what got you HERE

won’t get you THERE

GET THERE WITH HCAA

EXECUTIVE FORUM

2013

February 5–7

Encore Resort

Las Vegas, Nevada

Conference Program
Conferences

July 10–12, 2013
HCAA TPA University
“All Hands on Deck”
Disney’s Grand Californian Hotel & Spa
Anaheim, California
Registration opens soon!

February 4–6, 2014
HCAA Executive Forum
Encore Resort
Las Vegas, Nevada

Webinars

Thursday, February 14
Understanding and Applying the New Pay or Play Regulations
9:00-10:30am PST/12:00-1:30 pm EST

Wednesday, March 13
The New HIPAA Regulations: Action Steps for Employers and Business Associates
9:00-10:30am PST/12:00-1:30 pm EST

Thursday, March 28
All Hands on Deck, A Review of 2013 Employer Health Cost Surveys
9:00-10:30am PST/12:00-1:30 pm EST
Register at www.hcaa.org today!
On behalf of the 2012–13 HCAA Board of Directors and our Association staff, we welcome you to our Executive Forum.

At a time when we are all facing serious challenges in health care reform, it is a tribute to both our industry and this conference that so many of you have come to this year’s event.

You won’t be disappointed with the terrific conference we have put together to help you succeed during these unprecedented times. And to deliver on this year’s very timely theme, “What Got you Here, Won’t Get you There,” we have developed great sessions, including the author of a book by the same title.

This conference is your opportunity to look to the future and decide how you can best position your company for growth. I hope you will take advantage of everything HCAA’s Executive Forum has to offer you:

**Participate.** The presenters have years of expertise to share and your participation and questions will make it an even richer learning experience for all.

**Network.** During breakfasts, breaks, lunch and at the receptions. You may learn as much (or more) from your peers by trading experiences, questions and advice as from attending the program sessions. Experience “the value of connection”.

**Talk and Visit with Exhibitors.** They work with a lot of companies, just like yours, so they see more problems and more solutions. Their products and services may offer just the right solution for you.

I’d like to thank HCAA’s Executive Forum Planning Committee for their hard work to put the conference agenda together. HCAA depends on the support of volunteers and we appreciate their dedication and time. We hope you will take the time to fill out our committee volunteer form that was included in your conference materials. I know from experience you will find volunteering with HCAA to be rewarding both personally and professionally.

Again, welcome—have a great conference!

Carolyn Jarschke
HCAA President 2011–13
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HCAA ANTITRUST POLICY
Adopted June 10, 2005

Association Antitrust Compliance Policies and Procedures

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 minutes 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.
Continuing Education (CE)

HCAA has been awarded 8 Continuing Education credits from the state of California and is awaiting CE credit award information from Montana for the 2013 Executive Forum.

Those attendees that are seeking CE credits to file in states other than California or Montana should also sign in each morning and sign out at the close of each day.

CE credits are awarded for attending the full conference only and to those who sign in each morning and out each evening. We are unable to award credit for attending a portion of the conference.

Everyone who signs in following the guidelines stated above will be sent a certificate after the conference. Those attendees seeking credits in states other than California or Montana can use this certificate when filing with your state.

Please let us know if you have any questions.

- Sign in at registration desk every morning
- Sign out at the registration desk at the close of each day
- You must attend the full conference both days to be granted credit (no partial credit will be given)
# Schedule-at-a-Glance

## Tuesday, February 5, 2013

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>12:00 pm – 5:00 pm</td>
<td>Registration</td>
<td>Registration Desk 5</td>
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<tr>
<td>5:30 pm – 7:00 pm</td>
<td>Welcome Reception</td>
<td>Encore Ballroom 4–8</td>
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## Wednesday, February 6, 2013

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>7:30 am – 8:00 am</td>
<td>Continental Breakfast &amp; Networking with Exhibitors</td>
<td>Encore Ballroom 4–8</td>
</tr>
<tr>
<td>8:00 am – 11:45 am</td>
<td>General Session Sponsored by CVS Caremark</td>
<td>Encore Ballroom 4–8</td>
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<tr>
<td>8:00 am – 8:15 am</td>
<td>Welcome President Jarschke</td>
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<tr>
<td>8:15 am – 10:15 am</td>
<td>Keynote: What Got You Here, Won’t Get You There—Helping Successful Leadership Get Better</td>
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<tr>
<td>10:15 am – 10:40 am</td>
<td>Break &amp; Networking with Exhibitors</td>
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<tr>
<td>10:40 am – 11:40 am</td>
<td>Mastery Got You Here; Only Partnerships With Patients Will Get You There: The New Patient-Provider Paradigm</td>
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<tr>
<td>11:40 am – 11:45 am</td>
<td>Morning Summary Ernie Clevenger</td>
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<tr>
<td>11:45 am – 1:00 pm</td>
<td>Luncheon Sponsored by HealthX, Inc.</td>
<td>Brahms</td>
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<tr>
<td>1:20 pm – 4:45 pm</td>
<td>General Session Continues Sponsored by CVS Caremark</td>
<td>Encore Ballroom 4–8</td>
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<tr>
<td>1:20 pm – 2:20 pm</td>
<td>Mobile Apps: The Future of Health is in Handheld. What’s Your Strategy?</td>
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<td>2:20 pm – 3:20 pm</td>
<td>How the HITECH Act Has Raised the Ante for HIPAA</td>
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<td>3:20 pm – 3:40 pm</td>
<td>Break &amp; Networking with Exhibitors</td>
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<tr>
<td>3:40 pm – 4:40 pm</td>
<td>TPA’s Evolving Role in an ACO Environment</td>
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<tr>
<td>4:40 pm – 4:45 pm</td>
<td>Wrap-Up Wednesday Ernie Clevenger</td>
<td>Brahms</td>
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<tr>
<td>5:30 pm – 7:00 pm</td>
<td>Networking Reception Sponsored by The Phia Group, LLC</td>
<td>Brahms</td>
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## Thursday, February 7, 2013

