REFORMED REALITY: OUR FINEST HOUR
IN CHALLENGING TIMES, IT’S HOW WE RESPOND THAT MATTERS!

FEBRUARY 5 - 7 2014

HEALTH CARE ADMINISTRATORS ASSOCIATION
EXECUTIVE FORUM
ENCORE AT WYNN LAS VEGAS • LAS VEGAS, NV
WWW.HCAA.ORG/EXECUTIVEFORUM
<table>
<thead>
<tr>
<th>General Session</th>
<th>Welcome Reception</th>
<th>Conference Breakfast</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVS Caremark</td>
<td>Pay-Plus Solutions Preferred Medical Claim Solutions (PMCS) Premier Healthcare Exchange VPay</td>
<td>ECHO Health</td>
</tr>
<tr>
<td>Notepad WellDyne Rx</td>
<td></td>
<td>Conference Bag HeW, Inc.</td>
</tr>
<tr>
<td>Gold IHC Risk Solutions</td>
<td>Lunch Innovative Healthcare Services, Inc.</td>
<td>Thursday Night Reception Emdeon The Phia Group, LLC</td>
</tr>
<tr>
<td>Badge Sponsor Catamaran</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SAVE THE DATE

CONFERENCES

TPA UNIVERSITY 2014
JULY 16-18, 2014
OMNI NASHVILLE
NASHVILLE, TN

EXECUTIVE FORUM 2015
FEBRUARY 9-11, 2015
ENCORE AT WYNN LAS VEGAS
LAS VEGAS, NV

TPA UNIVERSITY 2015
JULY 15-17, 2015
SWISSOTEL CHICAGO
CHICAGO, IL

WEBINARS

LEGISLATIVE/REGULATORY UPDATE-
WHAT IS GOING ON AND HOW YOU CAN
AFFECT THE OUTCOME
MARCH 13, 2014
10 a.m. PT/1 p.m. EST

THE NEW MENTAL HEALTH PARITY RULES:
ACTION ITEMS FOR TPAS AND EMPLOYERS
APRIL 3, 2014
10 a.m. PT/ 1 p.m. EST

THE BASICS OF SELF FUNDING
APRIL 10, 2014
10 a.m. PT / 1 p.m. EST

Turn to page 26 for full details on upcoming webinars.
TABLE OF CONTENTS

President’s Welcome .............................................................. 5
Antitrust Policy ......................................................................... 6
CE Information .......................................................................... 7
Schedule-at-a-Glance ............................................................... 9
Speaker Biographies ............................................................... 10
Schedule of Events ................................................................... 14
HCAA Committees ................................................................. 18
Board of Directors ................................................................. 19
CSFS® Information .................................................................. 21
Member Companies ................................................................. 24
Sponsor Contact Info ............................................................... 27
Encore Resort Map ................................................................. 62
On behalf of the HCAA Board of Directors, and our Association staff, we welcome you to HCAA’s 2014 Executive Forum! Our theme “Reformed Reality: Our Finest Hour; In Challenging Times, It’s How We Respond that Matters!” sets the stage for what will be an exciting two day conference.

Our agenda was designed to support the goals of the Association by providing its members educational, informative, resource-driven sessions that promote the exchange of ideas. Our theme is a depiction of our everyday challenges, and a declaration of how we as leaders continue to innovate and adapt to our new reality.

This is your opportunity to learn and lead your organization courageously into battle! You will walk away with ideas, and tangible tools that will help your organization grow and prosper using stop loss, referenced based pricing programs, Co-Ops, or possibly Private Exchanges as your battlefield. And finally, you will be armed with the latest information regarding regulatory changes and the ever-so-changing political landscape.

I encourage you to take advantage of the endless opportunities that Executive Forum has to offer:

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

**Network.** Breakfasts, breaks, lunch, and receptions. By sharing your experiences and asking questions, you may learn as much (or more) from your peers as you do from attending the program sessions. Experience HCAA’s “Value of Connection!”

**Talk and Visit with Sponsors.** Our Sponsors work with a lot of companies, just like yours, and have created successful businesses that provide solutions to our everyday problems. Their products and services may offer just the right solution for you! Please be sure to visit and speak with our Sponsors to understand each of their unique offerings.

I’d like to thank HCAA’s Executive Forum Planning Committee for their hard work in putting together this exciting conference. HCAA depends on the support of volunteers. We appreciate their dedication, and the time that they invest in supporting our Association. We hope you will fill out our committee volunteer form and participate in one of our many exciting committees; this form is 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!

Kevin Larson
HCAA President 2013–15
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.
HCAA has been awarded 8 CE credits from the state of California and is awaiting approval from Montana for the 2014 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.

**CONTINUING EDUCATION (CE)**

**NO PARTIAL CREDIT WILL BE GIVEN**
You must attend the full conference both days to be granted credit.

**SIGN IN**
at registration desk every morning

**SIGN OUT**
at the registration desk at the close of each day
The Affordable Care Act is now the law of the land and millions are working to implement its most significant components. For better or worse, it has changed our entire industry in monumental and unprecedented ways. Whether this restructuring will succeed or fail is yet to be seen. What is certain is that the media plays a huge role in crafting the public’s perception of the success or failure of Health Care Reform. What is our role in this larger game? Must we be passive or can we act as change agents to influence and direct the process in our own states and communities. HCAA has an opportunity to hear from two active participants in the Health Care Reform discussion.

Mark Larson is a true giant of the broadcasting industry, a well-known radio and television personality who’s voice is heard via more than 2,000 radio and television outlets worldwide. With 40 years in the broadcasting industry, Mark deals with Health Care Reform on his morning talk show which airs in the 8th largest media market and is available to 12 million households nationwide and on iHeart radio. He will share his thoughts on what can be done to engage the media, influence the discussion, and direct the debate.

Mark will be joined by Craig Kinghorn, host of “Health Care Matters to San Diego”, a weekly radio talk show that deals with health care, health insurance, and health care reform. Craig brings a unique perspective as a health insurance consultant, broker, and reinsurance intermediary whose clients cover more than 200,000 individuals in California and nationwide.

Please join us for a lively interaction. Our guests will address the media’s role in directing and informing the Health Care Reform debate, advise what HCAA members can do to participate, and what to expect as the topic moves front and center as we approach the upcoming mid-term elections.
### Wednesday, February 5, 2014
- **12:00 p.m. – 5:00 p.m.** Registration
- **5:30 p.m. – 7:00 p.m.** Welcome Reception

### Thursday, February 6, 2014
- **7:30 a.m. – 8:00 a.m.** Breakfast
- **8:00 a.m. – 8:30 a.m.** Welcome & Opening Remarks
- **8:30 a.m. – 10:00 a.m.** **Keynote:** Leadership Isn’t For Cowards: How to Lead Courageously in a Turbulent Age  
  **Speaker:** Mike Staver, CEO, The Staver Group
- **10:00 a.m. – 10:15 a.m.** Sponsor Speeches
- **10:15 a.m. – 10:30 a.m.** BREAK
- **10:30 a.m. – 11:30 a.m.** Growing & Prospering While Doing Business in States Regulating Stop Loss or How to Make “Lemonade”!  
  **Speakers:** Dave Reynolds, CEO, Capitol Administrators, Stephen F. Rasnick, President, Self Insured Plans LLC & Accountable Care Administration LLC, and David Snodgrass, President, Founder and CEO of Healthcare Management Administrators
- **11:30 a.m. – 11:45 a.m.** Sponsor Speeches
- **11:45 a.m. – 12:00 p.m.** Morning Summary
- **12:00 p.m. – 1:00 p.m.** Lunch & Session by Mark Larson and Craig Kinghorn
- **1:00 p.m. – 1:10 p.m.** Emcee Introduction of Afternoon Sessions
- **1:10 p.m. – 1:20 p.m.** 10 Year Member Longevity Awards
- **1:20 p.m. – 2:20 p.m.** **Session:** Referenced Based Pricing Programs  
  **Speakers:** Jim Farley, President and CEO of J.P. Farley and Bill Rusteberg, Fee Based Insurance Consultant and Principal of RiskManagers.us
- **2:20 p.m. – 3:20 p.m.** **Session:** Let’s CO-Operate! Opportunities in a CO-OP Space for Today’s TPA  
  **Speakers:** John Morrison, founding President of the National Alliance of State Health CO-OPs & a partner with Morrison, Sherwood, Wilson & Deola, PLLP and Tom Zumtobel, CEO of Nevada Health CO-OP
- **3:20 p.m. – 3:35 p.m.** Sponsor Speeches
- **3:35 p.m. – 3:45 p.m.** BREAK
- **3:45 p.m. – 4:45 p.m.** **Session:** Private Exchange Solution Overview  
  **Speaker:** Tiffany McClellan, CEBS, Principal, Mercer
- **4:45 p.m. – 5:00 p.m.** Sponsor Speeches
- **5:00 p.m. – 5:05 p.m.** Day One Summary
- **5:30 p.m. – 7:00 p.m.** Reception

### Friday, February 7, 2014
- **7:30 a.m. – 8:00 a.m.** Continental Breakfast
- **8:00 a.m. – 9:05 a.m.** **Session:** The Emerging Legislative/Regulatory Landscape for the Self-Insurance Industry  
  **Speaker:** Mike Ferguson, President & CEO, Self-Insurance Institute of America
- **9:05 a.m. – 9:20 a.m.** BREAK
- **9:20 a.m. – 9:30 a.m.** 5 Year Member Longevity Awards
- **9:30 a.m. – 10:30 a.m.** **Session:** We’re Off to See the Wizard: Turning Reform into Transform  
  **Speaker:** Kim Jayhan, Senior Director, Transformation Advisory Group, Elsevier / MEDai
- **10:30 a.m. – 11:30 a.m.** **Session:** Stop Loss - Who is Driving the Bus?  
  **Speakers:** Rick Paul, President, USBenefits Insurance Services, LLC, Joe Kipp, Regional Vice President, QBE, and Mike Meloch, President, TPAC Underwriters
- **11:30 a.m. – 12:00 p.m.** Awards & Conclusion
Ernie Clevenger
President
CareHere, LLC
MyHealthGuide, LLC
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 a B.A. in Mathematics from David Lipscomb University, M.B.A. from Vanderbilt University, and FLMI from the Fellow Life Management.

