal, Consulting Actuary  
Milliman  
cathy.murphy-barron@milliman.com

Cathy is a consulting actuary in the New York office of Milliman. She joined the firm in 1991. Cathy focuses primarily on health insurance and managed care consulting. Her clients include Blue Cross/Blue Shield plans, HMOs, commercial insurers, healthcare providers, educational institutions, and pharmaceutical companies. Cathy also works with Medicare and Medicaid programs. Cathy’s experience includes assisting clients with pricing, benefit plan design, cost projections, risk analysis, and claim liability estimates. She helps clients with reimbursement and incentive system development, including capitalization, pay for performance, and other incentive arrangements. Cathy also assists clients with their regulatory filings and experience analysis.

Cathy is a frequent speaker at Society of Actuaries and other professional and industry meetings. She has also published a number of papers and articles with respect to various issues in healthcare.

Kurt Ridder  
President  
Spectrum Underwriting Managers, Inc.  
kridder@spectrumhq.com

Kurt is President of Spectrum Underwriting Managers, Inc., an Indianapolis-based full-service Managing General Underwriter of specific, aggregate, and integrated medical stop loss insurance for small-group employers. He graduated from Indiana University’s Kelley School of Business in 1986 with a B.S. Degree in Insurance and began his insurance career performing field risk assessment for Baldwin & Lyons, Inc., an excess property & casualty insurance specialist. From there, he went to work...
as Regional Marketing Director for the former Brougher Insurance Group, a pioneer of small-group medical stop
loss insurance. In the spring of 1990, he and two associates
founded Spectrum Underwriting Managers, Inc.
Kurt has served in many positions with the Self-Insurance
Institute of America, Inc. (SIIA), including Chief Financial
Officer, President, and Chairman. Kurt is an active speaker
at conferences and forums for the Self-Insurance Insti-
tute of America, Inc., the Society of Professional Benefit
Administrators, Inc. (SPBA), and others. Kurt also aggres-
sively lobbies on Capitol Hill and in Indiana on legislation
and regulation that impacts the self-insurance industry.

Andrew G. Rowe
CEO
AllMed Healthcare Management, Inc.
andrew@allmedmd.com
Andrew has 30 years of experience in
leading growth-oriented businesses
in the healthcare, technology, and
industrial sectors. He is an accom-
plished builder of high performance companies, providing
products, and services to Fortune 500/Global 2000 com-
panies. His expertise includes corporate strategy, product
development, operations, finance, sales & marketing, and
international operations.
He is a seasoned public speaker and has made presentations
at a variety of industry symposia and conferences over the
past 30 years, both in the US and internationally. He has also
led CEO roundtables and panel discussions and regularly
hosts online webinars on a variety of healthcare topics. Those
include: leading healthcare organizations through change,
improving physician peer review effectiveness, peer review
as a risk reduction strategy for hospitals, developing a med-
ical review outsourcing strategy, and others.
Mr. Rowe serves as President & CEO at AllMed Healthcare
Management, an Independent Review Organization that
provides medical review services to leading healthcare
payer and hospital organizations, nationwide. Mr. Rowe is
responsible for setting and executing its growth strategy.
Under his leadership, the company has grown at an average
pace of 25% per year over the past 8 years. Mr. Rowe is an
Executive Committee Member of the National Association
of Independent Review Organizations (nairo.org), and has
been highly involved in its growth and development as the
industry’s leading authority over the past seven years.

Ronald J. Vance, Jr.
President
Salus Strategy Group
Vance.ronald@gmail.com
Ronald is President of Salus Strategy
Group, an independent consultancy
that assists a variety of health care
organizations through innovations to
improve health and reduce health care spending in the US.
Salus provides support through capitalization efforts, stra-
egic growth initiatives, targeted marketing and communi-
cation campaigns, and distribution effectiveness. Working
across the spectrum of companies from start-up ventures
to mature health insurance providers, Mr. Vance and his
colleagues are helping to stimulate the innovations needed
in order to achieve our country’s most important goal: the
improved health of our citizens.
Prior to founding Salus Strategy Group, Mr. Vance spent 15
years with CIGNA, a global health services company, most
recently serving as President of Emerging Markets. In that
role, he was responsible for growing a division from startup
to nearly $100 million of annual revenue. With an extensive
background in strategic planning, business development,
and sales, Vance has repeatedly proven his ability to iden-
tify and capitalize on market trends and innovations.
Mr. Vance is dedicated to improving health for himself,
with his family, and in communities around the country.
A multiple-time finisher of Ironman triathlons, he serves
on boards and councils for the Juvenile Diabetes Research
Foundation, Action for Healthy Kids, and Kairos Prison
Ministry International, in an effort to make the world a
safer and healthier place.
### TUESDAY, FEBRUARY 7, 2012