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tr>
<td>7:30 am – 8:00 am</td>
<td>Continental Breakfast &amp; Networking with Exhibitors</td>
<td>Encore Ballroom 4–8</td>
</tr>
<tr>
<td>8:00 am – 11:45 am</td>
<td>General Session Sponsored by CVS Caremark</td>
<td>Encore Ballroom 4–8</td>
</tr>
<tr>
<td>8:00 am – 8:05 am</td>
<td>Morning Welcome Ernie Clevenger</td>
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<tr>
<td>8:05 am – 9:05 am</td>
<td>Why are we Paying for This? Presented by David Bondeson, Assimilated Benefit Group, LLC.</td>
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<tr>
<td>9:05 am – 9:30 am</td>
<td>Break &amp; Networking with Exhibitors</td>
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<tr>
<td>9:30 am – 10:30 am</td>
<td>Managing What Matters Presented by Michael J. O’Connor, MCM Solutions for Better Health &amp; Erik Davis, Wells Fargo Insurance Services</td>
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<tr>
<td>10:30 am – 11:30 am</td>
<td>We Are Going To Do What? Presented by Kevin Larson, Employee Benefit Management Services &amp; Todd Archer, Mutual Assurance Administrators</td>
<td></td>
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<tr>
<td>11:30 am – 11:45 am</td>
<td>Conference Wrap Up, Closing Remarks, &amp; Prize Drawings President Jarschke and Treasurer Ludwick</td>
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Todd E. Archer  
President/CEO  
Mutual Assurance Administrators, Inc.  
toddarcher@maa-tpa.com  
Todd has been with Mutual Assurance Administrators since 1990 and has served as its President since 2002. MAA is a third party administrator headquartered in Oklahoma City with offices in 5 states. Prior to joining MAA, Todd was with Safeco Life Insurance Company where he managed the marketing and underwriting of their Medical Stop Loss, Life and Disability products for their Regional Office in Dallas, Texas. He is a graduate of the University of Tennessee with a Bachelor of Science Degree in Business Administration. Todd currently serves as a Director for the Health Care Administrators Association, and is a member of the Government Relations Committee for the Self Insurance Institute of America. He is also a Director for the Oklahoma City All-Sports Association, and President of the Board of the Oklahoma City affiliate of Rebuilding Together.

David W. Bondeson  
President  
Assimilated Benefit Group, LLC.  
dbondeson@abgrpsolutions.com  
David is President and founder of Assimilated Benefit Group, LLC, a company based in Leawood, Kansas and founded with the desire to help the self-funded health community maximize healthcare dollars, improve quality of care, and ease the consumer’s healthcare burden. Starting his employee benefits career as a Benefits Consultant in Minneapolis, MN, David developed a passion for healthcare and helping clients find appropriate solutions to meet their needs. Moving to the carrier side of the insurance business, David spent 23 years working in sales and sales management helping to start the marketing for a new commercial HMO and worked extensively with TPA’s, Brokers and Employers offering ASO, Stop Loss, Cost Containment Solutions, Ancillary and Voluntary Benefits.

Bob Chaput  
CEO and Founder  
Clearwater Compliance  
bob.chaput@clearwatercompliance.com  
Bob is CEO and Founder of Clearwater Compliance LLC. Clearwater Compliance helps Covered Entities and Business Associates meet stringent HIPAA-HITECH Privacy, Security and Breach Notification Rule requirements and address one of five health outcomes policy priorities in the Meaningful Use guidelines dealing with privacy and security. Having served in operational and technology executive assignments in large healthcare enterprises, Bob is no stranger to protecting large amounts of highly sensitive HR, benefits and healthcare data—his experience includes responsibility for some of the world’s largest healthcare databases, requiring the highest levels of security and privacy while a senior executive at GE, Johnson & Johnson and Healthways, Inc. Over the years Bob has also built, grown and sold a number of businesses serving industries with strict regulatory requirements, with deep experience in HIPAA and HITECH rules. He speaks and writes extensively on HIPAA and HITECH privacy, security and breach notification matters and is a recognized HIPAA-HITECH compliance expert. His 30-year career includes 25 years of responsibility in regulated industries, with 20 of those years spanning the highly security- and privacy-regulated healthcare industry. He holds undergraduate and graduate degrees in mathematics, numerous technical certifications and is a Certified Information Systems Security Professional (CISSP), Certified Information Privacy Professional (CIPP/US), Certified HIPAA Professional (CHP), and a Certified HIPAA Security Specialist (CHSS).

