SPOTLIGHT ON SELF FUNDING

HEALTH CARE ADMINISTRATORS ASSOCIATION - THE VALUE OF CONNECTION
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NAME BADGE
IHC Risk Solutions
I’d like to personally welcome each of you to the HCAA Executive Forum 2015, “Spotlight on Self Funding”. It’s an exciting time for health benefit administrators and our industry support partners as we continue to face the challenges of regulation and legislation while experiencing some of the most dynamic self funding business growth seen in many years. Remaining always adaptable, motivated and responsive will continue to be our most important differentiator. We are all confronting a time of many changes. Forums such as we bring you this week will continue to be a way for us to meet and bring inspired people together, to discuss the commonality of our issues and together explore solutions.

I’d like to give you an idea of what you can expect to see and hear over the next two days. Our Keynote speaker is the Hon. William Frist, MD. Dr. Frist will look into his crystal ball and will give us his unique perspectives on the future of ACA, on the real “State of the Union” as it relates to healthcare and on what he thinks will be accomplished before the next election. John Barlament will be with us to guide you through 2015 ACA requirements and actionable data. A special feature of this conference, and an adjunct to John’s presentation, is our HCAA Reporting and Disclosure Calendar, which will give you the ACA deliverables for 2015 and what you need to do to be compliant. This is a must have for your navigation of the deliverables we all face for this new year. We will do our first “TED-style” presentation with Tim Jost, law professor and commentator. John Youngs will bring a panel of industry stop loss experts to speak to you on alternative risk strategies to underwriting solutions. This year we are also bringing you a choice of break-out sessions. We offer one by J.P. Farley and Steve Rasnick giving you an update on Medicare Reference Based Benefit Plans and one by Dr. Ashish Abraham who will discuss emerging technology and population outcomes. Our emcee, Ernie Clevenger will step away from his regular role to discuss the importance of strategic planning with you. We also have Russ Krueger joining us to give you some insights on “How to Boost Your Brand”. And Jack Hill and Dan Holets will talk to you about how ACOs and TPAs can work together to change the landscape of healthcare.

We have a large list of people to thank for making this very event possible: our elite group of speakers, our sponsor partners, our Staff and the event planning Task Force, the Board of HCAA and most of all you, our Attendees. Thanks for participating in Executive Forum 2015 and for supporting HCAA. We could not do this without you! 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 Arizona, California, Colorado, Montana, Nevada, Oregon, Tennessee (10 CE) & Washington and is awaiting approval from Florida & Texas for the 2015 Executive Forum.

Those attendees that are seeking CE credits to file in states other than the ones listed above 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 the ones listed above can use this certificate when filing with your state.

Please let us know if you have any questions.

**SIGN IN**

at registration desk every morning

**SIGN OUT**

at the registration desk at the close of each day

*No partial credit will be given*

*You must attend the full conference both days to be granted credit*
JULY 15-17, 2015
TPA UNIVERSITY 2015
SWISSOTEL CHICAGO
CHICAGO, IL

FEBRUARY 9-11, 2016
EXECUTIVE FORUM 2016
CAESARS PALACE
LAS VEGAS, NV

JULY 13-15, 2016
TPA UNIVERSITY 2016
RENAISSANCE DALLAS
DALLAS, TX

FEBRUARY 8-10, 2017
EXECUTIVE FORUM 2017
BELLAGIO
LAS VEGAS, NV
Monday, February 9, 2015
12:00 pm – 5:00 pm  Registration
5:30 pm – 7:00 pm  Welcome Reception

Tuesday, February 10, 2015
7:30 am – 5:30 pm  Registration
8:00 am – 8:30 am  Breakfast & Networking
8:30 am – 9:00 am  Welcome & Opening Remarks
9:00 am – 10:30 am  Keynote: A Physician-Senator's Look Into the Crystal Ball of Healthcare Reform
10:30 am – 10:45 am  BREAK
10:45 am – 11:40 am  Session: ACA Requirements and Actionable Data
11:40 am – 12:00 pm  HCAA Sponsor Service and Product Updates
12:00 pm – 1:00 pm  Lunch
1:05 pm – 2:05 pm  Session: Will the Long Term Impact of ACA Expand or Shrink Self Funding?
2:05 pm – 2:35 pm  HCAA Sponsor Service and Product Updates
2:35 pm – 3:30 pm  Session: Applying Alternative Risk Strategies to Stop Loss Underwriting Solutions
3:30 pm – 4:00 pm  BREAK
4:00 pm – 5:00 pm  Breakout Sessions
   A: Medicare Reference Based Benefits Plans - “What a Difference a Year Makes, or Does it?”
   B: Emerging Technology Implications for the Improvement of Population Health Outcomes
5:00 pm – 5:30 pm  Attendee free time
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Wednesday, February 11, 2015
7:30 am – 12:00 pm  Registration
8:00 am – 8:30 am  Breakfast & Networking
8:30 am – 8:40 am  Welcome & Opening Remarks
8:40 am – 9:35 am  Session: How Strategic Planning Blends Passion, Achievement & Wealth
9:35 am – 9:55 am  BREAK
9:55 am – 10:50 am  Session: How to Boost Your Brand
10:50 am – 11:45 am  Session: Affordable Care Organizations and Third Party Administrators - Changing the Future Landscape of Healthcare
11:45 am – 12:15 pm  Prize Drawings (must be present to win)
12:15 pm – 12:25 pm  Closing Remarks and Adjourn
Hon. William Frist
Senator Bill Frist is a doctor, teacher, public servant, and active humanitarian. He is both a nationally recognized heart and lung transplant surgeon and former U.S. Senate Majority Leader. Uniquely qualified to address the challenges and solutions in health care policy, Senator Frist is consistently recognized among the most influential leaders in American healthcare.

