HCAA’s Executive Forum 2016
ARCHITECTS OF THE FUTURE

FEBRUARY 9-11, 2016
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“Life is rich, always changing, always challenging, and we architects have the task of transmitting into wood, concrete, glass and steel, of transforming human aspirations into habitable and meaningful space.”
- Arthur Erickson

There is majesty in the act of taking a dream and turning it into a reality. The root meaning of architect in Greek comes from “Chief” “Builder” – one who guides a plan. Simply because we do not deal in wood, concrete, glass or steel does not mean that we are not architects. Much akin to the field of architecture, we elicit a vision from our clients, help create a concept, a workable design, manage the project, build it and ensure that the end product meets all of the required codes and regulations. We just happen to do it in a different industry.

Whether a Broker, a TPA, or an affiliated vendor – we all play a supportive role in turning the vision into a reality. We, too, have the ability to “transform their human aspirations into a habitable and meaningful space”, even if that space is healthcare administration.

Our Executive Forum Conference Theme this year is entitled “Architects of the Future”. The topics presented will be relevant, timely and deal with a broad range of industry issues which will impact how we transact our business in the future.

You can expect a lively and innovative line up of speakers with such topics as improving outcomes with patient focused care, the real and persistent threat of a cyber-attack and how to manage it, innovative cost containment and creative alternatives, enhancing participant consumerism, gaining an understanding of the critical elements in evaluating PBM pricing offers.

In addition, our sessions include information about value based reimbursements, ACA information reporting and how to use the requirement as a business opportunity, positioning your company amidst a consolidating and expanding industry and the future of self-funding and what the industry will look like.

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. Thank you for participating in Executive Forum 2016 and for your support of HCAA. We could not do this without you and wish you a great conference experience!!

Julie Wohlstein, M.A.S.
HCAA President 2016
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, task force and any 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. Discussions about blacklisting or unfavorable reports about particular companies, including their financial situation, are also prohibited.

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 that meeting’s minutes. If others continue such discussion, the Association’s representative should be excused from the meeting and request that the minutes show that the Association’s representative left the meeting at that point, and why he or she left. Any such instances should be reported immediately to the Board President and Chief Executive Officer.

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, task force 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 10 CE credits from the state of Arizona, California, Colorado, Florida, Indiana, Montana, Nevada, Oregon, Texas (8 CE credits), Washington, Wyoming and is awaiting approval from Michigan for the 2016 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*
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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” in either store.

Follow the conference @HCCAinfo 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.

HCAA’s Executive Forum 2016
Tuesday, February 9th, 2016
12:00pm - 5:00pm  Registration - Augustus Ballroom foyer
5:30pm - 7:00pm  Welcome Reception - Augustus Ballroom

Wednesday, February 10th, 2016
7:30am - 5:30pm  Registration - Augustus Ballroom foyer
7:30am - 8:00am  Breakfast & Networking - Augustus Ballroom
8:00am - 8:30am  Welcome and Opening Remarks - Augustus Ballroom
8:30am - 10:00am  Keynote: An Insider’s View on President Obama’s Public Policy and Its Implications for the Election of 2016
10:00am - 10:15am  BREAK
10:15am - 11:10am  Session: Employers and Telemedicine: A New Frontier
11:10am - 12:00pm  Session: Healthcare in the Crosshairs: Managing the Persistent Threat of Cyber Attack
12:00pm - 1:00pm  Lunch
1:05pm - 2:05pm  Session: 2016 and Beyond - Increase Your Self Insured Opportunities Through Innovative Cost-Containment and Creative Alternatives
2:05pm - 2:50pm  Session: Tools to Enhance Participant Consumerism
2:50pm - 3:05pm  BREAK
3:05pm - 4:00pm  Session: Everything You Always Wanted to Know but Were Afraid to Ask About PBM Pricing Offers and Contracts
4:00pm - 4:55pm  Session: Value Based Reimbursement (VBR) – Is it the Right Answer?
4:55pm - 5:00pm  Wrap-Up and Notices
5:30pm - 7:00pm  Reception

Thursday, February 11th, 2016
7:30am - 12:00pm  Registration - Augustus Ballroom foyer
7:30am - 8:00am  Breakfast & Networking - Augustus Ballroom
8:00am - 8:10am  Welcome and Opening Remarks - Augustus Ballroom
8:10am - 9:40am  Keynote: The Future of Health & Medicine: Where Can Technology Take Us?
9:40am - 9:55am  BREAK
9:55am - 10:50am  Session: Positioning Your Company Amid the Expanding and Consolidating Industry
10:50am - 11:40am  Session: ACA Information Reporting - A Business Opportunity
11:40am - 12:00pm  Sponsor & Partner Prize Drawings (must be present to win)
12:00pm - 12:15pm  Closing Remarks and Adjourn
Senator Tom Daschle

Born in Aberdeen, South Dakota, Tom Daschle graduated from South Dakota State University in 1969. Upon graduation, he entered the United States Air Force where he served as an intelligence officer in the Strategic Air Command until mid-1972.