Ernie Clevenger  
President  
CareHere, LLC  
MyHealthGuide, LLC  
EClevenger@CareHere.com  
Ernie is President of CareHere, LLC, a Brentwood-based company CareHere provides onsite medical, wellness and pharmacy management for public and private employers. He is widely known for the weekly MyHealthGuide Newsletter, going each week to over 5,000 subscribers. The Newsletter provides a compilation of selected articles impacting TPAs, Stop Loss Carriers and MGUs, self-funded employers and others in the self-funded medical and work comp arena. CareHere onsite medical, wellness and pharmacy centers offers appointment scheduler, electronic medical records, patient lab reporting, and more, enable over 600,000 appointments annually. Physicians are recruited from the local area. CareHere operates 120 clinics in 20 states. Ernie’s education includes and a B.A. in Mathematics from David Lipscomb University, M.B.A. from Vanderbilt University, and FLMI from the Fellow Life Management.
Mike Critelli  
CEO  
Dossia Service Corporation  
mike.critelli@dossia.org  
Mike is Chief Executive Officer of Dossia Service Corporation, an organization designed to deploy lifelong, individually-controlled personal health management systems to empower individuals and families to improve health and health care. He is also a member of the Board of Directors of Eaton Corporation, advisory boards of Booz Allen’s Federal Healthcare practice, RAND Health, the Partnership for Prevention, and the Dean’s Advisory Board of Boston University Medical School. He retired from Pitney Bowes in 2009, after a distinguished 30-year career, serving for 11 years as Chief Executive Officer and 12 years as chairman and building a globally acclaimed employer-based healthcare program. He is a graduate of the University of Wisconsin and Harvard Law School.

Erik Davis  
Wells Fargo Insurance Services  
Erik.Davis@wellsfargo.com  
Erik Davis has over 22 years of insurance industry experience. He works to create financial accountability in Plan management. He is instrumental in renewal negotiations, data benchmarking, financial and clinical risk management, detailed claims analysis and recommendations in plan design change. Erik has been with Wells Fargo Insurance Services since 2001. In this capacity, Erik has been involved with development of rates, payment structures and recommendations of changes in business processes, policies or procedures. Erik has a broad understanding of contract analysis, evaluating risk, auditing for correct payment, and structuring excess loss programs. His experience extends to Worker’s Compensation, Medicaid, Commercial and Medicare Managed Care Organizations. Erik holds a Bachelor of Science in Economics from Oregon State University and holds the Certified Risk Manager (CRM), Certified Insurance Counselor (CIC) and Accredited Advisor in Insurance (AAI) professional designations.

Alan Gilbert, MPA, FHIMSS  
Managing Partner  
Health Catalyst  
alan.gilbert@teamofcare.com  
Alan is focused on the achievement of systematically better health outcomes at lower costs through a team-based approach to care management. Alan previously co-founded AxSys Health, the U.S. operations of a UK-based Collaborative Care Technology Care Company called AxSys Technology and was also a Healthcare Practice Leader for Stratus Technologies. Alan has held administrative, technical and operational positions at Continuum Health Partners, New York University Medical Center and Bellevue Hospital Center. Alan holds a B.A. from the University of Rochester and a Masters in Public Administration from New York University’s Robert F. Wagner School of Public Service. He is a fellow with the Healthcare Information Management and Systems Society (HIMSS).