Dr. Frist is a citizen legislator. He represented Tennessee in the U.S. Senate for 12 years, the first doctor in the U.S. Senate since 1928, where he served on both committees responsible for writing health legislation (Health and Finance). He was elected Majority Leader of the Senate, having served fewer total years in Congress than any person chosen to lead that body in history. His leadership was instrumental in passage of prescription drug legislation and unprecedented funding to fight HIV at home and globally.

Senator Frist majored in health policy at Princeton University’s Woodrow Wilson School of Public and International Affairs, then graduated with honors from Harvard Medical School, and completed advanced surgical fellowships at Massachusetts General Hospital and Stanford University under transplant pioneer Dr. Norm Shumway. Returning to Nashville, he founded and directed the Vanderbilt Transplant Center, where he performed over 150 heart and lung transplants and authored over 100 peer-reviewed medical publications, and seven books on topics such as bioterrorism, transplantation, and leadership. He is board certified in both general and heart surgery.

Today Senator Frist is focused on health reform, the basic science of heart transplantation, global health policy, K-12 education reform, economic development in low-income countries, health care disparities, and medical mission work around the globe.

John Barlament, Quarles & Brady, LLP
John Barlament is a partner with the national law firm of Quarles & Brady LLP, a law firm of 425 attorneys with seven offices in four states. He practices exclusively in employee benefits law. John represents third party administrators, employers, brokers and benefit consultants in all aspects of employee benefits law. He is a noted national author and speaker.

Tim Jost, Law Professor and Commentator
Timothy Stoltzfus Jost, J.D., holds the Robert L. Willett Family Professorship of Law at the Washington and Lee University School of Law. He is a coauthor of a casebook, Health Law, used widely throughout the United States in teaching health law and now in its seventh edition. He has written numerous monographs on legal issues in health care reform for national organizations and blogs regularly for Health Affairs, where he is a contributing editor, on regulatory issues. He is a consumer representative to the National Association of Insurance Commissioners and a member of the Institute of Medicine.
John Youngs, Prodigy Health Insurance
John Youngs entered the insurance industry in 1983 working as a broker selling group medical, life and disability products. He quickly moved to the insurer side in 1989 with a focus on large group self funded, group life and LTD and development of Community Health Plans, the forerunner of ACOs.
Over the next thirty years, he has have served in various management positions with Anthem, Acordia, and Lincoln National including underwriting, compliance, network development, disease management and marketing. Since 1996 he has run several organizations focused on medical stop loss, custom network development and disease management.
John is currently the CEO of Prodigy Health Insurance Services and the CEO of Physician Choice Network. He is also the managing principal of PCN Care Solutions.

Barbara Tomlin, RGA Reinsurance
Barbara Tomlin is a graduate of Duquesne University in Pittsburgh, PA where she received her Bachelor of Science Degree in Nursing. She later received a Master’s Degree in Health Administration from St. Joseph’s University in Philadelphia.
She is employed by Reinsurance Group of America (RGA) where she is a Director of the ROSE medical management program in the quota share and excess reinsurance division. Her duties include reviewing large claims notifications to RGA, assessing catastrophic claims for potential reserves, assisting client managing general underwriters (MGU’s) with potential claims mitigation and medical underwriting inquiries, and serving as the medical liaison to RGA’s quota share underwriters and actuaries. Prior to her employment at RGA she was a Vice President for Medical Management engaged in managed care, worker’s compensation and self-funded claims at an MGU in the Philadelphia area. She has been employed in the self-funded industry for 15 years.

Gary Hudgins, Prodigy Health Insurance
Gary Hudgins graduated from the University of New Mexico in 1994 with a BA in Financial Management. He has been in the insurance industry since 1997. Beginning in the actuarial department of a managing general underwriting company (New York Underwriters), he worked in the rating and compliance area with a fully insured product and gradually moved into self funded underwriting. Since that time, he has worked for a brokerage and consulting firm (BenefitMall Self-Funded Division) as well as regional and national carriers (First Health/Coventry, Cigna, HCC Life).
Gary is currently the Vice President of Underwriting for Prodigy Health Insurance Services.

Doug Thomas, Northwind, LLC.
Douglas Thomas, CPCU, ARE - for most of his 28 year career, Doug has been underwriting employer stop loss; the last 17 of them as President of NorthWind, LLC. This long tenure has provided a vast breadth of experience over numerous market cycles and changing self-insurance trends. In addition to ESL, Doug has experience underwriting Prescription drug carve out, provider excess, life insurance, and D&O liability coverages.
Doug holds the Chartered Property Casualty Underwriter and Associate in Reinsurance designations from The Institutes, and has passed numerous CLU and CEBS exams. He received his MBA from Villanova University, as well as a BSBA in Insurance and Finance from Drake University.
Jim Farley, J.P. Farley

Jim Farley 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”.

Steve Rasnick, Self Insured Plans, LLC

Steve 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.