Following completion of his military service, Senator Daschle served on the staff of Senator James Abourezk. In 1978, he was elected to the U.S. House of Representatives where he served for eight years. In 1986, he was elected to the U.S. Senate and eight years later became its Democratic Leader. Senator Daschle is one of the longest serving Senate Democratic Leaders in history and the only one to serve twice as both Majority and Minority Leader. During his tenure, Senator Daschle navigated the Senate through some of its most historic economic and national security challenges including a Presidential impeachment, 9/11, the anthrax attack in his Senate office, and the wars in Iraq and Afghanistan.

In 2003, he chronicled some of these experiences in his book, Like No Other Time: The 107th Congress and the Two Years That Changed America Forever. His most recent book The United States Senate: Fundamentals of Government was published in January, 2013.

Senator Daschle is the Founder and Chairman of The Daschle Group, A Public Policy Advisory of Baker Donelson. The Daschle Group provides strategic advice on key national issues including health care, energy, transportation and the environment. Since leaving the Senate, he has distinguished his expertise in health care through the publications of two books: Critical: What We Can Do About the Health-Care Crisis and Getting It Done, a chronicle of the efforts to enact the Affordable Care Act. He has been published in Health Affairs, The New England Journal of Medicine, most major daily newspapers as well as many other respected publications.

He is a member of the Health Policy and Management Executive Council at the Harvard School of Public Health in addition to the Global Policy Advisory Council for the Health Worker Migration Initiative.

In 2007, he joined with former Majority Leaders George Mitchell, Bob Dole, and Howard Baker to create the Bipartisan Policy Center (BPC), an organization dedicated to finding common ground on some of the pressing public policy challenges of our time. Senator Daschle has co-chaired several BPC health task forces and issued numerous reports on health related, consensus driven health policy.

Arjun Chanmugam MD, MBA

Vice Chair, Integration and Health Care Transformation, Department of Emergency Medicine, Johns Hopkins School of Medicine

Dr. Chanmugam joined the faculty at Johns Hopkins in 1992 and served as the residency director for the Emergency Medicine Residency Program from 2000 to 2010.

He is associate editor for the 4th edition of the textbook Clinical Procedures in Emergency Medicine and is a regular contributor and administrative editor for Practical Reviews in Emergency Medicine, a monthly publication.

His primary interest is medical education. In 1994, he developed and introduced the required clerkship in emergency medicine, making it the first time that Johns Hopkins medical students were required to have exposure to EM. He has also participated in the development of a novel program - masters in medical education and has been the recipient of multiple teaching awards. Outside of Hopkins, he is on the Board of Directors for Maryland ACEP and serves as the vice chair for the Governor’s Council on Heart Disease and Stroke. He is an avid outdoor enthusiast and is an instructor in the martial art Aikido.

Serge Solski

VP, Business Development of Watsec Cyber Risk Management

Serge Solski is the VP of Business Development for Watsec Cyber Risk Management, a firm that specializes in understanding the cyber risk exposures of businesses of every shape and size, providing their clients with guidance and support to become cyber resilient. Since joining Watsec in 2012, Serge has spoken at several insurance and health conferences and events across North America as a cyber risk management subject matter expert.

Serge’s experience ranges from working for technology start-ups to large corporations. Prior to joining the fight against cyber criminals, Serge worked at Research in Motion (now Blackberry) as their Corporate Security Awareness Specialist, teaching employees how to protect company assets by recognizing the tricks of those looking to steal their secrets. Serge has an Bachelor’s Degree in History with a Major in English from Wilfrid Laurier University.
Adam Russo JD
The Phia Group LLC

Adam V. Russo, Esq. is the Co-Founder and Chief Executive Officer of The Phia Group LLC; an experienced provider of health care cost containment techniques offering comprehensive claims recovery, plan document and consulting services designed to control health care costs and protect plan assets. The Phia Group’s overall mission is to reduce the cost of plans through its recovery strategies, innovative technologies, legal expertise, and focused, flexible customer service.