Marshall Goldsmith, Ph.D.  
Author  
Marshall Goldsmith, Inc.  
Marshall@MarshallGoldsmith.com  
Marshall is the million-selling author or editor of 32 books, including the New York Times and Wall Street Journal bestsellers, MOJO and What Got You Here Won’t Get You There—a WSJ #1 business book and winner of the Harold Longman Award for Business Book of the Year. His books have been translated into 28 languages and become bestsellers in ten countries. Marshall’s professional acknowledgments include: Institute for Management Studies; Lifetime Achievement Award (one of only two ever awarded), American Management Association; 50 great thinkers and leaders who have influenced the field of management over the past 80 years, BusinessWeek; 50 great leaders in America, Wall Street Journal; top ten executive educators, Forbes; five most-respected executive coaches, Leadership Excellence; top ten thinkers on leadership, Economic Times (India); top CEO coaches of America, Economist (UK); most credible executive advisors in the new era of business, National Academy of Human Resources; Fellow of the Academy (America’s top HR award), World HRD Congress; 2011 global leader in HR thinking, 2011; Tata Award (India) for Global HR Excellence, Fast Company; America’s preeminent executive coach and Leader to Leader Institute; 2010 Leader of the Future Award. His work has been recognized by almost every professional organization in his field. Dr. Goldsmith’s Ph.D. is from UCLA’s Anderson School of Management where (in 2012) he was recognized as the Distinguished Alumnus of the Year. He teaches executive education at Dartmouth’s Tuck School and frequently speaks at leading business schools. He is one of a select few executive advisors who have been asked to work with over 150 major CEOs and their management teams. He served on the Board of the Peter Drucker Foundation for ten years. He has been a volunteer teacher for US Army Generals, Navy Admirals, Girl Scout executives, International and American Red Cross leaders—where he was a National Volunteer of the Year.
Kevin Larson  
President  
Employee Benefit Management Services, Inc.  
kjarson@ebms.com  
Kevin began his career with EBMS in 1993 as an Accounting Assistant. In mid 1994, he transitioned to EBMS’ Marketing/Account Management Department where he held the positions of Marketing Assistant, Marketing Coordinator, and Senior Account Manager. In early 2003, Kevin was promoted to Director of Operations; two years later he began managing EBMS’ Account Management Department. In July 2006, as Senior Vice President, Kevin began managing the day-to-day operations of EBMS. In mid 2010, Kevin was promoted to President. As President of EBMS, Kevin chairs its nine member Executive Committee, acts as a conduit between EBMS’ operational management and Ownership Council, and has direct oversight of EBMS’ Strategic Planning initiatives. Kevin is Vice President of the Health Care Administrators Association (HCIA) and an active member of the Society of Professional Benefit Administrators (SPBA), Self Insurance Institute of America (SIIA) and QUBIC. Kevin holds a Bachelor of Science Degree in Business Management and is a Licensed Life and Disability Producer.

Michael J. O’Connor  
President and Founder  
MCM Solutions for Better Health  
moc@medicalcost.com  
A graduate of Loyola University, Mike has over thirty-five years of experience in the delivery, evaluation, and financing of healthcare. Prior to founding MCM in 1986, he was the Executive Director of one of the country’s largest physician peer review organizations. He also served as Chief of Medicare Contractor Budgets for the HHS’s largest regional office. Mike was involved in the development and management of Medicare’s initial utilization management and peer review programs. He has provided consultant services to a variety of healthcare providers and payers in both the public and private sectors as a member of the US Public Health Service assigned to the Center for Disease Control.

David Reynolds  
President/CEO  
Capitol Administrators  
dreynolds@CapitolAdm.com  
Dave has been President/CEO of Capitol Administrators since 1999. Dave has many years of experience in the managed care area, including Chief Operations Officers of Foundation Health Preferred Administrators. Formerly with the United HealthCare, he held the position of Vice President of Sales and Marketing for the Western Region where he organized consistently lead the country in sales production and customer retention. Dave is past President and current Board Member of the HealthCare Administrators Association, Heritage Health Solutions, National Benefits Administrators, and a former Director/Secretary/Treasurer of the Sacramento Association of Health Underwriters. He is also a licensed Life and Health Agent in California and Certified Self Funded Specialist. Dave has held the position at the Travelers Insurance Company of Vice President of Western Region Operations including the functions of Account Management, Installation, Eligibility, Billing/Banking, and Contracts. He was a member of the senior staff responsible for opening of the first Regional Group Insurance office for the Travelers Insurance Company in Walnut Creek, CA. Dave has been a presenter at industry conferences and is on healthcare consultant panels for two national consulting firms.

Jeff Walter  
Executive Vice President  
Professional Benefit Administrators, Inc.  
jwalter@pbaclaims.com  
Professional Benefit Administrators, Inc., is a third-party administrator located in the Chicagoland area specializing in assisting clients and brokers with self-funded employee benefit plan solutions. As executive vice president of Professional Benefit Administrators, Inc., Jeff has spent over 20 years assisting in the growth of this family-owned business. He is accountable for systems support, application and workflow development, allowing PBA to stay on the leading edge of customer service technology. As an active member of HCAA, SPBA, Ebix Health Users Group and Vistage, he is committed to professional and personal growth in the benefit plan management arena.
Wes Wells
Vice President, Product Management & Ideation
HealthX, Inc.
wwells@healthx.com

Wes has over 25 years of experience in the Healthcare, and Health IT industry. He has worked in Hospital Systems, Blood Banks, and Healthcare consulting companies.

Wes has worked in Fortune 10 companies and has created his own startup Healthcare IT business. Wes has been with Healthx since 2006 contributing in account management, vendor relations, sales engineering, product development and currently Wes heads up the Product Management team. Wes holds degrees in Physics and Industrial Engineering and currently teaches High School physics in the evenings.

Make the most out of your HCAA membership!

Getting involved with HCAA is the best way to position yourself professionally and your company for success!