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<td>General Session&lt;br&gt;<strong>Sponsored by CVS Caremark</strong></td>
<td>Juniper Ballroom 2, 3, &amp; 4</td>
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<td>8:30am–8:50am</td>
<td>Opening Remarks and State of the Union&lt;br&gt;President Jarschke</td>
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<tr>
<td>8:50am–10:20am</td>
<td><strong>Keynote: Capitalizing on Innovation: The Future is What We Make of It</strong>&lt;br&gt;Presented by Ronald Vance, Salus Strategy Group&lt;br&gt;<strong>We have a health problem in the United States. With an aging population, rising rates of chronic disease, environmental and political risks, and persistent economic challenges, it’s tempting to focus the short term. Success in the future demands that we foresee the trends and forces that will shape it. In this thought-provoking address, we’ll briefly review the best of what we’re doing today to improve health, before looking at where health will be in 2025. Relying on perspectives from both inside and outside the industry we’ll sketch the scenarios likely to play out over the next ten to fifteen years, and forecast the disruptions and innovations that are sure to make this period of time the most interesting future anyone can imagine. This session is a must for TPAs expecting to prosper in an uncertain future.</strong></td>
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<td>10:20am–10:40am</td>
<td>Break and Networking</td>
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| 10:40am–11:40am | **Career Transformation... the New Frontier**  
**Presented by Mark Ernst, Ernst Enterprises, LLC**  
Join us for a provocative presentation that looks at healthcare today, identifies some of the issues and politics of healthcare reform, and outlines approaches to creating an environment that invites out-of-the-box thinking necessary to develop new solutions. Using humor and a somewhat satirical approach, we will discuss the challenges facing health care providers’ the barriers to implementing change in health care service delivery and the approaches to creating an environment that supports the development of new ideas. |
| 11:40am–11:45am | **Morning Summary**  
**Ernie Clevenger** |
| 11:45am–1:00pm  | **Luncheon**  
**Sponsored by HealthX, Inc.**  
Juniper Ballroom 1 |
| 1:15pm–5:05pm  | **General Session Continues**  
**Sponsored by CVS Caremark**  
Juniper Ballroom 2, 3, & 4 |
| 1:15pm–2:05pm  | **Health Exchanges: Where is the Opportunity for TPA’s?**  
**Presented by Cathy Murphy-Barron, Milliman**  
This session will address the following questions about Patient Protection and Affordable Care Act Health Insurance Exchanges:  
- What is an Exchange?  
- What do we think the health insurance market will look like after Exchange implementation?  
- Where are we today? What have the States done so far?  
- What will Exchanges mean for TPAs? |
| 2:05pm–3:05pm  | **ACO’s, PCMH’s, TPA’s, & the Rest of the Alphabet Soup**  
**Presented by Robert Kritzler, MD, Johns Hopkins HealthCare**  
This session will discuss ACOs, PCMHs, and other healthcare reform models from a number of points of view, including regulatory, plan, employer, and the delivery system. Key issues for these models will be addressed, including how they measure care quality, minimize the cost of delivering such care, and reward those who accomplish these objectives. It will also highlight opportunities which exist going forward, with a focus on TPAs and large Health Plans. |
| 3:05pm–3:25pm  | **Break and Networking** |
3:25pm–4:55pm  
**CEO Panel: Innovative Approaches to Winning the Business**  
*Tom Doney, Cypress Benefit Administrators*  
*Daniel Dugan, North America Administrators*  
*Kurt Ridder, Spectrum Underwriting Managers*  
Moderated by Andrew Rowe, AllMed Healthcare Management

4:45pm–5:05pm  
Wrap Up Wednesday  
*Ernie Clevenger*

5:30pm–7:00pm  
Networking Reception  
*Sponsored by The Phia Group, LLC*  
Juniper Ballroom 1

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**THURSDAY, FEBRUARY 9, 2012**

7:30am–8:00am  
Continental Breakfast and Networking  
*Sponsored by Partners Rx*  
Juniper Ballroom 2, 3, & 4

8:00am–12:00pm  
General Session  
*Sponsored by CVS Caremark*  
Juniper Ballroom 2, 3, & 4

8:00am–8:05am  
Introduction  
*Ernie Clevenger*

8:05am–9:35am  
**Social Media Boot Camp**  
*Presented by John Larsen, Splash Media*  
Business leaders hear all "the buzz" about social media but may be wondering: What would a Facebook page add to my company? How can I take advantage of Twitter, YouTube videos, and blog content? These questions get answered at Splash Media’s Social Media Boot Camp, a seminar designed to help you choose the best tools from the new media toolbox – the ones that will help you build your brand and lay the foundation for new customers and stronger sales. The presentation will provide a tour of the top websites and networks and teach you how other companies have launched successful marketing campaigns using social media platforms.

9:35am–9:55am  
Break and Networking
9:55am–10:45am **High Performance Custom Networks**  
*Presented by Jim Hammond, Professional Healthcare*

With the advent of ACO’s, providers and payers are thinking differently about networks. Risk is being assigned to providers and they are building their own networks. In this session, we will discuss how the market is reforming and how provider risk impacts network design and development. Learn what these changes mean to administrators and how to be on the cutting edge of market reform.

10:45am–11:35am **Defending Self-Insurance**  
*Presented by Mike Ferguson, SIIA*

State and federal regulators have put smaller self-insured group health plans in their cross-hairs as they voice adverse selection concerns. This session will provide a real-time update on threats to self-insurance coming from both the federal and state level and how the industry is responding to these developments.

11:35am–11:55am **Conference Wrap Up, Closing Remarks, & Prize Drawing**  
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INNOVATION: Connecting more effective products, processes, technologies, and ideas.

MEDICAL, DENTAL AND WORKERS’ COMP

High Touch, High Impact Claims Savings
Provider Negotiations and Contracting
Primary and Secondary Network Access

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A Coalition America Company
www.KeyClaims.net
Both are needed to improve health and reduce total cost.

The right medicine — that’s cost-effective therapy according to evidence-based standards.

The right behavior — when members adhere to prescribed therapies, gaps in care are closed and health outcomes improve.

With a model that’s unique in the industry and an advanced approach to clinical and cost management, CVS Caremark is able to offer distinctive pharmacy solutions that get the medicine and the behavior right.