Attorney Russo is also the founder and managing partner of The Law Offices of Russo & Minchoff, a full-service law firm with offices in Boston and Braintree, MA. Attorney Russo’s practice is devoted to representing employers, plan fiduciaries, third-party administrators and carriers in employment and employee benefits matters throughout the United States.

He is a frequent speaker and author on health care and employee benefits topics at webinars, conferences and seminars across the country. Attorney Russo’s industry leading blog, www.passionforsubro.com is regularly updated with news and information relevant to the entire healthcare industry.

Attorney Russo obtained a Juris Doctorate degree from Suffolk University Law School and a Masters Degree in Finance from the Frank Sawyer School of Management at Suffolk University in Boston, Massachusetts. He also acquired an undergraduate degree from Suffolk University, where he double majored in Political Science and Public Relations. He was recognized by Suffolk University with the 2005 Outstanding Alumni Achievement Award.

Attorney Russo is the Contributing Editor to Thompson Publishing Group’s Employer’s Guide to Self-insuring Health Benefits. He is on the Self-Insurance Institute of America, Inc. (SIIA) Board of Directors and is on the Board of Directors at JFS of Metro-West, a non-profit agency that provides social services, elder care, adoption services, and domestic violence assistance. Attorney Russo is admitted to the Massachusetts Bar, the U.S. Court of Appeals for the First Circuit and the Supreme Court of the United States.

Adam and his wife Kelly have two wonderful young girls named Soli and Maeve. In addition to spending his spare time with his family and friends, Adam enjoys paddle boarding, swimming, jet skiing and watching his beloved Cleveland Indians baseball team.

Bill Kampine
Healthcare Bluebook

Bill is the SVP of analytics and co-founder of Healthcare Bluebook. An economist by training, Bill leads client analytics, healthcare economics and product development at Bluebook. Mr. Kampine is an experienced healthcare executive having more than 20 years of expertise new venture development, mergers and acquisitions, strategy and advanced analytics. Mr. Kampine is the co-founder of Healthcare Bluebook and currently serves as SVP of Analytics where he oversees client analytics and healthcare economics.

Previously, Mr. Kampine was Vice President of Innovation & Insight and a key architect of next generation employer solutions at Healthways, a global leader in providing Disease and Lifestyle Management services. Mr. Kampine served in a number of executive roles at Healthways, including the founding of the internal strategy and M&A function where he led several key strategic acquisitions, as well as the establishment of Healthways business outside the United States.

Prior to Healthways, Mr. Kampine assisted in the development of CareSteps Inc., a predictive modeling and disease management company that successfully merged with Healthways in 2001. Mr. Kampine also served as an economist and consultant to global Fortune 1000 companies in the healthcare, insurance and pharmaceutical industries. Mr. Kampine conducted graduate work in economics at George Washington University and holds an MBA from Carnegie Mellon University.
Nick Fitzsimmons
Global Excel

Nick’s early roots with Global Excel date back to 1996, when he joined the third party liability department to investigate accidents, coordinate recoveries and redirect costs to other payers. Nick successfully applied these skills to create Global Excel’s managed care department.

At present Nick’s primary focus is on research and development. He works to match Global Excel’s products to the demands of the rapidly changing field of medical cost containment services. In addition to this he is responsible for the development of strategic partnerships with a variety of vendors and providers, with the goal of optimizing Global Excel’s relationships (and its value) in the current market. His ability to adapt to a changing healthcare system and his extensive knowledge of the inner workings of the U.S. healthcare system have enabled him to help make Global Excel an industry leader in the field of cost containment.

Ann Mond Johnson
Zest Health

With more than 20 years of experience, Mond Johnson is a nationally recognized leader in healthcare consumerism and has built her career managing innovative healthcare technology companies. Previously, she served as Chairman, Board of Managers and Advisor for ConnectedHealth, LLC, which provides private health insurance exchanges.

She was instrumental in developing the company’s strategy and guiding business development and fundraising. Prior, Mond Johnson served as Senior Vice President at WebMD after selling Subimo to the healthcare information giant in 2006. Mond Johnson was CEO and co-founder of Subimo, which provided healthcare decision support applications to large employers, health plans and financial institutions. She also served as senior vice president at Sachs Group (now part of Truven Health), and currently advises several early stage companies including Conversa Health and is on the board of Ludi, Inc.