Join a committee.
We have seven active committees for you to choose from. Use the form in your registration packet or go online at www.hcaa.org/joincommittee.html

Participate as a speaker at an upcoming conference or webinar

Become a Certified Self Funding Specialist® (CSFS). Visit www.hcaa.org for more information

Questions?
Please ask at the registration desk or ask a HCAA board member (look for attendees with black colored ribbons).
SCHEDULE OF EVENTS

Tuesday, February 5, 2013
12:00 pm – 5:00 pm  Registration  Registration Desk 5
5:30 pm – 7:00 pm  Welcome Reception  Encore Ballroom 4–8

Wednesday, February 6, 2013
7:30 am – 8:00 am  Continental Breakfast & Networking with Exhibitors  Encore Ballroom 4–8
8:00 am – 11:45 am  General Session  Encore Ballroom 4–8  Sponsored by CVS Caremark
8:00 am – 8:15 am  Welcome  President Jarschke
In this dynamic, interactive session, Dr. Marshall Goldsmith will build upon his experience in working with over 150 major CEOs to point out the classic challenges that come with success and demonstrate how leaders can use ‘what to stop’ in their development. Participants will get to practice and be ready to use feedforward—a positive process for learning—that has been successfully implemented around the world. Finally, Dr. Goldsmith will share the essence of his proven process for leadership development and coaching that is backed by award-winning research involving over 86,000 respondents. Dr. Goldsmith was recently ranked as the #1 Leadership Thinker in the World in the biannual Thinkers 50 survey, sponsored by the Harvard Business Review. He is a world authority in helping successful leaders achieve positive, lasting change in behavior: for themselves, their people and their teams. He is a million-selling author or editor of 32 books including What Got You Here Won’t Get You There, a NYT and WSJ bestseller and winner of the Harold Longman Award for Business Book of the Year.
10:15 am – 10:40 am  Break & Networking with Exhibitors  Encore Ballroom 4–8
10:40 am – 11:40 am  Mastery Got You Here; Only Partnerships With Patients Will Get You There: The New Patient-Provider Paradigm
Presented by Mike Critelli, Dossia Service Corporation
Mike Critelli, CEO of Dossia and former Executive Chairman of Pitney Bowes will discuss how online personal health management systems will redefine the relationship between physicians and patients and will enable patients, or the care leaders of their families, to be the regular and central managers of their own health. He will discuss how the evolution of the way we communicate now affects how we communicate with service providers as well our health plans. As our industry tries to catch up with the requirements of personal health records, administrative efficiencies and privacy issues, Mike will help us understand the developing technology that is bringing our worlds closer together.
11:40 am –11:45 am  Morning Summary  Ernie Clevenger
11:45 am – 1:00 pm  Luncheon  Brahms  Sponsored by HealthX, Inc.
1:20 pm – 4:45 pm  General Session Continues  Encore Ballroom 4–8  Sponsored by CVS Caremark
1:20 pm – 2:20 pm Mobile Apps: The Future of Health is in Handheld. What’s Your Strategy?
Presented by Jeff Walter, Professional Benefit Administrators, Inc. & Wes Wells, HealthX, Inc.

Everything is going mobile. Members, providers and consultants are accessing health and payment information from mobile devices every day. This session will provide an industry overview and specific examples of apps that TPAs need to consider to be competitive in this exploding market. Wes Wells, the Web and Mobile Platform Product Manager for HealthX, Inc. and Jeff Walter, VP of Operations at Professional Benefit Administrators, Inc. will present and demonstrate the growing need for mobile applications and the value they are bringing to payers and the health plans that we support.

What is your mobile strategy?

2:20 pm – 3:20 pm How the HITECH Act Has Raised the Ante for HIPAA
Presented by Bob Chaput, Clearwater Compliance LLC

Compliance is no longer a TPA checklist item. It is vital to business survival and growth. The HITECH Act has significantly increased HIPAA enforcement, increased civil penalties and cast a wider net over TPAs now obligated to comply with regulations. This session will arm TPA executives with the information needed to ensure your organization meets strict privacy security and breach notification requirements.

• Learn TPA compliance basics for Covered Entities and Business Associates
• Discover new sources of risks and liabilities related to HIPAA-HITECH compliance
• Understand strict details of enforcement and potential penalties
• Learn the essentials of documentation and monitoring to avoid OCR investigations
• Become an advocate and compliance trusted resource for your self-funded customers

3:20 pm – 3:40 pm Break & Networking with Exhibitors

3:40 pm – 4:40 pm TPA’s Evolving Role in an ACO Environment
Presented by Dave Reynolds, Capitol Administrators & Alan Gilbert, Health Catalyst

Why would a TPA want to become involved in the ACO market? The term ACO (Accountable Care Organization) seems to have several different meanings to the self-funded market. PPACA has opened the door to many new health plan models which offer new business possibilities for TPAs ready to accept the challenge. From process and systems configurations, “back office” support for Medicare Advantage plans to the commercial variations of ACO arrangements for effectively managing costs and the health of their own members, this session, will provide a high level view of the ACO model and the viable opportunities it presents for TPAs in this new and emerging market.