Dr. Ashish Abraham, Altruista Health

Dr. Ashish Abraham is a primary care physician and healthcare management executive with more than 12 years of diversified experience in direct clinical care, health management operations and strategic consulting for government and commercial clients. His experience and expertise extends across a wide range of areas including, disease management, health program/benefits design, health service rate development and performance measurement and improvement.

At present, Dr. Ashish Abraham is the President & Chairman of Altruista Health, a health and wellness services and technology company that he helped cofound in June 2007. Besides providing strategic leadership to a team of clinical and technology staff across two continents, Dr. Abraham is also a consultant to State governments and other organizations in the area of health reform and quality improvement initiatives.
Ernie Clevenger, CareHere, LLC

Ernie Clevenger 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.

Russ Krueger, Ocozzio

Russ Krueger is the founder/leader of Ocozzio, a national brand and marketing solutions company focused on the health insurance marketplace. Ocozzio’s clients are located in 35 states. The company is headquartered in Augusta, Georgia. Krueger earned a BS in Psychology at Mercer University and holds an MBA in Marketing from the Kellogg School at Northwestern University. For 20 years he worked for the Newell-Rubbermaid company. Krueger has held positions as Chief Marketing Officer, President, Group President and Chief Executive Officer of national, mid-market companies. In 1991, Krueger started a giftware company in Columbus, Ohio. He was named USA Today, Ernst & Young Entrepreneur of the Year in 1996. In 1997, he sold the company to a Boston investment banking firm. Krueger retired to play golf and write books. His “Stepping Up” book for middle schoolers has sold over 600,000 copies. In 2000, he “accidentally” started Ocozzio when a former employee asked for consulting help. Today, Krueger serves on a variety of corporate and charitable boards. He is currently the Vice Chairman of the Augusta Chamber of Commerce.

Jack Hill, Accountable Care Solutions Group

Jack Hill has over twenty nine years’ experience and a strong record of achieving results in the managed care, practice management, risk management, technology, reinsurance, and property and casualty industries. Jack has excelled in senior management and ownership positions with Independent Practice Associations (IPA) and Physician Hospital Organizations (PHO), HMOs, insurance companies, technology start-ups, and consulting/underwriting firms. Jack has a large and diverse client base representing consumer oriented and operated plans (CO-OP), accountable care organizations (ACO), physician groups, hospitals and hospital systems, national employer purchasing groups, HMOs, PPOs, TPAs, employer groups, insurance companies and insurance brokerage firms through a variety of consulting and product development engagements. Jack is the author of numerous publications for the employee benefits and healthcare industry, most notably “Electronic Data Interchange: The Physicians’ Guide” written for the American Medical Association, and has written for Employee Benefit News, Employee Benefit Advisor, the Health Insurance Underwriter, and the Self Insurer publications. He is a member of the Healthcare Financial Management Association (HFMA). Jack is a graduate of Taylor University and has completed postgraduate work at the Wharton School of Business and Ball State University.

Dan Holets, Assured Management Insurance Services

Daniel B. Holets is founder, President and CEO of Assured Management Insurance Services, a Third Party Administrator with a focus on fully capitated service models for healthcare systems. In this role, Mr. Holets has developed and implemented an innovative full-scale capitated services model for a large Los Angeles based hospital system with the goal of transferring risk to the groups that can best control the costs - the providers. With this and other innovative approaches to controlling costs, Mr. Holets is helping large employers to continue to offer robust benefit packages with predictable costs in a volatile healthcare market. Mr. Holets has over 39 years of experience in the healthcare industry, covering a wide spectrum of managerial and executive level responsibilities in both insurance and the managed care fields. Prior positions include CEO of Assured Investors Life Company, a subsidiary of Tenet Healthcare, and Vice President of Cascade Insurance Company. In addition to these executive positions, Mr. Holets has used his highly technical expertise as a consultant to the biggest names in healthcare in Southern California on issues ranging from complex regulations and compliance to health plan and benefits management.
Monday, February 9, 2015
12:00 pm – 5:00 pm  Registration & Networking with Sponsors
5:30 pm – 7:00 pm   Welcome Reception

Tuesday, February 10, 2015
7:30 am – 5:30 pm  Registration
8:00 am – 8:30 am  Breakfast & Networking
8:30 am – 9:00 am  Welcome and Opening Remarks
9:00 am – 10:30 am **KEYNOTE** A Physician-Senator’s Look Into the Crystal Ball of Healthcare Reform

Presented by: Hon. William Frist
In this presentation, Senator Bill Frist, M.D. will take a look into the crystal ball of health care reform. What will happen over the next six months…and the next five years? From Appeals Court rulings impacting exchanges, to employer mandates to changes in the reimbursement system, Senator Frist has been in the forefront of those willing to address the controversial decisions and to propose solutions.

10:30 am – 10:45 am  Break
10:45 am – 11:40 am  **SESSION** ACA Requirements and Actionable Data

Presented by: John Barlament, *Quarles & Brady, LLP*
Is your head spinning from trying to keep track of all the latest legal rules (much less, all the prior ones) for health plans and TPAs? Join us for this informative session where John Barlament will go over the 2015 “Calendar”, hit the hot buttons that you need to know and go over where we are today and where we have come from. You can take your copy out of your conference bag and follow along as we describes how 2015 will affect you, and your clients.