Those solutions include innovations like Maintenance Choice® for the savings of 90-day mail at retail. Pharmacy Advisor™ for breakthrough improvement in condition management. And MinuteClinic®, now offering both primary care and chronic care monitoring.

Learn more about CVS Caremark, better pharmacy care and our commitment to TPA service excellence. Visit our booth at HCAA Executive Forum to speak with a representative.
Mailroom Management, Document Imaging, Document Capture, Claims Processing, Adjudication, EFT/ACH, AP, Check 21, Digital Recording, and Enterprise Content Management are just a few of the services Data Dimensions offers.

The forecast shows companies are drowning in paper and manual processes and we at Data Dimensions can help you through the storm with creative business process outsourcing solutions. Whether you want to avoid getting caught in it or you are already in it, automation is the answer. If your workflow processes continue to be inefficient and labor-intensive, visit the Data Dimensions booth to learn how we can help transform your organization with automation.

For over 28 years, Data Dimensions has been helping organizations better manage documents and transition to a more automated environment to increase efficiency and reduce costs. With over 70% of our business focused on healthcare, our expert, professional staff is at your disposal, providing you with flexible, scalable solutions to help you overcome your unique needs and regulatory requirements. Your non-core activities are our core competencies.

Our goal is to provide you with the customer responsiveness you deserve. As a trusted and knowledgeable source, we are committed to a partnership that provides transparency every step of the way.

Core Competencies:

**ddCapture**
- Document Prep
- Scanning/Imaging (OCR/ICR)
- Indexing
- Digital Conversion

**ddManage**
- ASP/Online
- Records Storage
- Archive

**ddIntegrate**
- Output Management
- Customized
- Flexible
- Scalable

Mailroom Management, Document Imaging, Document Capture, Claims Processing, Adjudication, EFT/ACH, AP, Check 21, Digital Recording, and Enterprise Content Management are just a few of the services Data Dimensions offers.

Contact Data Dimensions today and **Escape the Storm**!
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info@datadimensions.com • www.datadimensions.com
Delivering robust benefit administration solutions
to payers so our customers are ready for today
and prepared for tomorrow...

Best Demonstrator of Value/ROI-Payer
AT THE 2011 HEALTHCARE IT SUMMIT

LEARN MORE ABOUT ELDORADO’S ENTERPRISE BENEFIT
PLATFORM SYSTEMS THAT ARE BOTH ICD-10 AND 5010 READY:

Eldorado’s affordable, core payer platform trusted by +100 diverse administrators nationwide.

- Low-cost of ownership and operation
- Powerful, flexible functionality
- Superb customer experience

Eldorado’s innovative, scalable, benefit administration platform backed by 30 years experience and a billion dollar parent.

- Rock solid product performance
- Endorsed as Best Payer ROI
- 20+ enterprise-wide modules and 30 years of industry expertise
- Open-source technology with real-time data replication

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Our definition of innovation:

The desire to lead by providing creative solutions. To change the status quo. To be different—just as an apple is to an orange.

EnvisionRxOptions offers innovative solutions to a variety of health care challenges facing plan sponsors: Prescription Benefits Management services, Prescription coverage for retirees, Prescription and Medical Savings programs for the uninsured and even more.

EnvisionRxOptions is a different kind of health care company. We align our objectives with those of our clients and provide solutions that keep them ahead of the curve.

Envision Pharmaceutical Services…
Transparent Pharmacy Benefits You Can See

Are you getting what you think you are from your PBM or is your PBM telling you that it’s an apple when it’s really an orange? With Envision Pharmaceutical Services, what you see is what you get. With Envision’s guaranteed transparent 100% pass-through pricing model an apple is truly an apple!

Another unique benefit of Envision is that all pharmaceutical manufacturer rebates and administrative fees, as well as pharmacy network discounts are passed back to the plan sponsor at the point of sale. No waiting for your savings from discounts and rebates, resulting in Improved cash flow. Envision also believes in full accountability. That’s why every transaction is fully auditable which provides certainty to the plan sponsor that they’re getting the lowest negotiated net cost.

For more information on Envision Pharmaceutical Services, visit www.envisionrx.com or call 800-361-4542.

Envision Insurance Company…
Innovative Retiree Drug Coverage

Are you maximizing coverage for your retirees under Medicare Part D? Envision Insurance Company offers Medicare Part D Prescription Drug Plan (PDP) for Medicare eligible individual and group retirees under the name EnvisionRx PlusSM.

Envision Insurance Company’s Employer Group Waiver Plan (EGWP) is a flexible, dynamic solution for plan sponsors searching for new opportunities to provide drug benefits to Medicare eligible group retirees. Our EGWP provides flexibility, affordability and convenience to plan sponsors who wish to utilize the benefits of Medicare Part D without all the expense, risk and administrative burden associated with other potentially more costly options.

EnvisionRx PlusSM also offers individuals the choice to purchase the Silver or Gold Plans for a monthly premium. The plans offer individuals access to affordable generic and brand name medications at over 57,000 retail pharmacies nationwide including a mail order option.

For more information on Envision Insurance Company, visit www.envisionrxplus.com or call 866-250-2005.
Envision Medical Solutions Affordable Health Access

Are you looking for affordable, high-quality healthcare? Envision Medical Solutions (EMS) focuses on alternative and affordable healthcare solutions to the more than 45 million uninsured or under-insured Americans.

EMS’s Short-Term Medical Insurance is designed to temporarily protect consumers through short lapses in health insurance. Coverage is provided for physician services, surgery and outpatient and inpatient care, protecting Americans against accidents, injuries and illness. Additionally Short-Term Medical Insurance is considered creditable coverage.