James (Jim) P. Farley
President / CEO
J.P. Farley
James has spent 40+ years in the employee benefits industry. He has spent significant time and effort driving innovation within his own company and as president or chairman of several national TPA industry organizations, including SPBA. He has also been quoted in the media, authored articles, and testified before state and national legislative committees. A serious student of the business, Jim has been an early adopter of many cost management techniques. In the late 90’s Jim implemented reference based pricing and, coupled with an understanding of the plan document’s power to influence costs, the adoption of specific benefit carve-outs. Since 2006 he has worked with customers on implementing and running successful fee schedule based plans with limited or no networks. Like many other ultimately successful cost containment techniques taken on by early adopters the initial reaction was “You really can’t do that, people will not accept that kind of thing.” Jim continues to embark on things “you really can’t do”.

Mike Ferguson
President / CEO
Self-Insurance Institute of America, Inc. (SIIA)
SIIA provides executive management leadership as well as serving as a federal lobbyist. Mr. Ferguson has been with the association for more than 18 years. He has significant expertise on self-insurance matters related to group health plans, workers’ compensation programs and captive insurance companies and operates his own blog, which includes original reporting and commentary regarding legislative/regulatory developments affecting the self-insurance/ART industry. It can be accessed on-line at www.self-insuranceworld.blogspot.com.

Kim Jayhan
Senior Director
Transformation Advisory Group, Elsevier / MEDai
Kim brings humor and common sense together with technology to find remarkable solutions to today’s healthcare challenges. As health reform drives organizations to be more nimble and react quickly to change, the need to be creative has never been more critical. As risk shifts from employers to employees, and into collaborative agreements with all stakeholders, Kim helps businesses understand the impacts and turn “lemons” into “lemonade”. With more than 32 years in healthcare business and technology, and nearly 10 years in analytics, Kim has worked with every aspect of the healthcare sector, including healthcare businesses, vendors and her own consulting business for 10 years. Currently leading MEDai/LexisNexis’ Transformation Advisory Group, Kim collaborates with clients to use healthcare analytics to transform their businesses in ways they never imagined, realizing ongoing value from their analytics investments. Kim is a noted speaker at conferences and webinars, and has authored white papers, eBooks and case studies. She is a contributing author to a book that will be published in 2014, addressing Big Data and Analytics for Healthcare. Kim is a passionate supporter of collaboration across the health eco system to transform care.
Joe Kipp  
*Regional Vice President*  
QBE  

Joe is a 20+ year veteran of the stop loss industry that started his insurance career in 1990 in Des Moines, IA working at a TPA in the customer service department for medical supplemental plans. He quickly was promoted to an underwriting position for long term disability. He began his career in stop loss in 1992 when he accepted a position as a Group Underwriter with “The MGU” in Kansas City, MO. While at “The MGU” he was promoted to Senior Underwriter and then to the Underwriting Manager. The MGU was acquired by HCC in 1997 and in 2000, he opened a regional office in Dallas. Joe was promoted to Regional Vice President and was responsible for all aspects of the region which included underwriting, marketing and administration. He established and grew the office into one of the largest stop loss carrier offices in the Southwest. In 2011, Joe accepted an exciting opportunity with QBE A&H as a Regional Vice President to open a regional office staffed with local underwriters and administrative personnel. Using his experience and commitment to the self funded product, Joe continues to service and grow the SW Region for QBE A&H and is responsible for underwriting, marketing and administration.

Tiffany McClellan  
*Principal*  
Mercer’s health and Benefits Practice  

Tiffany is a part of the leadership team and leads the business development effort for Mercer’s Irvine and San Diego offices. Tiffany works with clients to uncover their health and benefits administration business challenges and creates solutions to assist clients in achieving their goals. Before joining Mercer in 2010, Tiffany spent over fifteen years in the benefits outsourcing business working at ADP. Tiffany’s expertise includes consulting with employers on benefits administration for active and retired employees. She specializes in crafting solutions for large employers and managing change from paper based processes to online enrollment processes. Additionally, Tiffany serves as our solution expert on online enrollment, benefits administration, exchange solutions, HR outsourcing, FSA, COBRA, employee communications, total rewards statements, wellness plans and voluntary benefits. Tiffany has her Certified Employee Benefit Specialist certificate and graduated from Tufts University.

Mike Meloch  
*President*  
TPAC Underwriters  

Mike has led the firm through a period of dramatic growth and consistent profitability. Over the last decade, TPAC has experienced a year-over-year annual growth rate of more than 12% and posted profits every year during that same period. Mike has grown TPAC’s annual premiums to more than $30 million since joining the firm in 1991 and launched a series of new product offerings including a capitulated drug card, PPOx and Spaggregate®.

John Morrison  
*Founding President*  
National Alliance of State Health CO-OPs (NASHCO)  

John is also a partner with Morrison, Sherwood, Wilson & Deola, PLLP. NASHCO has helped CO-OPs in 24 states form, obtain funding and prepare to launch health plans on the exchanges this fall. Mr. Morrison is the former Montana State Auditor and Insurance Commissioner and the former chairman of the Health Insurance Committee of the National Association of Insurance Commissioners. He is the founder of Insure Montana, used by Senator Max Baucus as a model for the Affordable Care Act, as well as Healthy Montana Kids, which together provide health insurance coverage to tens of thousands of Montanans. He has given invited testimony regarding health insurance innovation before committees of both houses of Congress. Mr. Morrison also wrote Montana’s captive insurance law which has drawn over 100 niche companies to Montana while reducing liability insurance costs. Mr. Morrison serves on several national corporate and non-profit boards, including the $3 billion Senior Health Insurance Company of Pennsylvania, a for-benefit long term care insurance company.
Reformed Reality: Our Finest Hour In Challenging Times, It’s How We Respond that Matters!

SPEAKERS

Rick Paul
President
USBenefits Insurance Services, LLC

Rick is an executive with over twenty two years of experience in the insurance industry and is an Associate of the Society of Actuaries, and a Member of the American Academy of Actuaries. A graduate with high honors of the University of California, Santa Barbara, he began his career in Newport Beach, California with Pacific Mutual as an Actuarial Assistant in 1991. In 1993, he joined Tillinghast, as an actuarial consultant. He rejoined Pacific Life as a Business Development Consultant in 1996. He later joined Best Life and Health Insurance Company as Vice President and Actuary and Managing Director of Best Re. In June 2007, Mr. Paul became a founding member of USBenefits Insurance Services, LLC where as President is responsible for making the company successful in the stop loss reinsurance marketplace.

Stephen F. Rasnick
President
Self Insured Plans LLC & Accountable Care Administration LLC.

Mr. Rasnick’s broad insurance background includes previous positions as President of Gem Insurance Company, President of Foundation Health National Life Insurance Company, managed care organizations covering more than 800,000 members; Chairman of ProAmerica, a national PPO organization; President of The Travelers Plan Administrators, the third largest national benefits administrator, covering more than 1,000,000 members; President and founder of Claims Administration Services Inc., at the time, the largest TPA in Illinois. He has over 35 years of employee benefit experience, having held senior level consulting positions with Reed Stenhouse, a division of Alexander & Alexander in Chicago, as well as having provided insurance consulting services to more than 300 groups in Illinois. Mr. Rasnick is a founding Director of the Self Insurance Institute Of Illinois, participated on the Steering Committee that drafted the Illinois TPA Licensing Regulations, is a past Director and Officer of the Self Insurance Institute of America, and has served on the boards of numerous insurance, managed care organizations, community hospitals and venture capital organizations. Mr. Rasnick became a full time resident of Naples, Florida in 1995, where he established a TPA to serve the interests of small to medium Florida employers. He was elected President of the Southwest Florida Association of Health Underwriters in 1998. He is a graduate of Roosevelt University, attended John Marshall Law School, is a Fellow of The International Claims Organization and is a frequent national speaker on benefit issues, managed care, Consumer Directed Healthcare, self funding, the development of Community Based and Provider Sponsored Health Plans, third party claims administration, Accountable Care Organizations and GASB.

Don’t forget to download our free Mobile App. Search “HCAA EF2014” in the App Store or Google Play Store.

Need help?
Stop by the HCAA registration desk.
Dave Reynolds  
**CEO**  
Capitol Administrators  
Dave has been President/CEO and Principal of Capitol Administrators since 1999. Under his leadership, Capitol has expanded over 200,000 members and four markets. Mr. Reynolds has many years of experience in the manage 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 his organization consistently led the country in sales and customer retention. Mr. Reynolds is past President and current Board Member of the HealthCare Administrators Association, National Benefits Administrators, and a former Director/Secretary/Treasurer of the Sacramento Association of Health Underwriters. Mr. Reynolds is also a licensed Life and Health Agent in California and Certified Self Funded Specialist. In addition, Mr. Reynolds 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. He was responsible for Account Management of large accounts, the Directors of Technology, and for implementing their first Manage Care cases and the design and formation of the first Regional Managed Care Member Service Center in San Diego. Mr. Reynolds has been a presenter at industry conferences and is on healthcare consultant panels for two national consulting firms.

David Snodgrass  
**President, Founder and CEO**  
Healthcare Management Administrators (HMA)  
HMA is a third party administrator of self-funded health plans since 1986 with headquarters in Bellevue, Washington. HMA is dedicated to helping its customers improve health and deliver cost effective benefits through patented population health programs and innovative support services.

Bill Rusteberg  
**Fee Based Insurance Consultant / Principal**  
RiskManagers.us  
He has been involved in the insurance industry for over 41 years specializing in self-funded employee welfare plans. RiskManagers.us is a specialty company in the benefits market that works directly with health entities, medical providers, and businesses to identify and develop cost effective benefit packages, emphasizing transparency and fairness in direct reimbursement compensation methods. A fortuitous meeting in 2007 sent Bill on a mission to seek the truth behind ever increasing health care costs. In 2008 Bill spoke at the HCCA Executive Forum to discuss his findings as well as offer common sense solutions to ever increasing health care costs. The journey has continued since, a fascinating learning process that Bill shares with audiences at every opportunity, most recently at the annual Physician Hospital Association convention in September 2013. In this age of growing government interference in health care, private enterprise and a free market is still a force to be reckoned with. Reference based pricing, cost plus and Medicare reimbursement benchmarking is a growing market phenomenon that cannot be overlooked or dismissed.