John Adler
Adler Rx Consulting, LLC

John has 25 years of experience in pharmacy benefit management working for PBM’s, insurance entities, audit/analytics, and consulting firms. John is a nationally recognized PBM RFP and contract expert and has been the PBM RFP consultant and contract negotiator for clients ranging in size from 2,000 to 1.2 million lives.

In his role as a PBM RFP and contract expert, John has spoken at national conferences for the Self Insurance Institute of America (SIIA), the American Federation of Teachers (AFT), the International Federation of Employee Benefit Plans (IFEBP), and the Society of Professional Benefit Administrators (SPBA).

John is published and quoted on PBM contracting issues and cost containment strategies in a number of publications, including Employee Benefit News, Human Resource Executive, Risk & Insurance, and A. M. Best Week Magazine.

Paul Forte
VP of Strategic Planning, Health Plans, Inc.

Paul Forte is Vice President of Medical Management and Health Strategies at Health Plans, Inc., New England’s largest Third Party Administrator and subsidiary of Harvard Pilgrim Health Care. For the past 20 years, Paul has been actively involved in developing innovative approaches that direct efficiency of care to the front of the healthcare industry including Accountable Care Organization development, patient-centered medical home initiatives and clinical data integration strategies.

His work with the CareGroup Occupational Health Network, the Enhanced Care Initiative, and the Emblem Health High Value Medical Home Project, focused around the re-engineering of traditional provider reimbursement methodologies as well as development of patient steerage programs through primary care facilities to achieve sustained improvements in clinical and performance outcomes. Currently, Paul oversees HPI’s total health management program including population health and wellness, data integration solutions, performance reporting and predictive analytics.
Dr. Daniel Kraft
Founder and Executive Director, Exponential Medicine and Faculty Chair for Medicine Singularity University

Daniel Kraft is a Stanford and Harvard trained physician-scientist, inventor, entrepreneur and innovator. Dr. Kraft has over 20 years of experience in clinical practice, biomedical research and healthcare innovation. Daniel chairs the Medicine track for Singularity University and is Founding Executive Director for Exponential Medicine, a program which explores convergent, exponentially developing technologies and their potential in biomedicine and healthcare. His various TEDTalks have over 1 Million Views.

Following undergraduate degrees at Brown University and medical school at Stanford, Dr. Kraft was board certified in the Harvard combined Internal Medicine and Pediatrics residency program at the Massachusetts General Hospital and Boston Children’s Hospital. He went on to complete Stanford fellowships in hematology/oncology & bone marrow transplantation, and extensive research in stem cell biology and regenerative medicine. He has multiple scientific publications (Nature and Science) and medical device, immunology and stem cell related patents through faculty positions with Stanford University School of Medicine and as clinical faculty for the pediatric bone marrow transplantation service at University of California San Francisco.

Dr. Kraft is the inventor of the MarrowMiner, an FDA approved device for the minimally invasive harvest of bone marrow, and founded RegenMed Systems, a company developing technologies to enable adult stem cell based regenerative therapies.

Orlo (Spike) Dietrich
Ansley Capital Group, LLC

Orlo “Spike” Dietrich is a Principal of The Employers Health Network (EHN) and a Managing Director of Ansley Capital Group. Prior to joining Ansley, Spike owned and operated a consulting business working with small to mid-size healthcare companies, providing strategic, operational and business development services, including serving on the Boards (often as Chairman) of the portfolio companies of several venture capital groups.

Prior to that, Dietrich worked in a series of senior executive roles that began when he founded Burgett & Dietrich (“B&D”) in 1985. B&D developed and managed over 140 managed care networks in 33 states, representing over 40 of the Fortune 500. To support the management of these networks, Spike developed a third-party administrator, a population health management subsidiary, a workers compensation subsidiary, and a data integration/data warehouse subsidiary designed to provide decision support data analytics. He was also the founding Chief Operating Officer of CareSource and the CEO of CNA HealthPartners.

Prior to founding B&D, Spike spent 11 years with Baxter Healthcare Corporation, which he joined in 1974. At Baxter, Spike developed and implemented a workers’ compensation management program, developed and taught labor relations training programs to all domestic manufacturing facilities, and developed and implemented a community-based managed care program for Baxter’s domestic manufacturing facilities which replaced the existing employee benefits program.