Envision’s Prescription Savings Card delivers significant savings to individuals and groups without insurance coverage. A wide variety of generic and brand prescription medications with substantial discounts are available at over 55,000 network pharmacies, including our mail order option, Orchard Pharmaceutical Services.

For more information on Envision Medical Services, visit www.emsmed.com or call 877-230-3336.

Orchard Pharmaceutical Services
Prescription Mail Order Services

Are you looking for high quality mail order prescription services? Orchard Pharmaceutical Services is a state-of-the-art prescription mail order facility with the capability of processing 100,000 prescriptions per week with near perfect accuracy. Our fully robotic system delivers 99.9% accuracy from prescription input to mailing.

Our experienced staff is dedicated to providing you with the highest quality service.

You can be assured that you will always find the answer to all your prescription mail order questions. We let you choose the easiest and best form of communication that fits your needs whether it’s our easy-to-use and secure interactive website, our interactive voice technology or our 24/7 customer service and pharmacist access features.

For more information on Orchard Pharmaceutical Services, visit www.orchardrx.com or call 866-909-5170.

Our Vision

Envision Pharmaceutical Services will continue to lead the pharmacy benefits management industry through its business model of transparency, full disclosure and pass through pricing by advancing clear and creative solutions to plan sponsors.

For details, visit www.envisionrx.com or call 1-800-361-4542.

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**Setting Trends by Lowering Costs and Maximizing Benefits**

- **Flexible Network Leasing Options**
  - Deep Discounts
  - Competitive Rate Structure
  - Stack for Maximum Savings

- **Dual-Purpose Networks**
  - Discounts on ALL services including
    - Exclusions
    - Annual Maximum
    - Wrap network options

- **Network Management Services**
  - Targeted Provider Recruitment
  - Customized Networks
  - Member Nomination Recruitment
  - Network Recruitment Reporting

- **Utilization Management Services**
  - Complete claims review & re-pricing services
  - Quick Claims Turnaround with full EDI capabilities
  - Cost Savings Reports

- **Client Information Services**
  - Direct Website Access
  - Customized Web Links
  - Employee Education Materials
  - PDF Provider Directories
  - Toll-free Customer Service

---

**Dynamic Network Savings**

- PPO: 30%
- POS: 40%
- EPO: 50%
- Mexico: 70%

---

**Network of Choice**

- PPO: 30%
- POS: 40%
- EPO: 50%
- Mexico: 70%
GEM Deal™
Designed to control the cost of mid- to high-dollar out-of-network claims. Every claim is reviewed for clinical and coding compliance, and then is benchmarked against a suite of industry criteria. Our negotiating staff has an average of 10 years' experience in claims negotiation – and that makes a difference. All GEMDeal agreements are signed agreements, so there is no fuss or muss for you or your clients.

GEM-MD™
Does something on a claim look wrong clinically, and you need help putting your finger on it? Medical necessity, quality of care, or experimental or investigational issues? GEM-MD is your solution to ensure that you are not paying for inappropriate services.

Cost Containment Done Right
Global Excel Management (GEM) is a medical claim cost containment company that focuses on direct provider negotiation supported by a blend of supplemental PPO management, code edits, UCR reviews, clinical reviews, and EDI connectivity expertise. Irrespective of bill type or dollar threshold, Global Excel has solutions designed to enhance the cost-savings and administrative performance of any claim shop.

MyGEM™
MyGEM starts with you. We understand that TPAs, HMOs, first-dollar insurance carriers, self-administered plans, and medical excess carriers all have different needs. For this reason, we do not believe that a cookie-cutter approach works in the world of medical cost containment. At Global Excel, we offer customized products bundled to suit your unique cost containment needs and goals, allowing you to maximize the impact on your net savings. We supply support and training from start to finish, ensuring a quick and efficient implementation into any claim shop. Tell us your goals, and together let's build a MyGEM for you.

notes:
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**GEMDeal™**
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**GEM-MD™**
Does something on a claim look wrong clinically, and you need help putting your finger on it? Medical necessity, quality of care, or experimental or investigational issues? GEM-MD is your solution to ensure that you are not paying for inappropriate services.
**GEMDeal-IN™**
Ensures that your higher dollar in-network claims make sense from a clinical, coding and financial point of view. Every claim is reviewed for clinical and coding compliance, and then is benchmarked against a suite of industry criteria. Our negotiating staff has an average of 10 years’ experience in claims negotiation – and that makes a difference. All GEMDeal agreements are signed agreements, so you can say with confidence, “this case is closed.”

**GEMLive™**
Capitalizes on the time typically wasted during a live case and uses it to secure a rate agreement for our clients. These deals are often based on case or per diem rates, and therefore offer true value compared to percentage-off deals. GEMLive is a product that we have been using successfully for 15 years.

**QuickGEM™**
A supplemental PPO manager, supported by negotiations, designed to reprice your lower dollar claims. Once connected, QuickGEM ensures the best savings and hit-rates in the industry – all at industry appropriate turnaround times.

**StrataGEM™**
Have you ever had a claim you knew was excessive according to objective criteria, where you could not reach an agreement with the provider? Your choices are either to pay it as is (often in full), or continue to assert your right to pay fair market value for the services rendered. StrataGEM provides fair and compliant options where traditionally none were available.

**GEMCode™**
Our edit and support product. We defend our edits – we don’t just cut a line and walk away like many other vendors. We work with one of the most robust editing platforms available, capable of cross-referencing 16 million data elements to ensure that you are paying on a compliant claim. We have dedicated edits for professional claims and facility claims – like you, we know that they are different. GEMCode is a superior option for the discerning buyer.