Mike Staver  
**CEO**  
Staver Group  
Mike is an internationally respected coach and speaker. He has been interviewed for many publications on his signature speaking and writing topic “Leadership Isn’t for Cowards” and how to build high performance firms and his new book with the same title was just released. With a master’s degree in counseling psychology and a bachelor’s degree in business administration, he has found a way to make complex ideas simple, memorable and immediately applicable. He is a Certified Speaking Professional (CSP), a designation held by fewer than 10% of the members belonging to the International Federation for Professional Speakers.

Tom Zumtobel  
**CEO**  
Nevada Health CO-OP  
Throughout Tom’s career, he has been an advocate of lifting managed care barriers for patients and physicians. He believes the best solutions lie in simplicity and can be realized only through the development of trust and open communication with physicians. With more than 20 years of experience, Zumtobel career began as a practice manager for a large primary care/urgent care practice which evolved into comprehensive health care solution (utilization management, third party administrator and provider network) for major self-funded employers.
## SCHEDULE OF EVENTS

### Wednesday, February 5, 2014

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00 p.m. – 5:00 p.m.</td>
<td>Registration &amp; Networking with Sponsors</td>
</tr>
<tr>
<td>5:30 p.m. – 7:00 p.m.</td>
<td>Welcome Reception</td>
</tr>
</tbody>
</table>

### Thursday, February 6, 2014

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 a.m. – 8:00 a.m.</td>
<td>Breakfast &amp; Networking</td>
</tr>
<tr>
<td>8:00 a.m. – 8:30 a.m.</td>
<td>Welcome (Kevin Larson HCAA President and Ernie Clevenger, Emcee). Introduction of CVS Caremark, General Session Sponsor</td>
</tr>
<tr>
<td>8:30 a.m. – 10:00 a.m.</td>
<td><strong>Key Note:</strong> “Leadership Isn’t for Cowards: How to Lead Courageously in a Turbulent Age”</td>
</tr>
</tbody>
</table>

**Presented by:** Mike Staver  
We live in an age when it is more and more challenging to manage all of the information, demands and challenges that are coming at us. It takes real courage to stand firm in what you believe and then to get your followers to understand what really matters and how to execute effectively. Your ability to influence your followers is key to every step of creating significant results. Courage is the key element in that process.

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00 a.m. – 10:15 a.m.</td>
<td>Sponsor Speeches</td>
</tr>
<tr>
<td>10:15 a.m. – 10:30 a.m.</td>
<td>Break</td>
</tr>
<tr>
<td>10:30 a.m. – 11:30 a.m.</td>
<td>“Growing &amp; Prospering While Doing Business in States Regulating Stop Loss or How to Make Lemonade!”</td>
</tr>
</tbody>
</table>

**Presented by:** Steve Rasnick, Dave Reynolds and David Snodgrass  
The NAIC and State Insurance Departments are reevaluating the scope of stop loss insurance and whether, when applied to small groups, is tantamount to insurance. Most recently, the states of California and Oregon have developed legislation substantially increasing the minimum Specific Deductible and other state initiatives have also mandated minimum aggregate stop loss attachment points. These legislative changes will make self funding less accessible for many small employers and may ultimately impact the long term viability of many TPA's that current specialize in the smaller group marketplace. However, this very same legislation may also create new opportunities for TPA's.

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:30 a.m. – 11:45 a.m.</td>
<td>Sponsor Speeches</td>
</tr>
<tr>
<td>11:45 a.m. – 11:55 a.m.</td>
<td>Membership Longevity Awards – 15 Year</td>
</tr>
<tr>
<td>11:55 a.m. – 12:00 p.m.</td>
<td>Morning Summary</td>
</tr>
<tr>
<td>12:00 p.m. – 1:00 p.m.</td>
<td>Lunch &amp; Session by Mark Larson and Craig Kinghorn</td>
</tr>
<tr>
<td>Time</td>
<td>Event Description</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>1:00 p.m. – 1:10 p.m.</td>
<td>Emcee Introduction of Afternoon Sessions</td>
</tr>
<tr>
<td>1:10 p.m. – 1:20 p.m.</td>
<td>Membership Longevity Awards – 10 Year</td>
</tr>
<tr>
<td>1:20 p.m. – 2:20 p.m.</td>
<td>&quot;Referenced Based Pricing Programs&quot;</td>
</tr>
<tr>
<td></td>
<td><strong>Presented by:</strong> Jim Farley and Bill Rusteberg</td>
</tr>
<tr>
<td></td>
<td>Reference based pricing provides an alternative to today's ever-rising cost of health care. Using multiple data points, including Medicare rates, cost-to-charge ratios, and historical data as its baseline, reference based pricing ensures transparency and fair reimbursement for members, plans, and providers.</td>
</tr>
<tr>
<td>2:20 p.m. – 3:20 p.m.</td>
<td>&quot;Let's CO-OPerate! Opportunities in a CO-OP Space for Today's TPA&quot;</td>
</tr>
<tr>
<td></td>
<td><strong>Presented by:</strong> John Morrison and Tom Zumtobel</td>
</tr>
<tr>
<td></td>
<td>We believe the state CO-OPs present opportunities for innovative and forward-thinking Third Party Administrators as potential new revenue streams. CO-OPs are breaking the mold and will lead consumer engagement and innovative reimbursement and service. TPAs bring the flexibility that traditional carriers will struggle with implementing. What are the first steps you need to take? Advantages/Disadvantages? Challenges? We will identify opportunities for our TPAs outside of working with employer groups. Discuss the processes, impart valuable information to our listeners, and provide creative opportunities that might be out of your &quot;comfort zone&quot;. We'll also discuss specific industries where opportunities lie.</td>
</tr>
<tr>
<td>3:20 p.m. – 3:35 p.m.</td>
<td>Sponsor Speeches</td>
</tr>
<tr>
<td>3:35 p.m. – 3:45 p.m.</td>
<td>Break</td>
</tr>
<tr>
<td>3:45 p.m. – 4:45 p.m.</td>
<td>&quot;Private Exchange Solution Overview&quot;</td>
</tr>
<tr>
<td></td>
<td><strong>Presented by:</strong> Tiffany McClellan</td>
</tr>
<tr>
<td></td>
<td>With health care reform, employers are seeking alternative ways to reduce their costs, shift their risk and provide a comprehensive employee benefit experience. Come learn from Mercer about the role private exchanges are playing for employers. We will cover an overview of how the exchanges work, benefits included and a couple of case studies on employers who have chosen to join the exchange. We will then have an open discussion on the role TPAs can play in the exchange. We will provide HCAA participants with education on market innovations and details on what makes this offering appealing to our shared clients.</td>
</tr>
<tr>
<td>4:45 p.m. – 5:00 p.m.</td>
<td>Sponsor Speeches</td>
</tr>
<tr>
<td>5:00 p.m. – 5:05 p.m.</td>
<td>Afternoon Summary</td>
</tr>
<tr>
<td>5:30 p.m. – 7:00 p.m.</td>
<td>Reception</td>
</tr>
</tbody>
</table>
### Schedule of Events

**Friday, February 7, 2014**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 a.m. – 8:00 a.m.</td>
<td>Continental Breakfast &amp; Networking</td>
</tr>
<tr>
<td>8:00 a.m. – 8:05 a.m.</td>
<td>Emcee Welcome &amp; Introductions</td>
</tr>
<tr>
<td>8:05 a.m. – 9:05 a.m.</td>
<td>“The Emerging Legislative/Regulatory Landscape for the Self-Insurance Industry”</td>
</tr>
<tr>
<td></td>
<td><strong>Presented by:</strong> Mike Ferguson</td>
</tr>
<tr>
<td></td>
<td>The legislative/regulatory landscape for the self-insurance industry continues to shift, with ongoing developments taking place at the both the state and federal level. The industry’s top lobbyist will share his unique insights on these developments and preview what can be expected in the future. Specific topics will include the ACA regulatory process, ACA amendment legislation, ERISA preemption threats and stop-loss insurance regulations</td>
</tr>
<tr>
<td>9:05 a.m. – 9:20 a.m.</td>
<td>Break</td>
</tr>
<tr>
<td>9:20 a.m. – 9:30 a.m.</td>
<td>Membership Longevity Awards – 5 Year</td>
</tr>
<tr>
<td>9:30 a.m. – 10:30 a.m.</td>
<td>“We’re Off to See the Wizard: Turning Reform into Transform”</td>
</tr>
<tr>
<td></td>
<td><strong>Presented by:</strong> Kim Jayhan</td>
</tr>
</tbody>
</table>
|                 | Drawing parallels to the “Wizard of Oz” story, Kim will present and entertain, identifying how using “courage, brains and hearts” will take us to our “new home of healthcare administration”. These parallels will include:  
  - Courage to Change  
  - Brains to Know How & When to Change  
  - Hearts to Know How to Apply Changes and Implement to Engage Employers, their Employees and Providers  
  - Bringing it All Home – How TPAs will become the “new/renewed home” of trust for employer groups, and using that home to demonstrate successes.  
  Much like Dorothy and her companions to Oz really didn’t need a wizard, TPAs don’t either. TPAs have the data to change their business. Knowing how to understand data and analytics to transform their businesses means that they can not only survive, but continue to evolve their value to their customers; and in turn, create additional opportunities for revenue through transformation.  
  TPAs have not always been the central collaborator to value based benefits and coordination with network providers to ensure best value for the healthcare dollar. Building a culture of wellness and prevention, while also controlling chronic and impactable costs is not something that is taught or fully understood, especially when looking at the impact from ACA and health reform. TPAs can actually set themselves apart from full health plans and insurance companies by offering more collaboration and partnership to providers, as well as employer groups, while helping them manage their funds appropriately. Should a TPA consider entering in any type of shared risk? If so, should they initiate those discussions? If they do, what do they need in order to do that? And how should they carve their business, so that the shared risk is actually an extra source of revenue for TPAs? |

10:30 a.m. – 11:30 a.m.  “Stop Loss – Who is Driving the Bus?”