4:40 pm – 4:45 pm Wrap-Up Wednesday
Ernie Clevenger

5:30 pm – 7:00 pm Networking Reception
Brahms

Follow the conference and participate in our live twitter stream using #HCAAElecForum
Thursday, February 7, 2013

7:30 am – 8:00 am  Continental Breakfast & Networking  Encore Ballroom 4–8
8:00 am – 11:45 am  General Session  Encore Ballroom 4–8
8:00 am – 8:05 am  Morning Welcome  Ernie Clevenger
8:05 am – 9:05 am  Why are we paying for this?  Presented by David Bondeson, Assimilated Benefit Group, LLC.
   How many times have you been in a renewal meeting reviewing the results of a cost-saving program and the numbers show low utilization and a minimal effect on costs? And then someone in the room, usually the CFO, asks the question, “Why are we paying for this?” Join David Bondeson, founder of Assimilated Benefit Group, as he shares with us industry trends and how patient advocacy programs are impacting the TPA of the future. You will learn how to determine what type of program is right for your organization and what pitfalls to avoid. David’s presentation will provide insight into creating a successful integrated program that will help your clients save money and increase employee engagement.

9:05 am – 9:30 am  Break & Networking with Exhibitors

9:30 am – 10:30 am  Managing What Matters  Presented by Michael J. O’Connor, MCM Solutions for Better Health & Erik Davis, Wells Fargo Insurance Services
   If your business model is focused solely on accurate and timely claim payment of sentinel events (that seem to never end), while chasing the latest and greatest “discounts”—the answer to the above question, “Are you managing what matters?” is most likely “No!”
   If your idea of mitigating risk starts and ends with specific and aggregate stop loss coverage—the answer to the above question is still “No!”
   If individual plan member risk identification and sophisticated data management is viewed as a waste of time—the answer to the above question is still “No!”
   If you prefer to grow your own solutions rather than partner with best-in-class companies—well you know the answer.
   Join us for a discussion of solutions and suggestions that will help you take your business model and your clients health plans to the next generation of Risk Identification and Population Health Management.

10:30 am – 11:30 am  We Are Going To Do What?  Presented by Kevin Larson, Employee Benefit Management Services & Todd Archer, Mutual Assurance Administrators
   As the concluding session to the conference, plan to stay and hear two fellow HCAA TPA members discuss how they see the theme of “what got you HERE won’t get you THERE” playing out in their organizations. Kevin Larson of EBMS and Todd Archer of MAA will offer their perspectives as well as answer questions that other participants may have for them.

11:30 am – 11:45 am  Conference Wrap Up, Closing Remarks, & Prize Drawings  Carolyn Jarschke and Linda Ludwick
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For full course descriptions or to register, visit us online at www.hcaa.webce.com.
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Course 2  Stop Loss and Marketing in Self Funding
Explore two of the most critical areas of self funding: stop loss and marketing. Gain insight into the importance of stop loss in making self funding a viable option for many employers. Learn the fundamental principles of how to effectively market your self funded health plan.

Course 3  Cost Containment and Vendor Selection
Covering the historical perspective of cost-containment, this course discusses rising health care costs. Explore proposed solutions including increased government regulations and a restructuring the present system, and gain insight into current trends.

Course 4  Accounting, Funding and Tax Consequences
Learn more about the many ways that an accountant may be involved directly or indirectly with a self funded health care plan including a discussion on various audits. Discuss the wide range of choices offered to employers and plan supervisors in funding, and the related tax consequences.

Course 5  Actuarial, Legal, Reporting and Disclosure
Discuss the role of the actuary in self funding and review legal, reporting and disclosure requirements. Study in detail SOP 92-6, ERISA and regulatory reporting requirements for self funded plans.

Course 6  State Regulations and Federally Mandated Benefits
Explore state regulations and the scope of state involvement with self funded plans. Review the federal statutes that mandate benefits and review some of the more famous laws impacting self funding.

Course 7  MEWA and VEBA
Explore the differences between Voluntary Employees’ Beneficiary Associations (VEBAs) and Multiple Employer Welfare Arrangements (MEWAs). Address how VEBAs and MEWAs are set up and the legalities involved when self funding a plan. Review trust requirements for these plans and eligibility and tax consequences.

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• **News Feed:** Dossia has leveraged other social media platforms’ design success and created a News Feed capability. The news feed will be constantly changing and updating in order to drive frequent engagement with the site. An employer can effectively reach and engage their employee population with targeted messaging, such as reminding employees to get a flu shot.

• **Profile Completeness:** Dossia encourages users to take a “gamified” tour of their Dossia Health Manager with the Profile Completeness task list. Upon completing all of the profile completeness tasks and obtaining 100%, a user will be very familiar with the system’s capabilities and will know exactly where to find the application or functionality they need.

• **Challenges:** With Dossia’s social component, individuals can take on challenges in which they commit to carrying out a variety of health-oriented actions. Users can either take on these challenges by themselves, or with a group. Users who participate in group challenges are able to cheer each other on through Dossia’s social networking capabilities.