**GEMScreen™**
Are you wondering if you are getting a bad deal? Need a quick answer? GEMScreen can get you pointing in the right direction.

**GEMScope™**
Are you sure your current vendor isn’t leaving money on the table? GEMSope compares Global Excel savings and hit-rates against your current vendor. The analysis is absolutely free, but it could be worth millions.

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The Global Excel logo and all names accompanied herein by the ™ symbol are trademarks of Global Excel Management Inc.
GlobalCare's core business is to maximize the savings on each and every medical claim. We exist for the singular purpose of returning the greatest discounts on every claim with the lowest transaction cost.

**Payer:** Greater Access & Savings with Lower Costs

**NETWORK OPTIMIZATION**
- Access to over 150 PPO networks
- Deeper discounts for greater savings on both primary & secondary network claims
- Configurable network solution at granular level
- Eliminate reversals; Dispute rate of 0.42%

**WORKFLOW MANAGEMENT**
- Single interface to 200 Trading Partners
- Custom solutions designed to Your systems and work flow processes

**TRANSPARENCY**
- Web-based tracking & reporting systems on all file and claim activity

**Providers:** Patients; Accurate and Timely Payment
- New patients acquisition from both near and far away
- Full compliance with all provider agreements for patient access and discounts
- Quality pricing of claims delivered to payer electronically to ensure means to prompt payment

**Patients:** More Choice, More Care
- Greater provider selection for both primary and secondary network
- Over 650,000 providers directly accessible including Centers of Excellence
- A Medical Nurse Help Desk to assist with any medical situation
- Lower out-of-pocket expense by access to the most appropriate level of care

For more information, call (800) 860-1111
HeW offers the only customizable interface to patients, providers and healthcare advocates, based on the mindset and needs of your members, so you can focus on building healthy relationships.

Benefits of working with HeW include:

- A single communication gateway for electronic transactions
- Maintain HIPAA compliance
- Custom translation services
- Higher first-pass rates
- Increased efficiency and streamlined processes
- Reduce administrative costs
- Eliminate expensive OCR processes
- Increased EDI transaction volumes
- Expandable solutions personalized to your specific needs

HeW is your bridge to loyal employer and provider relations.

Bridging Healthcare Connections

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www.hewedii.com
“Increase Your Membership, Not Your Staff Levels!”

With more than 12 Years of Experience managing over 8 Million Lives on the unified HSP Enterprise Software Suite, the HSP Team has gained extensive expertise in claims administration solutions and the complete continuum of health plan administration. Our Benefits and Claims Administration software is designed to meet your organization’s requirements in the ever-changing healthcare environment. Our customers will attest that HSP is committed to your success.

Quick Facts

- Medical, Dental, Vision, Workers Compensation
- TPA, HMO, PPO, POS
- Self-Administered Employer
- Taft Hartley Funds
- Specialty Health Organizations
- Medicaid, Medicare
- Consumer Directed
- Claims Administration
- Benefits Administration
- Medical Management
- Eligibility Management
- Customer Service/Workflow
- Self-Service Web Portals
- Mailroom/Document Imaging
- EDI Imports/Exports
- One Common Database
- “Smart Logic” Adjudication
- Real-Time Processing
- Health Plan Administration in a Box

Client Testaments:

- **Reduced Costs and Operational Improvement** – “Our revenue has increased and our expenses have decreased as a direct result of using HSP’s unified software. HSP’s unified technology has enabled us to triple our membership without increasing our staff levels.”

- **Online, Real-Time Processing and Access** – “Using the HSP system, our members and providers have access to real-time eligibility, benefits, claims status, and more. Additionally, our providers are able to submit online authorizations, claims, and attachments with real-time adjudication results.”

- **Elimination of Missing Claims and Attachments** – “The unique structure of the HSP system provides us with the ability to know where every piece of paper is, throughout our entire organization.”

- **Resolution of Duplicate Members** – “The HSP system immediately recognizes duplicate member records. The system effectively corrects duplicate membership issues, resulting in the prevention of database corruption.”

- **Managed Services for Medicaid Members** – “HSP has the most sophisticated system in use by our state Medicaid system.”

www.HSPWeb.com
Healthx is one of the largest developers of online healthcare information portals and applications in the U.S. The Healthx platform is proprietary open electronic communication and portal technology platform that enables our clients to engage end users (health plan members, providers and employees) in actions that are important to their success and to the end users satisfaction. The platform streamlines communication, automates workflows, increases the adoption of self-service functions while delivering a superior digital experience. It enables clients to communicate timely, relevant, personalized, preference based alerts, notifications and messages that are driven by data and delivered electronically.

The Healthx platform is a secure service that is affordable, compatible with a client’s current infrastructure and workforce skill level, requires no software or hardware purchases and can be easily implemented and used. Some of our solutions include:

- Provider Portals
- Member Portals
- Patient Portals
- Employer Portals
- Communication System
- Wellness Solutions
- Fax Solutions
- Mobile Services

Please visit our website for a more complete list of our products and solutions.
WE KNOW TPA’s!