11:40 a – 12:00 pm  HCAA sponsor service and product updates
12:00 pm – 1:00 pm  Lunch
1:05 pm – 2:05 pm  SESSION Will the Long Term Impact of ACA Expand or Shrink Self Funding?

Presented by: Tim Jost, Law Professor and Commentator

The primary goal of Congress in enacting the Affordable Care Act was to extend health insurance coverage by reforming the individual and small group markets. The ACA will also, however, profoundly affect the large group market, which is largely self-funded. The employer mandate, for example, may increase large group coverage, but access of employees to public exchanges or the 2018 Cadillac coverage tax may cause large group coverage contraction. Growth in private exchanges, an indirect effect of the ACA, may encourage insured rather than self-funded coverage. The ACA could, on the other hand, encourage self-funded coverage among small employers, as self-funded small groups face fewer regulatory requirements than insured groups. This presentation will explore the many and varied effects that the continued implementation of the ACA may have on expanding or shrinking self-funding of group health plans.

2:05 pm – 2:35 pm  HCAA sponsor service and product updates

2:35 pm – 3:30 pm  Session Applying Alternative Risk Strategies to Stop Loss Underwriting Solutions

Presented by: Gary Hudgins, Prodigy Health Insurance
Doug Thomas, Northwind
John Youngs, Prodigy Health Insurance
Barbara Tomlin, RGA Reinsurance

Learn tools and techniques for tackling stop loss underwriting challenges and improving your Client’s health plan policy performance. Identify exposures created by ACA and Plan document language which if not aligned with the stop loss policy will negatively impact the client’s health plan performance. Gain a greater grasp of new proven underwriting techniques and alternative risk strategy solutions that can help you more effectively manage your client’s risk tolerance.

3:30 pm – 4:00 pm  Break
4:00 pm – 5:00 pm  **BREAKOUT SESSIONS**

A: Medicare Reference Based Benefits Plans - “What a Difference a Year Makes, or Does it?”

![Speaker Photos]

**Presented by:** Jim Farley, J.P. Farley
Steve Rasnick, *Self Insured Plans, LLC*

2013 was a watershed year for the emergence of medical benefit plans where reimbursements were predicated upon a percentage of Medicare rather than a PPO schedule. Although similar plans were in existence for many years, in 2013:

- The demand for price transparency increased.
- Third party vendors providing patient advocacy and legal defense matured and began to proliferate the marketplace;
- Employers demanded more cost effective benefit plans, and
- The interest in self funding exploded, due in great part to its ability to implement and sustain creative new programs like Medicare Reference.

B: Emerging Technology Implications for the Improvement of Population Health Outcomes

![Speaker Photo]

**Presented by:** Dr. Ashish Abraham, *Altruista Health*

Technology is now a catalyst for forever altering the magnitude of population health management effectiveness. Historically, care management has been fragmented, utilizing a retrospective approach with older technical tools to drive population health initiatives. With the integration of electronic medical records, biometrics, clinical episode criteria, claims payment platforms and the internet – not to overlook the impact of mobile phones -- payers can be fundamentally light years ahead of the way care management programs have ever been administered before.

5:00 pm – 5:30 pm  Attendee free time
5:30 pm – 7:00 pm  Reception and Membership Longevity Awards

**Wednesday, February 11, 2015**

7:30 am – 12:30 pm  Registration
8:00 am – 8:30 am  Breakfast & Networking
8:30 am – 8:40 am  Welcome and Opening Remarks
8:40 am – 9:35 am  **Session** How Strategic Planning Blends Passion, Achievement & Wealth

**Presented by:** Ernie Clevenger, CareHere, LLC

Strategy can be planned (i.e. NASA) or be emergent (i.e. Russian Space Program). This session explores the merits of each by looking at why it takes 10,000 hours to be the ‘best’, un-corking creativity, understanding the end of ‘competitive advantage’ … and foremost, remembering that passion drives and relationships are precious.

9:35 am – 9:55 am  Break

9:55 am – 10:50 am  **Session** How to Boost Your Brand

**Presented by:** Russ Krueger, Ocozzio

Never has competition for TPAs been more challenging than today. How does one differentiate themselves from competitors? A TPA can’t claim we have better service … we care more … we pay claims faster … etc. A TPA must demonstrate they have the means and tools to assist a health plan in accomplishing its goals. Everyone wants to reduce or control their “spend” while improving the overall health of their population. How does a TPA convince a health plan they can do this? Job one is to have a clearly stated point of difference. Most TPAs are trading on the same strategy and tactics they began with years ago. There is a better, more effective way.

10:50 am – 11:45 am  **Session** Affordable Care Organizations and Third Party Administrators - Changing the Future Landscape of Healthcare

**Presented by:** Jack Hill, Accountable Care Solutions Group
Dan Holets, Assured Management Insurance Services
Steve Rasnick, Self Insured Plans, LLC

Are Accountable Care Organizations creating concerns over account retention? Have they figured out “the secret sauce” for controlling health care costs? As this delivery model expands it is creating a significant opportunity for Third party Administrators. If we remove the ACO label and focus on capabilities, then most TPAs are already equipped to deliver these services today. At the Forum, experts from the TPA and managed care fields will demonstrate how TPAs are already applying many of these principles. As attendees, you will gain insight into creating immediate opportunities along with resources to help get you started.