Presented by: Rick Paul, Joe Kipp and Mike Meloch

The popularity of stop loss will continue to increase as the Affordable Care Act gains momentum. New sets of challenges and questions will arise for all the various stakeholders in this ever changing health care market. This session will provide some insight into the issues currently facing our stop loss insurers and MGU’s (i.e. erosion of ERISA protections, state regulatory encroachment) including guidelines, filing and payments. Panel of stakeholders will cite examples of issues facing the market, trends, and challenges while offering recommendations on how to best address and resolve barriers.

11:30 a.m. – 11:50 a.m.  Prize Awards
11:50 a.m. – 12:00 p.m.  Wrap Up

CONNECT

HCAA’s Executive Forum Mobile App
Now available from the Apple App and Google Play store. This free app will help keep you on task during the conference. Search “HCAA EF2014” in either store.

Follow the conference @HCAAinfo and participate on Twitter using #HCAAExecForum
New to Twitter? Stop by the registration desk and we’ll help you get started.

Join our Health Care Administrators Association LinkedIn Group.
## 2014 Executive Forum Planning Committee

**Carol Berry, CSFS, Chair**
HCAA

**Julie Wohlstein, Chair**
Community Administrators

**Todd Archer**
HealthSmart Benefit Solutions

**Ernie Clevenger**
CareHere/MyHealthGuide, LLC

**Jody Colatruno**
HealthSmart Benefit Solutions

**Carolyn Jarschke**
QVI Risk Solutions, Inc.

**Kevin Larson**
Employee Benefit Management Services, Inc.

**Linda Ludwick**
Capitol Administrators

**Chris Metcalf**
Benefit Informatics, Inc.

**Marla Morland**
American Health Holding

**Wendy Olson**
American Health Holding

**John Powers**
Advanced Medical Pricing Solutions

**Steve Rasnick**
Self Insured Plans

**Laura Ross**
Eldorado

**Lori Sartori**
SLG Benefits

**Brian Vervynck**
MCM Solutions for Better Health

**Jeff Walter**
Professional Benefit Administrators, Inc.

## 2014 TPA University Planning Committee

**Carol Berry, CSFS, Chair**
HCAA

**Julie Wohlstein, Chair**
Community Administrators

**Charles Agrusa**
JMS & Associates, Inc.

**Todd Archer**
HealthSmart Benefit Solutions

**Shana Boley**
JMS and Associates, Inc.

**Lindsay Evans**
GlobalCare

**Steve Gauldin**
Innovative Healthcare Services

**Carolyn Jarschke**
QVI Risk Solutions, Inc.

**Brent Jones**
Integrity Administrators

**Kevin Larson**
Employee Benefit Management Services, Inc.

**Linda Ludwig**
Capitol Administrators

**Chris Metcalf**
Benefit Informatics

**Marla Morland**
American Health Holding

**Rayne Niehaus**
CDS Group Health

**Jodi Bishop Runger**
Lawrence & Russell

**Brian Vervynck**
MCM Solutions for Better Health

**Education Committee**

**Jack Feingold, Chair**
WellDyneRx

**Walt Pregizer, Chair**
Keenan & Associates

**Carol Berry, CSFS**
HCAA

**Erin Jimison**
EBMS, Inc.

**Sandy Hamilton**
Assent Medical Cost Management

**Kirti Mutatkar**
United Agribusiness League

**Rayne Niehaus**
CDS Group Health

**Dave Reynolds, CSFS**
Capitol Administrators

**Grace Saenz**
Benefit Management Administrators, Inc.

**Debbie Stevens**
WellDyneRx

**Nancy Young, CSFS**
INETICO, Inc.

**Government Regulations and Regulatory Compliance Committee**

**Debi Hardwick, Chair**
Coastal TPA, Inc.

**John Barlament**
Quarles & Brady LLP

**Thomas Cardwell**
International Insurance Services, LLC

**Cori Cook**
CMC Consulting

**Jodi Runger**
Lawrence & Russell, LLP

**Joanie Verinder**
Group & Pension Administrators, Inc.

**Julie Wohlstein**
Community Administrators

## Membership Committee

**Nancy Young, CSFS, Chair**
INETICO, Inc.

**Jack Feingold**
WellDyneRx

**Steve Gauldin**
Innovative Healthcare Services, Inc.

**Timothy Guzinski**
INETICO, Inc.

**Sandy Hamilton**
Assent Medical Cost Management

**L.G. Hanzel**
Benefit Informatics, Inc.

**Scott Kleffman**
PortageHealth Administrators, LLC

**John Youngs**
Prodigy Health Insurance

## Public Relations Committee

**Jean Sukovez, CSFS, Chair**
Coastal TPA, Inc.

**Carol Berry, CSFS**
HCAA

**Walt Pregizer**
Keenan & Associates

**Scott Kleffman**
PortageHealth Administrators, LLC

**Linda Ludwick**
Capitol Administrators

## Sponsorship Committee

**LaRea Albert**
LoneStar TPA

**Jack Feingold**
WellDyneRx

**Kevin Larson**
Employee Benefit Management Services, Inc.

**Chris Metcalf**
Benefit Informatics

**Walt Pregizer**
Keenan & Associates
2013–2014 BOARD OF DIRECTORS

President
Kevin Larson
President
Employee Benefit Management Services, Inc.
2075 Overland Ave
Billings, MT 59102
406-245-3575 x254

Treasurer / Secretary
Josh Ayers
Manager Assurance Services
Stone Carlie
101 South Hanley Road,
Suite 100
St. Louis, MO 63105
314-889-1173

Immediate Past President
Carolyn Jarschke
President/CEO
QVI Risk Solutions, Inc.
1011 SW Emkay Drive,
Suite 209
Bend, OR 97702
541-312-8512 x101

Vice President
Julie Wohlstein, M.A.S.
Director of TPA Services
Community Administrators
740 Bay Blvd.
Chula Vista, CA 91910
619-498-6549

Chief Operating Officer
Carol Berry, CSFS®
COO
Health Care Administrators Association
6155 Lockhurst Drive
Woodland Hills, CA 91367
818-340-7668

Directors
LaRea Albert, CSFS®
COO
Lone Star TPA
1510 West Grande Blvd
Tyler, TX 75703
903-617-6708

Linda Ludwick
COO
Capitol Administrators
2920 Prospect Park Drive,
#210
Rancho Cordova, CA 95670
916-669-2515

David Reynolds, CSFS®
CEO
Capitol Administrators
2920 Prospect Park Dr.,
#210
Rancho Cordova, CA 95670
916-669-2510

Todd Archer
Executive Vice President,
Central Region
HealthSmart Benefit Solutions
3212 Quail Springs Parkway
Oklahoma City, OK 73134
405-607-2657

Chris Metcalf, MHA,
CSFS®
Solution Engineer
Benefitfocus
6660 South Sheridan Road,
Suite 206
Tulsa, OK 74133
918-491-3603

Jean Sukovez, CSFS®
COO
Coastal TPA, Inc.
928 East Blanco Road, Suite
235
Salinas, CA 93901
831-754-3800 x114

Jack Feingold
Vice President Account Development
WellDyne Rx
7472 South Tucson Way,
Suite 100
Centennial, CO 80112
720-895-3112

Rayne Niehaus
Vice President
CDS Group Health
1625 E. Prater Way, Bldg. C.,
Suite 101
Sparks, NV 89434
775-352-6917

Jeff Walter
Executive Vice President
Professional Benefit Administrators, Inc.
PO Box 4687
Oak Brook, IL 60522-4687
630-655-3755

Debi Hardwick
President / CEO
Coastal TPA, Inc.
928 East Blanco Road, Suite 235
Salinas, CA 93901
831-754-3800 x104

Walter Pregizer
Vice President
Keenan & Associates
PO Box 4328
Torrance, CA 90510
310-212-0363

Nancy Young, RHU,
CSFS®
Vice President of Sales
INETICO, Inc.
2279 Eagle Glen Parkway,
Suite 112-122
Corona, CA 92883
951-479-1680

Directors

Linda Ludwick
COO
Capitol Administrators
2920 Prospect Park Drive,
#210
Rancho Cordova, CA 95670
916-669-2515

David Reynolds, CSFS®
CEO
Capitol Administrators
2920 Prospect Park Dr.,
#210
Rancho Cordova, CA 95670
916-669-2510

Jean Sukovez, CSFS®
COO
Coastal TPA, Inc.
928 East Blanco Road, Suite
235
Salinas, CA 93901
831-754-3800 x114

Jeff Walter
Executive Vice President
Professional Benefit Administrators, Inc.
PO Box 4687
Oak Brook, IL 60522-4687
630-655-3755

Nancy Young, RHU,
CSFS®
Vice President of Sales
INETICO, Inc.
2279 Eagle Glen Parkway,
Suite 112-122
Corona, CA 92883
951-479-1680
Follow the conference and participate in our live twitter stream using #HCAAEexecForum
CERTIFIED SELF FUNDING SPECIALIST® DESIGNEES As of January 2014
List reflects those who have elected to be published in directory

Elizabeth Albert, CSFS
Lone Star TPA

David Antongiovanni, CSFS
PTDX

Sue Austin, CSFS

James Bassett, CSFS
Wells Fargo Insurance Services

Steven Bent, CAE, CWCP, CSFS
TXANS

Albert Benz, CSFS

Carol Berry, CSFS

Jack Bittis, CSFS
TAG Insurance Services

John Bretz, CSFS
JMB Consulting LLC

Linda Chase, CSFS
Symetra

Timothy Clark, CSFS
OneSource

Renette Costa, CSFS
Stop Loss Insurance Services

Belinda Cox, CSFS
Mutual Health Services

Carrie Da Re, CSFS
Mutual Health Services

John Davidson, CSFS
Davidson Benefits Planning, LLC

Christine Dean, CSFS
Wells Fargo Insurance Services

Kathy Enochs, CSFS
Group & Pension
Administrators, Inc

Daniel Farmer, CSFS
Gateway Health Alliance, Inc.

Robert Fenimore, CSFS
Symetra

Lisa Gibson, CSFS
Wells Fargo Insurance Services USA, Inc.

Mary Gousev, CSFS
CDS Group Health

Arthur Granado, CSFS
The Granado Group

Catherine Hall, CSFS

Endeliza Hampton, CSFS
Barney & Barney

Amanda Hannah, CSFS
EBMS, Inc.