**Being a TPA’s preferred partner of choice is simple.**

**WHY INETICO?**

- URAC Accredited for UM/CM/DM
- Proven Success Managing Plan Dollars and Member Care
- Cutting Edge Technology
- Access to Over 80 Primary PPOs Nationwide
- Discounts Secured on Over 75% of Out-of-Network Claims
- 100% Client Retention

**CARE MANAGEMENT**

- Utilization Management
- Case Management
- Disease Management
- Maternity Management
- Advance Negotiation Service
- Employee Assistance Program
- Health Risk Assessment
- 24/7 Nurse Call Line
- Physician Call Line
- Biometric Testing

**PPO ADMINISTRATION**

- Primary Network Management
- Travel Network Access
- Supplemental Network Access
- Direct Negotiations
- Dental Network Access

**CLAIM SERVICES**

- Claim Repricing
- Clearinghouse & Scanning
- EDI Solutions
IS YOUR HEALTH PLAN MANAGING WHAT REALLY MATTERS?

The Days of waiting for a hospitalization, surgery or catastrophic illness… then trying to manage the care as best as possible is still important, but just does not provide the type of sophisticated risk management tools necessary to survive in the new “no-limit” market!

Are you prospectively identifying and managing risk…?

 Have you identified the prevalence of chronic conditions in your plans?
 How about identification of member gaps in care?
 Not sure what is driving your present and future costs?
 Have you integrated risk identification across the care management continuum?

We have the answers – without spending a fortune. Our integrated set of population health management solutions is designed to help our partners meet and exceed their risk identification, care management and cost saving objectives.

Plan Utilization & Savings
* 48.8 Admits per 1000
* 193 Days of Care per 1000
* 3.95 Avg. Length of Stay
* 4.79 Expected Length of Stay
* 0.84 Days Saved per Admit

OP & ER Visits/1000
* Diabetes Lowered 36%
* Asthma Lowered 5%
* CAD Lowered 32%
* COPD Lowered 50%
* CHF Lowered 41%

Total Cost PMPM
* Diabetes Level 1-4 Lowered 47%
* Asthma Level 1-4 Lowered 40%
* CAD Level 1-4 Lowered 71%
* COPD Level 1-4 Lowered 59%
* CHF Level 1-4 Lowered 71%

Return on Investment
*UM/CM $9.20 per $ 1.00
*Disease Management $3.03 per $1.00
*Claim Trend Down 42%

Personal Health Risk Assessments
Onsite Biometric Screenings
Predictive Modeling
Chronic Condition Management
Utilization & Case Management
24/7 HealthInfoLine
Consult a Doctor
Healthy Moms = Healthy Babies
MCM/Mayo Clinic Health & Wellness
Comprehensive Data Reporting

Contact MCM today to take the first step to “Better Health”

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You can get everything you want from your PBM. With Partners Rx, you get the same discounts and rebates as the big name PBMs plus guaranteed savings, an “Open Book” partnership where you really can see all the numbers, insightful reporting and recommendations that help you make better decisions, and worry-free claims processing and customer service that puts your mind at ease.

Why not choose a PBM that makes you more than just promises? It’s time to start working with a smart partner. The PBM You Want. Smart. Lower Costs. Higher Expectations.
The PBM You Want. Smart.

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Why not choose a PBM that makes you more than just promises? It’s time to start working with a smart partner.


Partners Rx®

We’re in this business together.
We Can Prove It.

Smart.

Discounts, rebates, AWP minus... Whatever. There's a better way to save your clients more money. And we can prove it. Our actuarially-verified Claims Replay® tool can show you how much your clients could have saved by using the most cost effective, clinically appropriate drugs. Combine that with aggressive contract terms and now you've got real savings! We'll even guarantee it. Call us today at 800.659.4112 to receive your FREE Claims Replay®.


PARTNERS Rx®

We're in this business together.
Preferred Medical Claim Solutions (PMCS) prides itself on being the premier cost containment solution for Third Party Administrators (TPAs), self-funded employer groups, insurance carriers, and HMOs. PMCS is a technology-based healthcare finance company offering cost effective programs to companies that process medical claims.

PMCS provides an innovative healthcare claim settlement program benefiting Payors, participants and Providers. Payors desire to maximize savings on all out-of-network claims for themselves and for their members. The PMCS Advance Funded Provider program (PMCS Advance) allows Payors to do just that in the most cost-effective and efficient manner.

PMCS Advance funds a reduced payment settlement to the Provider on behalf of the Payor. Discounts are based on the Provider’s understanding that PMCS will directly fund each claim at the time of settlement. The Provider agrees to transfer all ownership rights in the claim to PMCS, eliminating the Provider’s need to collect from the Payor. The Payor then forwards the benefit payment directly to PMCS.

Operationally, the PMCS Advance program is powered by the PMCS Preferred Data Interchange (PDI); a customized software program that provides an Electronic Data Interchange (EDI) from the client’s claim processing system directly to PMCS. No other EDI software offers the level of service, accuracy and security that PDI provides. A seamless solution is now available to minimize claim processing time and meet all regulatory requirements.

The overwhelming success of the PMCS Advance model has resulted in a nationwide network of contracted Providers. PMCS is proud of its prestigious and diverse group of healthcare network partners and independent providers who are benefiting from its key element, not found in the typical PPO process. With the nation’s first and only Advance Funded Provider program, clients of PMCS now have access to a cost containment program that can be easily and efficiently incorporated into their daily claim processing routine.

PMCS has the industry’s highest capture rate achieving discounts on an average of 72 percent of claim dollars submitted, with an average turnaround time of 1.8 days and a reversal rate of less one half of one percent. With more than 3 million covered lives and 5,000 different Payors submitting claims totaling over $1 billion annually, PMCS is recognized by the healthcare industry as the “Leader in Claim Settlement.”
the power of re.

Authentic objectivity and unbiased advice, from the only player in the PBM industry with the experience and independence to change the game.

rethink benefits management.