11:45 am – 12:15 pm  Prize Drawings (must be present to win)

12:15 pm – 12:25 pm  Closing Remarks and Adjourn
# HCAA COMMITTEES & TASK FORCES

## 2015 Executive Forum Planning Task Force

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<th>Position</th>
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<td>Chair</td>
<td>Carol Berry, CSFS</td>
<td>HCAA</td>
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<td>Tom Cardwell</td>
<td>International Insurance Agency Services, LLC.</td>
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<td>Ernie Clevenger</td>
<td>CareHere/MyHealthGuide, LLC</td>
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<td>Carolyn Jarschke</td>
<td>QVI Risk Solutions, Inc.</td>
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<td>Kevin Larson</td>
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<td>Linda Ludwick</td>
<td>Innovative HealthCare TPA, LLC.</td>
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</table>

## 2015 TPA University Planning Task Force

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Company/Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td>Carol Berry, CSFS</td>
<td>HCAA</td>
</tr>
<tr>
<td>Consultant</td>
<td>Julie Wohlstein, Chair</td>
<td>HCAA</td>
</tr>
<tr>
<td>Consultant</td>
<td>Charles Agrusa</td>
<td>JMS &amp; Associates, Inc.</td>
</tr>
<tr>
<td>Consultant</td>
<td>Juli Barcelona</td>
<td>Barcelona Creative Group</td>
</tr>
<tr>
<td>Consultant</td>
<td>Shana Boley</td>
<td>JMS and Associates, Inc.</td>
</tr>
<tr>
<td>Consultant</td>
<td>Lindsay Evans</td>
<td>GlobalCare</td>
</tr>
<tr>
<td>Consultant</td>
<td>Carolyn Jarschke</td>
<td>QVI Risk Solutions, Inc.</td>
</tr>
<tr>
<td>Consultant</td>
<td>Brent Jones</td>
<td>Integrity Administrators</td>
</tr>
<tr>
<td>Consultant</td>
<td>Dwight Kluhnzinger</td>
<td>HealthX</td>
</tr>
<tr>
<td>Consultant</td>
<td>Kevin Larson</td>
<td>Employee Benefit Management Services, Inc.</td>
</tr>
<tr>
<td>Consultant</td>
<td>Linda Ludwick</td>
<td>Innovative HealthCare TPA, LLC.</td>
</tr>
<tr>
<td>Consultant</td>
<td>Marla Morland</td>
<td>American Health Holding</td>
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<tr>
<td>Consultant</td>
<td>Rayne Neihaus</td>
<td>UHS Inc.</td>
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<tr>
<td>Consultant</td>
<td>Katelin Parks</td>
<td>Benefit Recovery, Inc.</td>
</tr>
<tr>
<td>Consultant</td>
<td>Jodi Bishop Runger</td>
<td>Lawrence &amp; Russell, LLP</td>
</tr>
<tr>
<td>Consultant</td>
<td>Gary Shefro</td>
<td>Web TPA</td>
</tr>
<tr>
<td>Consultant</td>
<td>Laura Ross</td>
<td>Eldorado</td>
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## Communications Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Company/Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jean Sukovez, CSFS</td>
<td>Coastal TPA, Inc.</td>
</tr>
<tr>
<td>Dave Anderson</td>
<td>Anderson Interactive</td>
</tr>
<tr>
<td>Josh Ayers</td>
<td>Stone Carlie</td>
</tr>
<tr>
<td>Juli Barcelona</td>
<td>Barcelona Creative Group</td>
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<tr>
<td>Carol Berry, CSFS</td>
<td>HCAA</td>
</tr>
<tr>
<td>Lindsay Evans</td>
<td>GlobalCare</td>
</tr>
<tr>
<td>Jeffrey Walter</td>
<td>Professional Benefit Administrators, Inc.</td>
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<tr>
<td>Nancy Young, CSFS</td>
<td>INETICO, Inc.</td>
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<td>Keenan &amp; Associates</td>
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<td>Carol Berry, CSFS</td>
<td>HCAA</td>
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<tr>
<td>Jack Feingold</td>
<td>WellDyneRx</td>
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<tr>
<td>Sandy Hamilton</td>
<td>Dell Healthcare</td>
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<td>Rayne Neihaus</td>
<td>UHS Inc.</td>
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<tr>
<td>Dave Reynolds, CSFS</td>
<td>Capitol Administrators</td>
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<td>Grace Saenz</td>
<td>Benefit Management Administrators, Inc.</td>
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<tr>
<td>Lori Shelton</td>
<td>Employee Benefit Management Services, Inc.</td>
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<tr>
<td>Debbie Stevens</td>
<td>WellDyneRx</td>
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<td>Nancy Young, CSFS</td>
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<td>Cori Cook, Chair</td>
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<td>Quarles &amp; Brady LLP</td>
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<td>HCAA</td>
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<td>International Insurance Agency Service, LLC.</td>
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<td>Coastal TPA, Inc.</td>
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<tr>
<td>Jodi Runger</td>
<td>Lawrence &amp; Russell, LLP</td>
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<tr>
<td>Joanie Verinder</td>
<td>Group &amp; Pension Administrators, Inc.</td>
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<tr>
<td>Julie Wohlstein</td>
<td>Consultant</td>
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## Membership Committee