Allyn Heck, CSFS

Shane Heigis, CSFS

EBMS

Marjorie Henriksen, CSFS
CDS Group Health

Joe Hernandez, CSFS
JHC Insurance Services

Jason Hopkins, CSFS
BMI-HealthPlans

Brian Howard, CSFS
The Howard Group

Catherine Hubben, CSFS
Willis of Ohio

Kelly Huneke, CSFS
MMSI

Beckie Ingram, CSFS
Group & Pension
Administrators, Inc.

Robert Inks, CSFS

Brent Jones, CSFS
Integrity Administrators, Inc.

Kristen Keeling, CSFS

Dixanna Kingsford, CSFS
Wells Fargo Insurance Services, USA

Jennifer Kyles, CSFS
Butler Benefit Service

Sharlene Langhoff, CSFS
Barney & Barney

Cindy LaQuatra, CSFS

Brad Leddon, CSFS
Coffey & Company

Marsha Marshall-pfleffer, CSFS
Corporate Benefits Network, Inc.

Judith Martin, CSFS
EBMS

Scott Mcclave, CSFS
Alliant Insurance Services

David McFerrin, CSFS
RCI

Timothy McGinn, CSFS
Health Planning Associates, LLC

Chris Metcalf, CSFS
Benefit Informatics

Julie Nelson, CSFS

Debra Nephew, CSFS
Sante Health System

John Nielsen, CSFS
USI

Benjamin Nix, CSFS
GPA

Martin O’Hara, CSFS

Brian Partridge, CSFS
Sun Life Financial

Bethany Peralta, CSFS
McGohan Brabender

Jennifer Peterson, CSFS
Manning & Napier

Bret Petrick, CSFS
Archway

Esther Pipoly, CSFS

David Reynolds, CSFS
Capitol Administrators, Inc.

Ariel Roach, CSFS
Butler Benefits

Allaire Rosenthal, CSFS
First Choice Health

Janetta Russel, CSFS

Lisa Scalzo, CSFS
ACS Benefit Services

Joseph Sears, CSFS

Timothy Sharp, CSFS
OneSource Stop Loss

Gary Sereke, CSFS
WebTPA

Gregory Soden, CSFS
Brown and Brown Insurance

Jean Sukovetz, CSFS
Stephen Chelbay Company

Kristy Swales, CSFS
Butler Benefit Service, Inc.

Linda Tar, CSFS

Michele Tarantino, CSFS
Stop Loss Insurance Services

Adam Thaler, CSFS
Bardon Insurance Group

Steven Trott, CSFS
Alliant Insurance Services, Inc.

Peter Valeri, CSFS
John Hancock Med America

William Walton, CSFS
Neely, Craig & Walton LLP

Karena Weikel, CSFS
Geisinger Health Plan

Anna Wesling, CSFS
United Medical Alliance

Julie Wilson, CSFS
IMA, Inc.

Dianne Wingfield, CSFS

Nancy Young, CSFS
Become a Certified Self Funding Specialist®!
Learn Everything You Need to Know Online

Now you can earn insurance and health Continuing Education credits and obtain a CERTIFIED SELF FUNDING SPECIALIST® (CSFS)* designation online through the Health Care Administrators Association (HCAA).

HCAA has developed a new, exciting training and certification program. The courses and certification are focused on the self funding benefit model and its associated ERISA framework. Consisting of seven training courses, each qualifying for Continuing Education credits, the certification program culminates in the award of the CSFS® designation.

The required coursework to obtain the CSFS® certification is delivered online through WebCE, a nationwide leader in continuing education. To earn the CSFS® professional designation, you must successfully complete all seven online course modules. However individual classes are also offered without certification. You can view the courses online and print the material from your browser. Best of all, you can study at your own pace, and then complete your final exam for each course online.

For full course descriptions or to register, visit us online at www.hcaa.webce.com.
Who Should Consider CSFS® Designation?

Anyone who works or plans to work with a self funding health care plan will benefit from a CSFS® designation. Comprehensive and insightful, the seven courses cover every aspect that plan sponsors, brokers, employee benefit professionals and other health care professionals need to consider when establishing or maintaining a self funded health care plan.

Courses available individually or as a series. You must complete all seven courses to receive the CSFS® designation.

Course List:

Course 1  Introduction to Self Funding, Risk Management and the TPA
Learn the basics of self funding, including its origins in cost containment and how it works. Explore related legal and regulatory issues and gain a better understanding of risk management, the TPAs role in the self funding process and administrative responsibilities.

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.

Visit us online for full course descriptions or to register.
www.hcaa.webce.com

For more information contact HCAA at 888.637.1605
Employee Benefit Logistics LLC
Employee Benefit Management Services, Inc.
Employee Benefit Systems
EngagePoint
Envision Pharmaceutical Services
EPan LLC
Exam Coordinators Network
Exdion
Fairmont Specialty
First Administrators Inc.
First Choice Health Network
First Health
FlexMinder
Foundation Administrative Services, Inc.
Fox/Everett, Inc.
Freestone Corporate Law, Chtd
Golden Triangle Specialty Network, LLC
Green Light
Group & Pension Administrators, Inc.
H.H.C. Group
Hawaii Western Management Group
HCC Life Insurance Company
Health Plans, Inc.
Health Systems International
Healthcare Management Administrators, Inc.
HealthEdge Administrators
HealthSCOPE Benefits, Inc.
Healthenitic
HealthFirst TPA
HealthSmart Benefit Solutions, Inc.
Healthx, Inc.
Heritage Health Solutions, Inc.
Hines and Associates, Inc.
HM Insurance Group
Hometown Health
HS&BA
HSP - Health Solutions Plus
Humboldt-Del Norte Fnd. For Medical Care
IHC Risk Solutions
INETICO, Inc., Care and Claims Management Services
Innovative Care Management
Innovative Healthcare Delivery
Innovative Healthcare Services, Inc.
Insurance Management Services
Insurance Systems
Integrated Prescription Management
INTERLINK Health Services, Inc.
Intermediary Insurance Services, Inc.
International Insurance Services, LLC
inVentiv Medical Management
J. Allan Hall & Associates
J. P. Farley Corporation
J.J. Stanis and Company, Inc.
JMS & Associates, Inc.
Keenan & Associates
Lawrence & Russell, PLC
LifeTrac Network
LifeWise Assurance Company
London Medical Management, Inc.
Lone Star TPA
Managed Care Systems, LP
Markham, Gray & Dennis
Mayer Hoffman McCann P.C.
Mayo Clinic Health Solutions
MCM Solutions for Better Health
MedDirect, A MedData Company
Meritain Health, Inc.
MESVision
Montgomery Management
National CooperativeRx
Native Care Health, LLC
Nevada Preferred Healthcare Providers
NexPay, Inc.
North America Administrators, L.P.
One Call Medical, Inc.
OptumHealth Financial Services
Outsource Marketing Strategies, Inc.
Partners RX Management LLC
Payer Compass, LLC
Pequot Health Care
Pinnacle Claims Management, Inc.
POMCO Group
Preferred Medical Claim Solutions, LLC
ProAct, Inc.
Professional Benefit Administrators, Inc.
Providers Group Insurance Agency, LLC
QBE A&H LLC
Quarles & Brady LLP
QVI Risk Solutions, Inc.
RedCard Systems
Script Care, Ltd
Security Life Insurance of America
SelectHealth
Self Insured Plans LLC
Self Insured Services Company
Smart Data Solutions
Southwest Service Administrators, Inc.
Spectrum Underwriting Managers, Inc.
Starline Group
Stone Carlie & Company, LLC
Sun Life Assurance Co. Of Canada
SunGard IWORKS
Swiss Re Corporate Solutions
The Howard Group
The Johns Hopkins Health System
The Phia Group, LLC
The Surgery Center Network
The TriZetto Group, Inc.
TRICAST, Inc.
Tristar Benefit Administrators
TRU Services, LLC
UMC Health Plan Operations
Unified Group Services, Inc.
United Claim Solutions
United Medical Alliance, LLC
US Script, Inc.
USBenefits Insurance Services, LLC
VIIAD
WellDyneRx
William J. Sutton & Co. Ltd.
WLT Software Enterprises, Inc.
Young Consulting, Inc.
LEGISLATIVE/REGULATORY UPDATE - WHAT IS GOING ON AND HOW YOU CAN AFFECT THE OUTCOME

MARCH 13, 2014
10 a.m. PT / 1 p.m. EST
MIKE FERGUSON
CHIEF OPERATING OFFICER & FEDERAL LOBBYIST
SELF-INSURANCE INSTITUTE OF AMERICA, INC.

THE NEW MENTAL HEALTH PARITY RULES: ACTION ITEMS FOR TPAS AND EMPLOYERS

APRIL 3, 2014
10 a.m. PT / 1 p.m. EST
JOHN BARLAMENT
ATTORNEY, PARTNER
QUARLES & BRADY LLP

THE BASICS OF SELF FUNDING

APRIL 10, 2014
10 a.m. PT / 1 p.m. EST
GRACE SAENZ
V.P. – DIRECTOR OF SALES AND SERVICE
BENEFIT MANAGEMENT ADMINISTRATORS, INC.