• **Points/Rewards:** Users receive points, or “silver” for completing various tasks within their Dossia Health Manager. Employers are able to couple Dossia’s points system with real incentives to further drive their employee population towards positive behaviors.

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Our Advantages

- The nation’s largest electronic payment, on-premise and cloud computing healthcare solutions
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- Serving over 60,000 companies and 8 million consumers
- Industry leading prepaid benefits card with innovative auto-substantiation technologies

Whether you’re a benefits administrator driving greater profitability, an HR Professional looking for a worry-free way to offer HSAs and FSAs to your employees, a broker wanting to recommend the best solution to your clients, a financial institution expanding product offerings, a health plan provider seeking efficiency gains, or a software developer providing payment solutions, Evolution1 can meet your needs.
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.

**Payers: Greater Access and Savings with Lower Costs**

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

**WORKFLOW MANAGEMENT**
- Single interface to over 200 trading partners
- Custom solutions designed to your systems and workflow processes

**TRANSPARENCY**
- Web-based tracking and reporting system on all file and claim activity
- Web-based performance reports
- Web-based appeal management tools

**Providers: Greater Patient Reach with 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 for prompt payment

**Patients: More Choice and More Care**
- Greater provider selection for both primary and secondary networks
- Approaching 1 million providers, directly accessible, including Centers of Excellence
- A Medical Help Desk to assist with triage, recommendation for care and referral
- Lower out-of-pocket expense by managing access to the most appropriate level of care

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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
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- Higher first-pass rates
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- Reduce administrative costs
- Eliminate expensive OCR processes
- Increased EDI transaction volumes
- Expandable solutions personalized to your specific needs

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HealthLOGIX provides customized printing, membership cards, and electronic document services for healthcare companies nationwide.

WHO WE ARE
With over 25 years of experience, we support complex membership programs for multiple areas within a healthcare organization (Membership/Enrollment, Claims/Finance, Provider Relations, and Marketing Communications). Our dedicated team is responsive and flexible, ensuring that each piece of mail gets out the door on-time and error-free. We create solutions that are uniquely designed for your business, anticipating complications and errors before they might arise and addressing them before they become a problem.

WHAT WE DO
We are your one-stop source for all of your communication needs. We employ the latest software and hardware technologies including:

- High-speed digital printing and plastic card imaging
- Document composition, data formatting and preprocessing capabilities
- Print-on-demand for your 1 to 1 communication (e.g., Custom built EOC contract)
- Binding Services: perfect binding, saddle stitching and tape binding
- Fulfillment Services with 100% reconciliation of jobs
- Electronic solutions: content management, image storage/retrieval, web-based job tracking
- Postage Management and Control: presorting and commingling capabilities

For more information about HealthLOGIX, please visit our website at www.healthlogixonline.com
Healthx Overview

Who is Healthx?

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

Please visit our website for a more complete list of our products and solutions.

Looking for that perfect portal experience to drive engagement? Healthx has the solution for you. Find out more at www.healthx.com.

Healthx develops and manages the most widely adopted online portals and applications for the healthcare market.

Healthx, Inc.
Health Solutions Plus is an innovative provider of leading edge enterprise class software supporting end to end administration for Third Party Administrators and Payers. HSP offers the most complete single-source solution in the market that provides real-time web and mobile access to information. HSP is successful with helping its clients realize a rapid return on investment while improving operational efficiencies across their organizations. HSP designs solutions delivering the ability to immediately respond to change as it occurs. HSP will support your business needs now and in the future by offering affordable, flexible, agile and scalable solutions enabling the simplicity of processing, managing and controlling the information in your organization.

With the HSP Suite You Can:

- Develop and deploy innovative solutions leveraging advanced technology
- Optimize personnel while continuing to grow
- Reduce administrative costs using highly automated, efficient processes
- Implement legislative mandates in a timely manner
- Grow and retain membership
- Focus on core business issues such as customer service, and provider relations and managing members’ coordination of care
- Expediently resolve member and provider inquiries through access to real time information anytime, anywhere

A Complete Enterprise Solution for Third Party Administrators that Includes:

- Current & Scalable Technology
- Medical, Dental & Vision
- ICD-10 & 5010 compliant
- FSA, HSA & HRA solutions
- Claims Management
- Member & Financial Management
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- Premium Billing
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INETICO’S WORLD CLASS CARE AND CLAIMS MANAGEMENT SOLUTIONS PLACE US AT THE FOREFRONT OF INNOVATION AND TRUE COST CONTAINMENT

• Consolidated Clearinghouse acts as a gateway for claims to be routed to “best fit” PPO networks

• Triple URAC accredited UM, CM and DM programs focus on superior patient care and positive outcomes

• Claims repriced via access to unlimited regional and national networks

• Advanced Negotiations result in pre-service identification and negotiation of high cost claims

• Access to national dental networks provides significant cost savings

• Prospective identification of subrogation claims through precertification
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?