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Improved Performance & Cut Costs:
Smart Data Solutions

The mandate in health care administration is clear: **Cut Costs. Increase Efficiency. Improve Service.** At times it can seem like an impossible challenge. But Smart Data Solutions has developed a wide range of claims processing solutions that can effectively do all of that... and more.

**Smart Data has a wide range of claims processing solutions that can:**
- Save you money by managing your entire claims mailroom
- Increase claims accuracy by performing a wide range of standard and custom edits
- Provide a simple and effective 5010 validation engine
- Further reduce the amount of paper you have to process through an online claims submission portal
- Efficiently convert a wide range of paper collateral to EDI or other desired formats
- Ensure the quality of your claims through complete claims management
- Decrease claims routing costs by setting up direct connects while automating the entire process

**For more than ten years,** Smart Data Solutions Inc. has been leveraging technology to meet the needs of healthcare organizations. Today more than 140 TPAs, PPOs, HMOs, hospitals and insurance companies depend on SDS technology to save money and streamline their business. From paper processing to claims management and EDI, Smart Data Solutions offers the money-saving solutions critically needed by today’s health care industry.

Smart Data Solutions provides full mailroom, data capture, editing and EDI capabilities for front-end claims management.
Our services include the following fully customizable solutions:

**Paper Conversion:**
- Mailroom Management
- Scanning
- Data Capture
- Form Capture
- Direct Data Entry (DDE)
- Data Conversion
- Data Editing
- Image Archive and Retrieval
- Fax to 837
- Print File to 837
- Direct Claim Upload
- White Mail
- Backlit X-Ray Scanning
- Imprinting and Bates Stamping
- Portals
- Attachment Processing

**Claims Management:**
- Clinical Editing
- Provider File Matching
- Provider Database Clean-Up
- Eligibility Matching
- Duplicate Checking
- Submitter and End User Services
- Extensive Reporting Capabilities
- 5010 Conversion
- Double Key Reconciliation
- Eligibility and Claim Form Return
- Pre-Adjudication Edits
- Medicare MedSup Cross Connect
- Mandatory Insurer Reporting (MIR)

**EDI Solutions:**
- EDI Routing and Translation
- EDI Conversion and Management
- Claims Consolidation

- Portal Development
- Workflow Solutions
- Reject Processing
- Direct Connectivity
- Hierarchical PPO Routing
- Cost Containment Connectivity
- Check and EOB Connectivity
- 835 EFT Processing
- OneStream EDI Gateway
- Provider Outreach
- Paper Elimination
- Electronic Attachment Processing

**Transaction Support:**
- 5010 Compliance
- 835 - EFT Paid Claim
- 834 - Eligibility Submission
- 837 - Claim Submission
- 997 - Functional Acknowledgement
- 276 - Claims Status Request
- 277 - Claims Status Response
- 278 - Pre-certification and referral
- 270 - Eligibility Request
- 271 - Eligibility Response
- 820 - Group Premium Payment
- Proprietary Formats
- Electronic Remittance Advice (ERA)
- Workers Comp eBill & Attachments
- Faxes
- Provider DDE
- Enrollment Forms
- Spousal Coverage Verification Forms
- Radiology Claims
- Non-standard Forms
- Practice Management System
- Attachments

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Code Edit Compliance
Case Tracker (Case Management System)
Medical Bill Review and Negotiations
Data Analytics & Reporting

The TC³ Commitment:

TC³ provides a comprehensive suite of robust overpayment detection and prevention services to help increase your productivity while keeping your claims system safe and payments secure.

In fact, our dedicated investigators, certified coders, clinicians and data analysts average over 10 years of experience. They are committed to uncovering overpayments as a supplement to your team’s efforts. And with our proven track record of successfully working with all payer types nationally, we understand your business.

The combination of our expertise, sophisticated technology, and overflow investigative & analytics resources ensures your claims data is not compromised so you can stay focused on managing your business, while we help protect your plan assets.

Contact us at Info@tc3health.com for a no obligation assessment of your claims payment protection and supplemental fraud, waste and abuse needs.
The Phia Group’s Plan Language Service Center

Setting The Industry Standard for Plan Language

The Greatest Benefit of Self-Funding is Custom Plan Design… Are You Taking Advantage of It?

Services Include:

Initial Plan Document Assessment

Revisions, Amendments, Template Creation & Plan Document Drafting

Innovative Cost Containment & Legal Compliance

Strengthen Plan Rights & Address Conflicts Before they Happen

Say Goodbye to Cookie Cutter Solutions and Allow The Phia Group to Transform “Their Off-the-Shelf Document” into “Your Custom Document”

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Founded by a pharmacist in 1999, US Script® is a Pharmacy Benefit Manager (PBM) that delivers a flexible, high-touch benefit supported by innovative clinical programs and analytics. We improve your members’ outcomes while saving you money. Using our clinical expertise and the flexibility of our proprietary claims adjudication system, US Script offers you a more customized solution than other PBMs. When you partner with US Script, you receive an expert advisor that helps you successfully navigate a complex benefit landscape.

US Script’s full suite of PBM services includes claims processing, pharmacy network management, 24/7/365 customer service help desk, benefit design consultation, enhanced clinical management programs, formulary and rebate management, specialty and mail order pharmacy services, patient and physician intervention, patent pending analytical tools, Medication Therapy Management (MTM), aggressive generic pipeline strategies, and more. US Script offers a variety of options for managing drug trend, rather than a one-size-fits-all approach to benefit needs.