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<th>Company/Institution</th>
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<tbody>
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<td>Nancy Young, CSFS, Chair</td>
<td>INETICO, Inc.</td>
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<tr>
<td>Carol Berry, CSFS</td>
<td>HCAA</td>
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<tr>
<td>Holgate Dean</td>
<td>Prodigy Health Insurance</td>
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<td>Jack Feingold</td>
<td>WellDyneRx</td>
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<tr>
<td>Sandy Hamilton</td>
<td>Dell Healthcare</td>
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<tr>
<td>Scott Williams</td>
<td>Golden Triangle Specialty Network</td>
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<th>Company/Institution</th>
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<tr>
<td>Linda Ludwick, Chair</td>
<td>Innovative HealthCare TPA, LLC.</td>
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<tr>
<td>LaRea Albert</td>
<td>Employer Plan Services, Inc.</td>
</tr>
<tr>
<td>Kevin Larson</td>
<td>Employee Benefit Management Services, Inc.</td>
</tr>
<tr>
<td>Walt Pregizer</td>
<td>Keenan &amp; Associates</td>
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<th>Name</th>
<th>Company/Institution</th>
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<tbody>
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<td>Jean Sukovez, CSFS, Chair</td>
<td>Coastal TPA, Inc.</td>
</tr>
<tr>
<td>Josh Ayers</td>
<td>Stone Carlie &amp; Company</td>
</tr>
<tr>
<td>Carol Berry, CSFS</td>
<td>HCAA</td>
</tr>
<tr>
<td>Kevin Larson</td>
<td>Employee Benefit Management Services, Inc.</td>
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<tr>
<th>President</th>
<th>Treasurer / Secretary</th>
<th>Immediate Past President</th>
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</thead>
<tbody>
<tr>
<td>Kevin Larson</td>
<td>Josh Ayers</td>
<td>Carolyn Jarschke</td>
</tr>
<tr>
<td>President</td>
<td>Manager Assurance Services</td>
<td>President / CEO</td>
</tr>
<tr>
<td>Employee Benefit Management Services, Inc.</td>
<td>Stone Carlie</td>
<td>QVI Risk Solutions, Inc.</td>
</tr>
<tr>
<td>2075 Overland Ave</td>
<td></td>
<td>1011 SW Emkay Drive, Suite 209</td>
</tr>
<tr>
<td>Billings, MT 59102</td>
<td></td>
<td>Bend, OR 97702</td>
</tr>
<tr>
<td>406-245-3575 x254</td>
<td></td>
<td>541-312-8512 x101</td>
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<thead>
<tr>
<th>Vice President</th>
<th>Chief Operating Officer</th>
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</thead>
<tbody>
<tr>
<td>Julie Wohlstein, M.A.S.</td>
<td>Carol Berry, CSFS®</td>
<td></td>
</tr>
<tr>
<td>Consultant</td>
<td>CEO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health Care Administrators Association</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6155 Lockhurst Drive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Woodland Hills, CA 91367</td>
<td></td>
</tr>
<tr>
<td></td>
<td>818-340-7668</td>
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<table>
<thead>
<tr>
<th>Directors</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>LaRea Albert, CSFS SICS</td>
<td>Linda Ludwick</td>
<td>Grace Saenz</td>
</tr>
<tr>
<td>CEO</td>
<td>President</td>
<td>V.P./Director of Sales and Service</td>
</tr>
<tr>
<td>Employer Plan Services, Inc.</td>
<td>Innovative HealthCare TPA, LLC.</td>
<td>Benefit Management Administrators, Inc.</td>
</tr>
<tr>
<td>350 Old Bullard Road</td>
<td></td>
<td>11550 IH 10 West, Suite 220</td>
</tr>
<tr>
<td>Tyler, TX 75703</td>
<td></td>
<td>San Antonio, TX 78230</td>
</tr>
<tr>
<td>903-617-6708</td>
<td></td>
<td>210-697-9900, ext 212</td>
</tr>
<tr>
<td>Todd Archer</td>
<td>Rayne Niehaus</td>
<td></td>
</tr>
<tr>
<td>Executive Vice President, Central Region</td>
<td>Director</td>
<td>Jean Sukovez, CSFS</td>
</tr>
<tr>
<td>HealthSmart Benefit Solutions</td>
<td>UHS Inc.</td>
<td>COO</td>
</tr>
<tr>
<td>3121 Quail Springs Parkway</td>
<td></td>
<td>Coastal TPA, Inc.</td>
</tr>
<tr>
<td>Oklahoma City, OK 73134</td>
<td></td>
<td>928 East Blanco Road</td>
</tr>
<tr>
<td>405-607-2657</td>
<td></td>
<td>Suite 235</td>
</tr>
<tr>
<td>Matthew Burghardt</td>
<td>Walter Pregizer</td>
<td></td>
</tr>
<tr>
<td>Vice President</td>
<td>Vice President</td>
<td></td>
</tr>
<tr>
<td>AmeraPlan, Inc.</td>
<td>Keenan &amp; Associates</td>
<td></td>
</tr>
<tr>
<td>3001 West Big Beaver</td>
<td></td>
<td>Jean Young, RHU, CSFS</td>
</tr>
<tr>
<td>Troy, MI 48084</td>
<td></td>
<td>Vice President of Sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>INETICO, Inc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2279 Eagle Glen Parkway, Suite 112-122</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Corona, CA 92883</td>
</tr>
<tr>
<td></td>
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<td>951-479-1680</td>
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<tr>
<td>Debi Hardwick</td>
<td>Steve Rasnick</td>
<td></td>
</tr>
<tr>
<td>President / CEO</td>
<td>President</td>
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</tr>
<tr>
<td>Coastal TPA, Inc.</td>
<td>Self Insured Plans, LLC</td>
<td></td>
</tr>
<tr>
<td>928 East Blanco Road</td>
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</tr>
<tr>
<td>Suite 235</td>
<td></td>
<td></td>
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<tr>
<td>Salinas, CA 93901</td>
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<tr>
<td>831-754-3800 x104</td>
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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 TPA’s 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.