Plan Utilization & Savings
* 47.1 Admits per 1000
* 181.6 Days of Care per 1000
* 3.86 Avg. Length of Stay
* 4.82 Expected Length of Stay
* 0.96 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 $8.78 per $1.00
* Disease Management $3.03 per $1.00
* Claim Trend Down 42%

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.

- 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”
You Don’t Need to be an Expert on SSAE 16
When you have the SSAE 16 Experts of
Mayer Hoffman McCann P.C.

Benefits of a SOC Report:

The need for ensuring your clients information is safeguarded and effectively managed is even more essential now than ever before. As more companies turn to third parties for their IT processing needs, management needs to understand how their service organization’s internal controls are functioning in order to effectively manage their risk.

What is an SSAE 16/SOC Report?

A Service Organization Control (SOC) Report is the result of an internationally recognized auditing standard developed by the AICPA’s Auditing Standards Board to provide a formal report on the design, implementation and effectiveness of operating and information technology controls at a service organization. In addition to its benefits to the service and user organizations, it also provides the external auditors an independent opinion of the necessary information to understand the flow of transactions, controls that may impact the processing of transactions and information about the effectiveness of the controls tested. Until 2010, this process had been known as SAS 70.

MHM has the Expertise to Help

With over 35 offices throughout the country, our dedicated professionals provide service organizations detailed examinations of the internal operating and technology controls. By evaluating and testing control policies and procedures, management can demonstrate that the organizations’ controls are placed in operation, suitably designed and are operating effectively. Additionally, this independent process often results in the identification of opportunities for improvements in many operational areas.
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...Succeed!

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Get a Better PBM
The Phia Group reduces the cost of healthcare through the use of innovative technology, legal expertise, and focused flexible customer service. We create opportunities to maximize benefits while minimizing costs through claims recovery, plan language innovation, and expert consultation.

CLAIMS RECOVERY SERVICES
We offer flexible service options with a client driven approach - yielding results unmatched by anyone in the industry.

PLAN LANGUAGE SERVICE CENTER
We are “Setting the Industry Standard for Plan Language™” and taking advantage of the industry’s greatest benefit – custom plan design.

CONSULTING SERVICES
We confront issues that impact the health benefits industry while dealing with the conflicts that threaten plan operations and viability.

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A **SSAE16 SOC I Report** is becoming a standard requirement for TPAs. It is no longer about just “checking a box” on a RFP, it can also directly help to improve your organization including:

- Risk assessment, identification, and mitigation
- More efficient policies, procedures and claims processing
- Improved vendor management
- Industry best practice

*Visit the Stone Carlie booth to talk to leading SSAE 16 providers that specialize in the TPA industry.*
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THURSDAY FEBRUARY 14 2013

SPEAKER
John Barlament
Quarles & Brady LLP

Understanding and Applying the New Pay or Play Regulations
9:00 am – 10:30 am PST/12:00 pm – 1:30 pm EST

On December 28, 2012 the IRS published the first Pay or Play Rule regulations. The new regulations contain a number of important changes and introduce several brand-new concepts. Attendees will also receive an updated “Pay or Play Guide” that uses step-by-step explanations to make the Pay or Play Rule easier to understand. Don’t miss this important update!

WEDNESDAY MARCH 13 2013

SPEAKER
John Barlament
Quarles & Brady LLP

The New HIPAA Regulations: Action Steps for Employers and Business Associates
9:00 am – 10:30 am PST/12:00 pm – 1:30 pm EST

After a long delay, the new HIPAA regulations were just released and they contain significant changes for employers, plan sponsors and business associates. Most significantly, they contain a surprisingly quick compliance date: September 23, 2013 for many items. Don’t miss this update! Although the rule was just issued, the short compliance window means that employers, plan sponsors and business associates must take immediate action.

THURSDAY MARCH 28 2013

SPEAKER
Chris Metcalf
Marketing Director for Informatics at Benefitfocus

All Hands on Deck: A Review of 2013 Employer Health Cost Surveys
9:00 am – 10:00 am PST/12:00 pm – 1:00 pm EST

This 1-hour webinar will provide an overview of employer health cost surveys and other health and benefits data compiled by industry experts, consultants, government agencies and foundations. The review will include insights, forecasted costs and risks for employer-sponsored health plans in 2012. Chris Metcalf, Marketing Director for Benefitfocus Informatics, is the featured speaker for this webinar. The 2013 Employer Health Cost Survey Data compilation will be provided to those who register for this webinar.
2013 EXECUTIVE FORUM EXHIBITORS

BOOTH ASSIGNMENTS

1  Emdeon
2  Data Dimensions
3  Healthx
4  WellDyneRx
5  A&S Financial Services
6  American Health Holding
7  INETICO Care and Claims Management Services
8  Echo Healthcare Payment Systems
9  Eldorado
10 CVS Caremark
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15 CZIB Mayer Hoffman McCann
16 EnvisionRx
17 HealthLOGIX
18 GlobalCare
19 Dossia Service Corp
20 Health Solutions Plus
21 United Claim Solutions
22 Evolution One
23 HeW
24 GlobalExcel
upper level

ground level