NANCY YOUNG, CSFS
VICE PRESIDENT SALES & ACCOUNT MANAGEMENT
INETICO, INC.
A&G Healthcare Services
Doug Cohen
732-792-2174
DouglasC@aghealth123.com

American Health Holding
Michelle Baier
614-933-7561
mbaier@ahhinc.com

Benefitfocus
Chris Metcalf
918-491-3603
chris.metcalf@benefitfocus.com

Careington International
Bruce Bernstein
972-335-6970
bruceb@careington.com

CVS Caremark
Tom Rill
Tom.Rill@caremark.com

Catamaran (Restat)
Jason Paasch
414-760-4722
jpaasch@restat.com

Clearwater Compliance LLC
Bob Chaput
615-496-4891
bob.chaput@clearwatercompliance.com

Data Dimensions
Sara Miller
608-373-6234
saram@datadimensions.com

ECHO Health
Tom Davis
214-385-6733
tdavis@echohealthinc.com

Eldorado
Bonnie Waters
602.604.3100
bwaters@eldocomp.com

Emdeon
Katie Rogers
615-932-3222
KaRogers@emdeon.com

Envision Pharmaceutical Services
John Ewell
925-487-3266
jewell@envisionrx.com

Evolution 1
Lindsey Tuttle
314-392-4285
ltuttle@evolution1.com

GlobalCare
Lindsay Evans
404-304-3740
levens@globalcare.net

Global Excel Management
Ben Tabah
819-437-2277
Benjamin.Tabah@globalexcel.com

Health Solutions Plus
Carol Bennett
631-249-1444
cbennett@hspweb.com

HealthX
Dwight Klunzinger
317-218-0605
dklunzinger@healthx.com

HeW
Marvin Drake
406-439-9013
mdrake@hewedi.com

IHC Risk Solutions
Michael Kemp
860-469-2074
mkemp@ihcrisksolutions.com

INETICO
Tim Guzinski
813-258-2200 x1017
timguzinski@inetico.com

Innovative Healthcare Services, Inc.
Steve Gauldin
410-349-3222
sgauldin@claimsbridge.com

Magellan Rx
Neely Burkhardt
480-624-9400
neely.burkhardt@partnersrx.com

Med Data, Inc.
Kathy Hershey
800-835-7474
kathyH@meddata.com

MHM (Mayer Hoffman McCann, P.C.)
Sam Perera
949-283-1757
sperera@cbiz.com

Pay-Plus Solutions
Erin Alden
908-315-7051
ealden@phx-online.com

Payer Compass, LLC
Greg Everett
972-964-6655
gleverett@payercompass.com

Phia Group
Mike Branco
781-535-5600
mbranco@phiagroup.com

PMCS
Derek Caliendo
480-209-0590
dcaliendo@pmcsonline.com

Premier Healthcare Exchange
Erin Alden
908-315-7051
ealden@phx-online.com

RedCard Systems
Kelly Crabtree
314-445-6000
kcrabtree@redcard.com

Stone Carlie
Josh Ayers
314-889-1100
jayers@stonecarlie.com

United Claim Solutions
Corte Iarossi
602-393-4533 x10
ciarossi@unitedclaim.com

VPay
Jarvis Shockey
972-367-6577
jshockey@vpayusa.com

WellDyneRx
Lisa Sharkey
888-479-2000 x8347
lsharkey@welldynerx.com
Real Time xCloud Technology

**Challenge**
- Fraud
- Waste
- Abuse

**Solution**
- Claims Edit

**Features**
- Increased and accelerated claims processing
- Ensure claims payment accuracy
- Reduced expenses by streamlining the claims processing workflow
- Reduces human intervention

**Fraudulent Payments**

**EDIT – FRAUD, WASTE & ABUSE OUT OF NETWORK CLAIMS SOLUTIONS**

www.aghealth123.com • 866-942-4427
American Health is a national medical management company that serves more than 2.3 million lives across all 50 states, the Caribbean and Bermuda. With 20 years of experience in cost management solutions and member advocacy, we are a one-stop shop for medical management offering services that span the health care continuum.

Clients can depend on the quality of our services because of our comprehensive Total Quality Management program and URAC-accredited Utilization Management, Case Management and Disease Management. Our proprietary medical management software, iSuite, integrates our programs and increases efficiency, allowing us to provide market-leading pricing. These differentiators have made us a preferred vendor among multiple TPAs and stop loss carriers.

Our customer service philosophy is built on four concepts:

- We focus on understanding the unique needs of each client and design customizable programs that achieve results.
- We provide exceptional service at a great value.
- We work hard every day to exceed expectations. That’s why 96% of clients are satisfied with American Health’s programs and services.
- We are a large enough company to provide world-class products and services, but we still focus on developing personal, lasting relationships with our clients and partners.

Contact us today to learn more about what we can do for you.
Benefitfocus.com, Inc. is a leading provider of cloud-based benefits software solutions that are designed to simplify the complexities of the evolving healthcare & benefits landscape.

As the data analytics component of the Benefitfocus Portfolio of Products & Services, BENEFITFOCUS® Benefit Informatics integrates health-related data from multiple sources in a single, online portal and transforms it into actionable information that enables more efficient planning, management and analysis of health plans throughout the benefits lifecycle.

- Provide standard and specialized reporting for clients
- Consolidate clients’ data into one data warehouse
- Create health cost transparency for all employee benefit stakeholders
- Benchmark plan performance to industry averages
- Design plan models using actual real-time data
- Facilitate compliance with healthcare reform requirements

www.benefitfocus.com  BENEFITFOCUS®  All Your Benefits. One Place.®  (843) 849-7476
Clearwater Compliance Brief

OUR FIRM

Clearwater Compliance is a boutique, industry-leading healthcare software and services company helping healthcare organizations and their service providers become and remain compliant with federal HIPAA and HITECH privacy, breach notification and security regulations.

OUR LEADERS

Our seasoned and highly credentialed healthcare executives include:
- Founder & CEO - Bob Chaput, CISSP, CIPP/US, CHP, CHSS, MCSE
- CFO & CCO – Mary Chaput, MBA, CIPP/US, CHP
- EVP & COO – Kathy Ebbert
- VP – Operations Delivery – Jason Riddle, CISSP, CISA
- VP – Services West – Chris Dansie, Ph.D., CISSP-ISSMP, CHP, MCSE
- VP – Product Innovation – Jon Stone, MPA, PMP
- VP – Business Development – Dan Pruyn

OUR PROCESSES

- Based on core principles to Educate, Assess, Plan, Remediate
- Focused on helping operationalize compliance programs via SaaS apps
- Collaborative and finely honed PLAN-DO-CHECK-ACT approach
- Onsite / Offsite work performance
- Web-based Project Management
- Embedded regulations, OCR Audit Protocols

OUR TECHNOLOGY

Industry-leading, unique enterprise scalable Software-as-a-Service (SaaS) applications which facilitate continuous compliance improvement including:
- HIPAA Security Risk Analysis™
- HIPAA Security Assessment™
- HIPAA Privacy & Breach Notification Assessment™

OUR CLIENTS

Clearwater’s clients include HIPAA Covered Entities, Business Associates and their Agents & Subcontractors operating in all facets of healthcare. Clearwater counts over 350 organizations (over 100 hospitals) as clients and among them, Fortune 100 major health systems, health plans, and business associates across the US, all of whom are reference-able. We would be happy to provide references upon request.

WHY EXECUTIVES LOVE US!

- Most importantly, we are deeply-experienced healthcare executives assisting other healthcare executives and business associate executives operationalize compliance as a business risk management program.
- We deliver! – Practical, Tangible, Actionable Remediation Plans
- We enable! – Our SaaS solutions facilitate self-sufficiency and a Plan-Do-Check-Act CPI approach.
- We have “been there and done that” with major hospitals, health systems, health plans, academic medical centers and national business associates across the US as well as small, medical practices.
- Our executive consultants possess deep healthcare, risk management, technology, public/private company executive leadership experience.
- We offer the most comprehensive, unique and mature compliance software, methodology & thought leadership and customer service in the industry.
- Our software provides a lasting tool that enable firms to operationalize their compliance programs.
- Our tools rigorously follow the Privacy, Breach Notification and Security regulations along with all relevant HHS/OCR guidance.

OUR SOLUTIONS AND SERVICES

Using the federal Privacy, Security and Breach Notification Rules as a foundation, supplemented with the Office for Civil Rights (OCR) Audit Protocols and deep field experience, all of our services and solutions are regularly updated to reflect the very latest regulatory requirements, HHS/OCR Settlement Agreements and other legal precedents. Our risk analysis software meets explicit Meaningful Use Attestation and HIPAA Security Rule requirements. Compliance assessment software solutions simulate OCR audits and auto-generate baseline compliance scores and gap remediation plans, in addition to providing comprehensive education to the assessment team and a central compliance document repository. While the software is easy to use and assessments can be conducted by internal resources, Clearwater also provides expert consultants, if third-party assistance or independent assessment / analysis is preferred to elicit an objective opinion.

THOUGHT LEADERSHIP

- National Speaking Engagements
- HIPAA-HITECH Blue Ribbon Panel™
- Nationally-acclaimed HIPAA Blogger
- Premium Sponsor / Co-Author ANSI’s “The Financial Impact of Breach PHI”

OUR UPCOMING EDUCATIONAL EVENTS

Information about our critically-acclaimed HIPAA-HITECH regulatory educational events may be found at our company web site and educational resources sites:
- http://ClearwaterCompliance.com
- http://AboutHIPAA.com
- and specifically include our:
- Live Web Events
- Live HIPAA Compliance BootCamp™
- Virtual HIPAA Compliance BootCamp™
Helping People on Their Path to Better Health

We’re reinventing pharmacy to help people on their path to better health: to provide caring expert guidance, new cost-effective solutions, and even more convenient access to care. You might not expect this from a pharmacy or a PBM, but you can expect it from a pharmacy innovation company. That’s CVS Caremark. Helping people on their path to better health. It’s our purpose, our promise, our passion...every day.

For more information, please visit CVSCaremarkFYI.com.

PHARMACY BENEFIT MANAGEMENT • CVS/PHARMACY • MINUTECLINIC®
Visit our booth at the 2014 HCAA Executive Forum to learn how our business automation solutions can increase your productivity.

**Imaging and data capture:** We utilize the latest technologies for image capture and auto-form identification. We image documents as small as receipts and as large as engineering drawings. DDCapture, DDManage and DDIntegrate services provide efficient, timely and cost-effective solutions, relieving you of the burden to perform functions that are not related to your core product offerings.

**Medical claims processing:** Data Dimensions’ medical claim processing provides a solid front-end solution for conversion of your paper documents to electronic format for EDI delivery to your systems. We optimize the process to provide the finest quality data and images, driving down auto-adjudication rates and reducing administrative costs and reimbursement times.

**Medical claims payment:** DDClaimsPay is a proven claims payment delivery solution whose key resides in our robust processing technology that utilizes every form of benefit payment delivery available today, all with associated EOBs to automate the process.

**Electronic content management:** Collybus is a comprehensive collection of business process automation software for Enterprise Content Management. Collybus specializes in the seamless integration of storing scanned or imported data in a secure image repository with the power of workflow and reporting. Collybus gives non-technical users the ability to create, search, and execute business-critical documents and processes.