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Specialty Medications in a TPA Environment

Date: Thursday, February 26, 2015

This presentation will focus on the specialty injectable space and its impact on Health Plans and TPAs. Specialty injectables have gained significant interest due to their cost. Yet, cost is only one factor. Specialty medications have moved into chronic therapy from their original position as treatments for rare and “orphan diseases” that affect few patients. As chronic therapy specialty medications are replacing older small molecule medications primarily in treatments for cancer, blood diseases and rheumatoid arthritis. In addition, new entrants are providing treatment options for multiple sclerosis, Hepatitis C, diabetes, HIV/AIDS that improve patient lives and provide a level of activity that was previously unheard of. This presentation will address these clinical issues as well as the methods for evaluation, pricing/payment, and context. Our goal is to understand where these agents should be used or not, prior authorization approaches, and how to appropriately pay for them.

Outline:
- Discuss environment and history of specialty injectables
- Define specialty space
- Discuss providers and medical/pharmacy specialty sub-channels
- Discuss examples of cost vs. utilization
- Discuss impact on TPAs and Health Plans – prior authorization, utilization review, pricing
- Projections and Forecasts

Dr. Craig Stern

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A&G Healthcare Services
Doug Cohen
dougc@aghealth123.com

American Health Holding
Michelle Baier
mbaier@ahhinc.com

Catamaran
Shawn Thacker
shawn.thacker@catamaranrx.com

CVS Health
Tom Rill
tom.rill@caremark.com

Data Dimensions
Sara Miller
saram@datadimensions.com

Dell Healthcare Services
Marybeth Anderson
marybeth_anderson@dell.com

ECHO Health
Tom Penko
tpenko@echohealthinc.com

Eldorado
Ted Sweet
tsweet@eldocomp.com

Emdeon
Katie Rogers
karogers@emdeon.com

Envision Rx
Josh Paulen
jpaulen@envisionrx.com

ePlan, LLC
Lisa Pagliaro
lpagliaro@eplanllc.com

Evolution1
Lindsey Tuttle
ltuttle@evolution1.com

Global Excel
Benj Tabah
Benjamin.Tabah@globalexcel.com

GlobalCare
Heather Ingram
higram@globalcare.net

H.H.C. Group
Robert Serber
rserber@hhcgroup.com

HealthX
Keily Mills
kmills@healthx.com

HSP - Health Solutions Plus
Carol Bennett
carol.bennett@hspsweb.com

IHC Risk Solutions
Cheryl Tanner
dbeltramello@ihcrisksolutions.com

INETICO
Nancy Young
nancyyoung@inetico.com

Innovative Healthcare Delivery
Shelli Lara
slara@ihdcare.com

Magellan Rx
Misty Greficz
mgreficz@magellanhealth.com

Mayer Hoffman McCann
Marc Davis
MDDavis@CBIZ.com

National Prosperity Life & Health
Regina Gorog
dchanthavong@nationalprosperity.com

Pay Plus Benefits, Inc
Sue Peterson
sue@payplusbenefits.com

PLEXIS Healthcare Systems
Timothy Edwards
tedwards@plexisweb.com

RedCard
Kelly Crabtree
kcrabtree@redcard.com

Stone Carlie
Josh Ayers
jayers@stonecarlie.com

The Phia Group
Mike Branco
mbranco@phiagroup.com

United Claim Solutions
Corte Iarossi
ciarossi@unitedclaim.com

Vpay, Inc.
Jarvis Shockey
jshockey@vpayusa.com

Welldyne Rx
Savanah Sporer
ssporer@welldynexrx.com

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About Evolution1 - a WEX Company

At Evolution1 – a WEX Company, we simplify the business of healthcare. We do that through innovative healthcare software and payment solutions that administer and manage consumer directed accounts. But we don’t do it alone. Our network of Partner organizations enables us to deliver our industry-leading solution to 90,000 employers and more than 10,000,000 consumers across the country. Together we take the complexity out of defined contribution, HSAs, HRAs, FSAs, VEBAs, PRAs, wellness plans and transit plans. Learn more at www.evolution1.com.

Our Story

Evolution1 was formed through the merger of two industry leaders: Evolution Benefits, Inc. (founded in 2001) and Lighthouse1, LLC (founded in 2001). Both notable companies in their own right, this combination produced a seasoned leadership team who average more than 20 years in employee benefits and healthcare businesses. In July of 2014, Evolution1 was acquired by WEX Inc. (NYSE: WEX), a leading provider of corporate payment solutions. Evolution1 operates as a wholly-owned subsidiary of WEX.

A Better Way

The underlying premise driving consumer-directed healthcare today is that when you give consumers greater control over their healthcare expenses and greater responsibility for their healthcare choices, they will make better and more informed use of their resources. That can result in reduced costs for employers and increased employee satisfaction.