Single, proprietary claims platform means flexibility and adaptability to meet your benefit needs

When partnering with US Script, our flexibility and ability to respond quickly to individual client’s needs sets us apart from other PBMs. US Script will customize our programs to meet your specific benefit goals and requirements. Because our claims processing system was developed and is supported by our own Information Technology Services professionals, we can modify utilization edits, formularies, pharmacy networks, prescriber networks and benefit designs to meet your specific benefit goals. US Script is able to customize our point-of-sale (POS) edits to provide meaningful information about your benefit plan back to the pharmacy. We are able to support multiple benefit plan designs and group set-up structures for as many different groups, plans, or members as needed. And as you grow, US Script grows with you.

800.413.7721
Call today to find out how US Script can begin filling your pharmacy benefit needs.

Who We Serve

Member Service Statistics
First call resolution: >95%
Average answer speed: <10 sec.
Call abandonment rate: 1%

Accreditations
URAC accredited for Pharmacy Benefit Management.
VIPPS® accredited for Online Pharmacy.
Standard and enhanced clinical programs available to you and your members
A key differentiator between US Script and our competitors is the customized clinical programs offered to all clients via our Clinical Pharmacy Department. Our pharmacists provide clinical services that include the programs you expect, such as prior authorization review, step therapy, quantity limit recommendations, and Drug Utilization Review (DUR) programs. But it doesn’t stop there - our clinical programs also include enhanced services such as client specific benefit design recommendations, cost containment programs, enhanced DUR programs that provide outreach and communication with members, pharmacies, and prescribers regarding doctor shopping and narcotic medication abuse, and therapeutic interchange to encourage brand to generic interchange. US Script is also committed to developing programs such as our world class Medication Therapy Management (MTM) program, developed and implemented in-house, that will continue to improve members’ overall health outcomes while minimizing client risk.

High touch account management team stays with you through the life of the contract
Your contract will be managed by a dedicated support team that includes experts from Client Services, Clinical Pharmacy, Pharmacy Networks, Finance, Analytics, Communications, Sales and Marketing, and Information Technology Services. Your Account Manager will manage your implementation through proactive issue resolution, and will provide timely responses to all requests and concerns. Quarterly and annual face-to-face meetings will be scheduled with your Account Manager and Clinical Pharmacist to discuss industry trends, cost containment strategies, plan design recommendations, new drug review and assess overall program performance.

Cutting edge analytics give you a 360 degree view of your drug and medical spend
US Script’s PharmaHealth Analytics department has developed its leading-edge reporting abilities and functionality based on years of experience within the “Big 3” PBMs, financial services companies, retail pharmacies and hospitals. What differentiates our reporting solution from our competition is that we take these varied experiences and combine them into actionable reporting using patent pending pricing methodologies.

The benefits landscape is complex and continuously evolving.
US Script is committed to understanding how changes and trends in the industry will impact pharmacy benefits, and to creating a road map that will ensure our clients get where they need to go, with the fewest possible detours. Partnering with US Script means working with a PBM that has a 360 degree view of past, present, and future trends and is uniquely positioned to deliver best-in-class pharmacy benefits.

In 2006, US Script was acquired by Centene Corporation (Centene). Centene, a Fortune 500 company, is a multi-line healthcare enterprise operating in two segments: Medicaid Managed Care and Specialty Services. The Medicaid Managed Care segment provides Medicaid and Medicaid-related health plan coverage to individuals through government subsidized programs, including Medicaid, the State Children’s Health Insurance Program, or CHIP, Foster Care, Medicare Special Needs Plans and the Supplemental Security Income Program, also known as the Aged, Blind or Disabled Program, or collectively ABD. The Specialty Services segment offers products for behavioral health, health insurance exchanges, individual health insurance, life and health management, long-term care programs, managed vision, telehealth services, and pharmacy benefits management to state programs, healthcare organizations, employer groups and other commercial organizations, as well as to our own subsidiaries.

As part of Centene’s leading edge division of specialty services companies, US Script upholds its tradition of superior client service and plan flexibility with the added resources of a Fortune 500 corporation. With more than 1.7 million Medicaid lives currently under management, US Script has both the experience and the expertise to manage groups of all sizes. Our Medicaid experience has allowed us to continually refine the customized benefit plans, account management practices, and claims processing systems needed to meet the needs of complex and dynamic commercial plan designs.

US Script, Inc. | 2425 West Shaw Avenue | Fresno, CA 93711 | tel 800.413.7721 | fax 559.244.3793 | sales@usscript.com
New Challenges in Healthcare Demand
New Responses

Through the power of Integrated Healthcare Management (IHM), The New TriZetto is making a profound, positive difference for TPAs. IHM supports the delivery of health benefits designed to encourage better health and care, while providing plan participants with the knowledge and incentives necessary to drive change.

This systematic application of processes and shared information from TriZetto gives you the powerful tools you need to enhance revenue growth, drive administrative efficiency and improve the cost and quality of care:

- Full health claim life cycle management to reduce administrative expense
- Value-based solution strategies to manage risk
- CIGNA National PPO Network access for increased quality and coverage
- Advanced reporting and disease management to control medical costs
- Tools to support ACO strategies

Powering TPA Transformation

TriZetto delivers the tools, service and vision to support your success in a rapidly changing healthcare industry. We have put all the pieces together in an innovative solution set to provide your Third Party Administration firm with a competitive advantage.

ACT NOW. To learn how TriZetto solutions can help transform your organization, contact Matt Kirch at 630/276-6639 or email matt.kirch@trizetto.com.

You need more than business as usual to meet these challenges – you need a proven partner with innovative solutions who can help you put all the pieces together.