We have integrated solutions to align with your business outcomes.

Corporate Headquarters
400 Midland Court • Janesville, WI 53546
p: 608.757.1100 • tf: 800.782.2907
info@datadimensions.com
www.datadimensions.com
ECHO, A Trusted Partner With A Trusted Solution

As a leading innovator of healthcare payment solutions, ECHO offers the most trusted solution to our stakeholders. ECHO’s mission is to:

- **Consolidate** statements and funds into one
- **Deliver** regulation compliant statements efficiently
- **Reward** your bottom line

It is this consistency that has allowed us to earn the trust of our partners. ECHO believes in delivering on our brand promise of providing value for over 45,000 ERISA health plans and fully insured groups. By partnering with ECHO, we will show you how to maximize your business’s financial resources while reducing administrative costs.

ECHOHealthInc.com    |     info@ECHOHealthInc.com     |     440.835.3511

Find Out How ECHO Can Assist You
E-commerce and real-time business transactions have become the norm for many industries. Healthcare benefits management lags behind other businesses when it comes to real-time transactions. Eldorado has solved that problem with the introduction of the Javelina system and its real-time web services products.

Javelina is a modern Java Claim Adjudication and Benefit Management based system. Making web services calls for real-time interaction with other systems can be a difficult task with less modern platforms. With Javelina, Eldorado has developed and deployed a full web services (WSDL) communications module upon which have been built a number of real-time interactions.

CORE I & II STATUS INQUIRIES & RESPONSES
In accordance with the federal requirements to meet the CORE standards, Javelina supports the real-time processing of eligibility and claims inquiries and responses by handling the 270/271 and 276/277 message transactions in real-time.

PBM & ACCUMULATOR INTERFACES
A real-time interface between the PBM and the health plan or TPA alleviates many of the problems and manual interventions that may be necessitated with a batch interface.

Javelina provides an interface that can notify the PBM of any changes to account balances, deductible and out-of-pocket values. Conversely, Javelina can accept PBM claim information in real-time to not only update those values within the application, but to also store pharmacy claim information to provide unified reporting.

CLAIMS ADJUDICATION
Javelina allows for the submission and adjudication of a healthcare claim in real-time. The provider office may submit a HIPAA 837 claim transaction via web services. Javelina will adjudicate that claim and respond with the remittance advice 835 transaction. This allows the provider to know what the patient responsibility is in full before the patient leaves the office.

Javelina follows the WEDI (Workgroup for Electronic Data Interchange) guidelines for processing real-time claims adjudication. If a claim cannot be fully adjudicated for any reason, a HIPAA 277CA claims status response is returned to the provider. This tells the provider that the claim submission has been accepted and will be processed at a later time.

REAL-TIME Javelina

READY TODAY. PREPARED FOR TOMORROW.
Gain the Edge
Your Business Needs

Quite Possibly the Most Powerful Edge Against Improper Healthcare Payments.
Satisfy your business needs at Emdeon.com/Edge.
A revealing approach to pharmacy benefit management.
Whether you’re a broker wanting to recommend the best solution to your clients, a financial institution expanding your product offerings, a health plan provider seeking greater efficiency gains, a software developer providing payment solutions or a benefits administrator driving greater profitability, we can help address your needs.

**Our advantages:**
- The nation’s largest electronic payment, on-premise and cloud computing healthcare solutions
- Solutions administer HSAs, HRAs, FSAs, Defined Contribution, VEBAs, Wellness and Transit Plans
- Serving over 75,000 companies and 9 million consumers
- Industry-leading prepaid benefits card with innovative auto-substantiation technologies

**Simplifying the Business of Healthcare**

www.evolution1.com
GlobalCare, Inc. provides superior medical network management and cost containment solutions within the Payer market, serving claims administrators of individual, small and large group fully-insured or self-funded benefit plans. We increase medical savings, offer more provider choice, and deploy configurable healthcare solutions that optimize financial and clinical outcomes while providing operational efficiency, lowering transaction costs with flexible systems to make it easier for the Payer. GlobalCare - Simply More.

GlobalCare, Inc. provides superior medical network management and cost containment solutions within the Payer market, serving claims administrators of individual, small and large group fully-insured or self-funded benefit plans. We increase medical savings, offer more provider choice, and deploy configurable healthcare solutions that optimize financial and clinical outcomes while providing operational efficiency, lowering transaction costs with flexible systems to make it easier for the Payer. GlobalCare - Simply More.

**Network Optimization**
- Primary network access
- Secondary InanetSM network access
- Network optimization analysis
- 150+ discount mechanisms
- Local, regional and national PPO networks
- Specialty networks
- Fee negotiators
- Alternative Reimbursement Methodologies
- Customized savings hierarchy
- No minimums
- Savings and performance reports

**Steerage**
- eMDnetSM - on-line provider search and referral portal - member’s guide to finding and accessing providers whether home or traveling
- Medical Help Desk - accessible 24/7/365 for RN triage, medical assessment and recommendation for most appropriate level of care
- Travel Cards - available for travel access to supplement primary ID card
- CustomerCARE - available to assist members with any needed network access
- Provider Service Notifications - medical referrals to participating network providers when traveling

**Workflow Management**
- Single source to 200+ trading partners
- Claim receipt from any source & format
- Creation of ANSI 837/5010 claim file & electronic image
- Data normalization, cleansing & claim edits
- EDI & enrollment management
- Claim routing & re-pricing
- Large discount & large dollar claim review
- Medical Bill Review & clinical edits
- eCredits & elvoicing
- Return to Payer or trading partner

For more information, visit www.globalcare.net or call 800.860.1111 Ext. 1635
INDUSTRY LEADING SAVINGS
BILL INTEGRITY
SECURE DISCOUNTS
EFFICIENT PROCESSING
CUSTOMIZED SOLUTIONS

= COST CONTAINMENT DONE RIGHT

globalexcel.com
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:
- Optimize personnel while continuing to grow
- Reduce administrative costs using highly automated, efficient processes
- Implement legislative mandates in a timely manner
- 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
- Have access to TPA Best Practices & TPA Experienced Support Staff

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
- Provider Contract Management
- Full Stop Loss Capabilities
- Integrated Utilization Management
- Integrated Care Management
- Customer Service
- Workflow Management
- Document Management
- EDI File Management
- Integrated Web-Portals
- Business Analytics and Reporting
- Web Services
- Mobile Application Support

For more information contact us at
631.249.1444
800.244.8718
sales@hspweb.com
Recognized as a leader in healthcare payer technology, Healthx's solutions are widely adopted by 150 payers across the U.S. More members, providers, employers and brokers communities are using Healthx's solutions, than ever before. Healthx’s Interactive Voice Response/Fax Solution has proven to yield significant savings for plan administrators servicing self-funded health and welfare plans. Healthx’s mobile app is also a preferred solution by numerous third party administrators as a way to engage members.

We have TPA clients that are large national administrators, Taft-Hartley administrators, dental only administrators and small TPAs that serve distinct niche markets. Through our experience with this diversity, we have the knowledge to consult and deploy solutions that are right for you.

**Healthx Solutions**

**Member Engagement and Retention**
- Web Access and Mobile Apps
- Member Communications
- Control Costs
- Adoption and Utilization

**Reduce Calls and Improve Efficiency**
- Self-Serve Member
- Self-Serve Provider
- Auto Authorization Management
- Call Automation (Interactive Voice Response/Fax)

**Provider Collaboration**
- Web Access
- Care Coordination
- Improve Quality Scores

**About Healthx**
Healthx provides cloud-based solutions for health plans and third party administrators (TPAs) to drive member engagement and provider collaboration. Over 150 payers across the U.S. utilize Healthx solutions resulting in 16 million logins by health plan members and over 9 million logins by providers. Healthx is a rapidly growing company and has been named to the Inc. 500/5000 list for seven consecutive years.

---

Healthx, Inc.
9339 Priority Way West DriveSuite 150, Indianapolis, IN 46240
Toll Free: 1 (877) 492-3633 Email: info@healthx.com
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.
ISN’T IT TIME YOUR CLAIMS GAME CAME IN UNDER PAR?

PAR3
MEDICARE BASED REASONABLE REIMBURSEMENT RATES

INETICO’S answer to traditional PPO Network models for enhanced claims savings.

- Effective Alternative to Traditional PPO Networks
- Copay, Deductible and/or Coinsurance Payment Strategy
- Member Balance Billing Support Provided through INETICO’s Patient Payor Services
- Full-Time Legal Counsel on Staff
- Utilization Review, Case Management, Disease Management & Wellness Solutions

VISIT WITH YOUR INETICO TEAM

Come by the INETICO exhibit to learn about our innovative PAR3 program and our entire suite of payor cost containment solutions!

Stop by the INETICO booth to play a round!
Register to win a Wii Sports Game Bundle and a 32” LED HDTV!

813.258.2200 | INETICO.COM
ClaimsBridge Services

We provide solutions that help third party administrators (TPA’s), payers, providers and healthcare networks (e.g. PPOs, PHOs, etc.) gain more control over healthcare coverage and costs.

ClaimsBridge Custom Provider Networks
IHS’s Custom Provider Network is a practical alternative for self-funded employers seeking more control over healthcare coverage and costs. Working with the TPA and employer, we replace the “one size fits all” network with a cost-effective custom network created around the needs of your business and employees. Our Custom Provider Network provides unmatched flexibility for the most efficient, cost effective coverage possible.

Each network is completely customized to the client’s business needs. Employers simply give us a list of providers (physicians, hospitals and ancillary care) that they want in-network and the IHS team handles the network set-up (provider recruiting, negotiations and contracting) and the ongoing management.

Self-funded Employers, TPAs or Brokers looking to replace the “one size fits all” network with a cost-effective customized network created around the needs of their business and their employees

ClaimsBridge Connects
We call our suite of services and solutions ClaimsBridge Connects. ClaimsBridge securely connects healthcare providers, PPOs, TPAs and payers over the internet so they can provide rapid, accurate, and cost effective auto-pre-adjudication of institutional, professional and dental claims.

All ClaimsBridge Connects services are designed to provide secure, transparent and efficient interfaces among the various entities involved in adjudicating and managing healthcare claims. The ClaimsBridge approach optimizes processing tasks through efficient design and flexible solutions. Clients simply choose which Connects services best meet their needs at a given time.