But for this to be true, employers and consumers alike need a solution that removes much of the burden of administrative activities and empowers them with insight and the ability to be proactive. That’s where we can help.

Evolution1 offers the only solution that not only provides a single end-to-end user experience for administering reimbursement accounts, but also removes the complexity from decision making and streamlines healthcare management for consumers. Our solutions support:

- Flexible Spending Accounts (FSAs)
- Health Reimbursement Arrangements (HRAs)
- Health Savings Accounts (HSAs)
- Voluntary Employee Beneficiary Associations (VEBAs)
- Defined Contribution Plans
- Wellness and Incentive Plans
- Commuter Benefits Plans (Transit and Parking)

Awards include honors for benefits card innovations, top consumer medical/utility mobile products and for significant year-over-year revenue growth.

Our Mission

To simplify the business of healthcare.

By the Numbers

- Together we serve 90,000+ employer groups and 10 million consumers
- Our solutions facilitate 65 million claims annually
- Our solutions process $4 billion in reimbursement transactions annually

Offices:

Edina, Minnesota
Fargo, North Dakota
St. Louis, Missouri
Simsbury, Connecticut

Contact Us

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Phone:
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Our Products

The Evolution1 product portfolio includes powerful administrative platforms that meet unique plan designs, simplify the user experience, and completely automate workflow. These platforms, when coupled with industry-leading prepaid benefit cards, easy-to-use web portals, and convenient mobile access, help reduce costs and increase satisfaction.

<table>
<thead>
<tr>
<th>Platform</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>1Cloud</strong></td>
<td>A flexible, reliable healthcare financial services platform</td>
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</table>

1Cloud is a complete healthcare accounts administration platform delivered in the cloud that enables the most effective administration of HSAs, HRAs, FSAs, VEBAs, defined contribution, and wellness and transit plans. 1Cloud supports flexible plan designs, streamlined workflows, card and investment integration, and configurable employer and consumer portals that provide access to customizable reports, automated alerts and convenient account detail.

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<tr>
<td><strong>1Plan</strong></td>
<td>A complete defined contribution solution</td>
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1Plan delivers the next generation of consumer-directed health plans in a complete multi-account defined contribution solution, powered by the 1Cloud platform. 1Plan supercharges private insurance exchanges by enabling consumers to budget for and select benefits, shop for insurance, and manage premiums and expenses in a comprehensive, easy-to-use experience.

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<th>Platform</th>
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<tbody>
<tr>
<td><strong>1View</strong></td>
<td>A robust, self-service dashboard for healthcare management</td>
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</table>

1View provides consumers ready access to their healthcare-related accounts and expenses through an easy-to-use online dashboard. This robust solution facilitates expense payments and ongoing management of medical claims, premiums, card transactions and more, giving consumers a complete picture of their healthcare expenses so they can make more informed health finance decisions.

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<tr>
<td><strong>1Mobile</strong></td>
<td>Healthcare access for consumers on the go</td>
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1Mobile, a convenient alternative to 1Cloud's consumer portal, enables consumers to view account balances and detail, submit healthcare account claims, and capture and send receipts anytime, anywhere on any iPhone, Android and tablet device. Consumers can also configure account alerts via text message to any mobile device.

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<tr>
<td><strong>1Pay</strong></td>
<td>Suite of payment solutions</td>
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1Pay is an industry-leading suite of payment solutions that enables simplified access to healthcare account funds. Leading with the revolutionary Benny® Prepaid Benefits Card, 1Pay innovation ranges from patented card processes to flexible automated provider payments and reimbursements that use best-in-class web, virtual payment, printing, and mobile technologies.

Data Integration and Specialized Services

In addition to our robust product offering, we offer several data integration solutions for importing and exporting data and connecting with other common business systems. Specialized services for administrators, technical users and Partners ensure optimal use of the platform, benchmarking and custom reporting. Our Partner Service and Partner Account Executive teams help guarantee top Partner performance. For more information about these services, contact Evolution1.
Seamless Integration to a Portfolio of Savings Solutions

SOLUTION DETAILS

<table>
<thead>
<tr>
<th>Solution</th>
<th>Details</th>
</tr>
</thead>
</table>
| Claim Acquisition         | • Inbound Claim Receipt from any party – Client, Provider, PPO, Clearinghouse, Trading Partner  
                           |   • Inbound Claim Receipt in any format – EDI, Email, Fax, Mail  
                           |   • Data Conversion to ANSI 837/5010 Format & Electronic Image |
| Claim Edits & Audits      | • Edits – WEDI, SNIP, CCI  
                           |   • Audits – Medical Bill Review                                     |
| PPO Networks              | • Local  
                           |   • Regional  
                           |   • National  
                           |   • Supplemental                                                     |
| Specialty Networks        | • Dialysis  
                           |   • DME  
                           |   • Transplants  
                           |   • Physical Therapy  
                           |   • Imaging  
                           |   • Oncology                                                      |
| Fee Negotiation           | • With provider sign-off  
                           |   • Without provider sign-off  
                           |   • Specialty negotiation                                           |
| Alternative Reimbursements Methodologies | • Reference-Based Pricing (Medicare Plus)  
                           |   • Cost-Plus                                                        |
| Outbound Claim Return     | • Integrated Performance Optimization (IPO) Program  
                           |   • Return to Payer or Trading Partner                               |

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Welcome to Magellan Rx Management.
A Closer Look

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