Our Connects suite of services include: Claim Acquisition, Repricing, EDI Transaction Management, Claim Conversion Services, Data Validation and Scrubbing, Routing Services, with Web Portal viewable capabilities.

For More Information Contact:
Innovative Healthcare Services
1511 Ritchie Highway
Suite 205
Arnold, MD 21012
Telephone: 410-349-3222
Email: info@claimsbridge.com

Solutions

Custom Provider Networks
Working with the TPA and employer we replace the “one size fits all” network with a cost-effective custom network, created around the needs of your business and your employees.

EDI Transaction Manager
ClaimsBridge maintains multiple two-way EDI connections with Emdeon and other major clearinghouses as required. We support direct connections to our clients as well.

Claim Conversion
Our mailroom and paper to EDI services are designed to assist paper-based claims submitters to transition to EDI smoothly and benefit from the use of EDI early in the claims flow process.

Repricing Services
A critical step in claim adjudication, repricing can be complex and time consuming. We automate much of the repricing process using business rules and pricing structures applicable to each ClaimsBridge client.

Routing Services
ClaimsBridge Routing Services evaluate each claim, based on the business rules of our clients, to determine each claim’s next recipient.

Web Portal Solution
The ClaimsBridge Web Portal is a powerful interface that helps clients to track and view claims throughout claims flow.

www.ClaimsBridge.com
Partners Rx is now Magellan Rx

A unique vision of pharmacy care

At Magellan Rx, we're providing a smarter approach to pharmacy benefits. Our integrated solution combines our pharmacy benefit and specialty pharmacy expertise into one organization, allowing us to leverage our collective scale and experience in managing total drug spend, while ensuring a clear focus on the specific needs of each of our individual customers. By truly understanding your needs, we empower you with easy-to-use tools and insightful cost savings solutions that improve member health and help you make more informed decisions.

Welcome to Magellan Rx.

Contact us today at 800.659.4112 to learn more.
Reimbursement for your patient balances while improving their experience

- Takes the frustration out of the billing process for patients
- Patient satisfaction services
- Patient scheduling/reminders
- Aggregates charges and consolidates all the patient’s bills

www.meddata.com/meddirect
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 and 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

Our dedicated professionals provide service organizations detailed examinations of the internal controls over their policies and procedures for both 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.
PRICE RIGHT.
RIGHT NOW.

VisMed – Medicare Reference Pricing
Automated claims repricing for:
• Self-Insured Maximum Allowable Plans
• Medicare Advantage Plans
• Medicare-Like Rates (MLR Tribal Plans)

VisCom – Commercial Repricing
Accurately adjudicate complex:
• Reimbursements
• Case rates
  Readily combined with Medicare Reference Pricing

VisEdit – Advanced Claim Editor
• Customizable CMS Edits
• Complete Commercial Editing

VisNet – Custom Network Management
Support for:
• Affordable Care Act Exchanges
• Direct Provider Contracting
• Private Exchanges

VisModel – Plan Reimbursement Analytics
Before and after Plan implementation

VisGuide – Patient Advocacy
Price Transparency Support before and after Care Access

VisDefense – Provider Appeal Support
• Training
• Support
• Outsource

VisMarket – Healthcare Shopping Portal
• “My Plan, My Rates”
• Custom Price Transparency
  for Patients’ Choosing Physicians and Facilities

Medicare 101 – Education
It’s Complicated and it keeps Changing!

PAYERCOMPASS.COM
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.

**Innovate Plan Savings**

**Strengthen Plan Rights**

**Resolve Plan Conflicts**

**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.

---

The Phia Group, LLC
163 Bay State Drive Braintree, MA 02184
www.phiagroup.com
Email: info@phiagroup.com
866-THE-PHIA

JOIN OUR MAILING LIST BY TEXTING THE WORD PHIA TO 22828
WHAT MAKES A LEADER IN HEALTHCARE COST MANAGEMENT?

At PHX, we offer a comprehensive solution that’s tailored to fit your business—take advantage of our suite of innovative Products and outstanding Performance while building a long-term Partnership.

>> 888.311.3505 | PHX-online.com
WE OWN THE CLAIM SETTLEMENT NETWORK.

Preferred Medical Claim Solutions is a progressive transaction-based healthcare network dedicated to serving Payers, Providers and ultimately Patients by providing proven revenue cycle management solutions that reduce healthcare costs. Our products—PMCS Advance and PMCS Select—are specifically developed to manage out-of-network claim settlements.

PMCS Advance

A single source solution that advance funds out-of-network claim settlements to Providers while also ensuring Payers receive the best possible discounts.

- Maximizes discounting capabilities
- Provides prompt, predictable payment
- Eliminates settlement disputes
- Simplifies & reduces administration

PMCS Select

An automated out-of-network claim settlement solution that allows select Payers to remit payment and an Explanation of Benefits (EOB) directly to PMCS Providers.

- Supplements current strategy
- Automates payment & EOB
- Leverages existing PMCS agreements
- Eliminates Provider recourse

877.768.1968
pmcsonline.com
PAYMENT TRANSFORMED?
How... with Pay-Plus® Solutions.

Secure electronic healthcare payments from a CAQH CORE® certified provider.

Call us, we'll transform your payments. Contact Art Hoath, Executive VP of Sales at (727) 483-3180 or ahoath@ppsonline.com

> PPSonline.com

©2013 Pay-Plus™ Solutions, Inc. All Rights Reserved. CAQH CORE®, the CORE-certification/Endorser Seals and logo are registered trademarks of CAQH® Copyright 2010, Council For Affordable Quality Healthcare®. All rights reserved.
RedCard provides data integration, management and processing services for healthcare payers:

- ID card processing and fulfillment (ID cards, welcome letters and other enrollment materials)
- Outbound claims communication processing (EOBs, remittance advice, checks, letters)
- Integration to multiple e-payment vendors (EFT, virtual card, 835)

DOCS™ is the first cloud based, client managed, self-service, end to end platform to manage: implementation, data processing, document design, document management, postal compliance (mixed weight manifest, FedEx and UPS) with full mailroom production management, reporting, and integrated e-delivery.

RedCard provides innovative document design in full color print capability for better branding and a better member experience.

RedCard has over 150 payers utilizing DOCS™ to annually produce over 10 million ID cards and over 2 billion outbound claim communication impressions.

RedCard is focused solely on healthcare; it is a commitment to our clients and the health care industry that allow us to continue to deliver new and innovative solutions.

RedCard was founded in 2006 by the same management team that started Advanced Business Fulfillment (ABF) in 1998.
Customers are demanding it; RFPs are requiring it.  
Are you ignoring the elephant in the room?

An SSAE 16 SOC 1 report has become a standard requirement for TPAs. Even more, it can directly help to improve your organization by facilitating:

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

Contact Stone Carlie, a leading SSAE 16 provider that specializes in the TPA industry, to discuss your reporting requirements.
Your Bottom Line is our bottom line

Industry Leading Savings Through:
- Proactive Bill Review
- Negotiations First Philosophy
- Scanning Solutions
- Primary PPO Administration
- Medicare Plus Repricing

United Claim Solutions

866-762-4455
www.UnitedClaimSolutions.com
an ePayment SOLUTION that works

designed to eliminate your costs related to processing & delivering paper checks & remittance data.

What is VPay®?
a check replacement program for Health Insurance Payers that pay claims to Medical Providers

Is VPay® an ACH Process?
No...VPay® is a virtual card payment with over 60% adoption.

Why use VPay®
- RESULTS
- Eliminates print & postage costs
- VPay® delivers the payment & remittance data
- VPay® database has over 400,000 medical providers & growing daily
- Simple implementation
- No transaction fees
- No set-up fees

Call today for more information: 1-855-VPAY-USA(872-9872)
or visit VPayusa.com

What VPay® looks like

To Process Your Payment:
1. Type the 16-digit number (located on the virtual card above) into your merchant terminal.
2. Enter the amount (located above) when prompted by the terminal.
3. Enter the CV2 code (located on the virtual card above) if required.
4. No PIN is required.
5. If the terminal prompts for a Zip Code, please enter “75081”.
6. If there are any problems with the receipt of this payment, please call our Customer Service Center at 1-877-927-1692.
7. If you have questions regarding your claim or benefit plan, please contact Your Insurance Co.

To Process Your Advice of Payment:
1. Type the 16-digit number (located on the virtual card above) into your merchant terminal.
2. Enter the amount (located above) when prompted by the terminal.
3. Enter the CV2 code (located on the virtual card above) if required.
4. No PIN is required.
5. If the terminal prompts for a Zip Code, please enter “75081”.
6. If there are any problems with the receipt of this payment, please call our Customer Service Center at 1-877-927-1692.
7. If you have questions regarding your claim or benefit plan, please contact Your Insurance Co.

Note:
In accordance with your MasterCard agreement, a VPayment® is a legal and recognized form of payment for claims administration and therefore must be considered as such. Any attempt to deny payment could be a violation of your merchant agreement and result in non-payment.

IMPORTANT HIPAA NOTICE
The information contained in this communication contains data considered Protected Health Information as under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and is transmitted subject to HIPAA privacy rules and subsequent penalties for improper use. If the information contained in this communication does not pertain to a current patient of this facility, please notify VPay immediately at 877-399-5917 and provide the SE Transaction ID shown above, and DO NOT put the communication and all attached information in the waste stream.

Payment technology protected by one or more of the following United States patents: 7,792,686; RE 43,904. Additional patents pending.
Flexible Solutions and Integrated Strategies

WellDyneRx excels at developing progressive and integrated health solutions.

- Full service pharmacy benefit plan management
- Innovative and integrated health strategies
- Clinical expertise and proactive consultations that deliver plan cost savings and improved member health
- Fully integrated pharmacy network
- Consultative approach ensures plan is optimized for your goals and needs
- Customized solutions help lower the total cost of care
- Hands-on and personalized member and client service
- Comprehensive reporting and analytics capabilities

888.479.2000 | www.welldynerx.com
SAVE THE DATE

The Stage is set

2014 TPA University

SAVE THE DATE

JULY 16 - 18 2014

OMNI HOTEL

NASHVILLE TENNESSEE

HCAA.ORG