Before joining Baxter, Spike spent five years as a pilot in the United States Marine Corps. Spike holds a BA from the University of Arkansas and a Commercial Pilot’s License.

Cori Cook JD
CMC Consulting LLC

Cori M. Cook, J.D. is a corporate strategist specializing in corporate, insurance, employment and health care law. She graduated from Gonzaga School of Law and is a national speaker on topics related to health and benefits, and healthcare reform.

Ms. Cook serves on various industry committees including: the Health Care Committee of the Self-Insurance Institute of America (SIIA); the Government and Regulatory Affairs Committee of the Health Care Administrators Association (HCAA), where she represents the legislative and regulatory interests of the industry; and recently served as a board member for the Society of Professional Benefit Administrators (SPBA).

Ms. Cook previously served as the Chief Operating Officer and General Counsel for Employee Benefit Management Services, Inc. (EBMS) and recently founded CMC Consulting, LLC where she will continue to assist employers, patients, providers, TPAs and Carriers with the complexities of the Patient Protection and Affordable Care Act (PPACA), the Employee Retirement Income Security Act (ERISA), the Health Insurance Portability and Accountability Act (HIPAA) and other health care, employment, and benefit compliance matters.
SCHEDULE OF EVENTS

Tuesday, February 9th, 2016
12:00pm - 5:00pm  Registration - Augustus Ballroom foyer
5:30pm - 7:00pm  Welcome Reception - Augustus Ballroom

Wednesday, February 10th, 2016
7:30am - 5:30pm  Registration - Augustus Ballroom Foyer
7:30am - 8:00am  Breakfast & Networking - Augustus Ballroom
8:00am - 8:30am  Welcome and Opening Remarks - Augustus Ballroom
8:30am - 10:00am  KEYNOTE An Insider’s View on President Obama’s Public Policy and Its Implications for the Election of 2016

Presented by: Senator Tom Daschle

It’s safe to say that politics hasn’t been “as usual” lately. From unlikely candidates as Republican frontrunners, to fluctuating poll numbers in the Democratic race, to instability in the market, global immigration issues, our decaying infrastructure, and the continued and evolving discussion around Obama Care (including the proposed Cadillac tax)—the factors impacting the year ahead are more varied and more significant as each week passes. Enter former Senate Majority Leader Tom Daschle, who draws from his 30+ year career in political service to deliver his predictions of the who, what, and why that will shape the political landscape over the next year. As the architect of the Obama healthcare reform initiatives, Daschle offers expert perspective on the implications of a range of possible future scenarios, revealing insight into what individuals, businesses and the healthcare industry can expect in 2016 and beyond.

10:00am - 10:15am  BREAK
10:15am - 11:10am  SESSION Employers and Telemedicine: A New Frontier

Presented by: Arjun Chanmugam MD, MBA, Vice Chair, Integration and Health Care Transformation, Department of Emergency Medicine, Johns Hopkins School of Medicine

Telemedicine is no longer a potential trend, its availability is gaining momentum and is proven to be a valuable tool in the delivery of healthcare. As more employers are implementing consumer-driven healthcare plans (CDHP’s), which increase out-of-pocket medical expenses for plan participants, what’s next? What tools can be used to educate the healthcare consumer to enable the best decision making at the “point of concern”? How is the medical community adapting to this changing environment?
11:10am - 12:00pm  **SESSION** Healthcare in the Crosshairs: Managing the Persistent Threat of Cyber Attack

**Presented by:** Serge Solski - VP, Business Development of Watsec Cyber Risk Management

Every day we read about an increasing number of cyber attacks affecting businesses especially those in healthcare. Most attacks require very little effort to be successful. Why are businesses so unprepared for cyber threats? Here are some common misconceptions businesses have about cyber risk:

“We’re too small to be a target of a cyber attack. Cyber is a big business problem.”

“We are HIPAA compliant. We don’t need to manage our cyber risk.”

“Cyber risk is an IT risk. I trust my IT team to handle that.”

Any of these statements sound familiar? If so, your business could end up in the headlines for all the wrong reasons. So what can senior leaders such as yourself do to prevent this from happening? Join us to hear an expert in cyber risk management talk about the rapidly growing number of cyber attacks on healthcare and why you should take this emerging threat very seriously.

You will walk away from this session with a far greater understanding that cyber risk is very real to your business and should not be marginalized. You will also gain as an appreciation of the critical role you must play in managing your business’ cyber risk exposure. Our expert will also share a strategic framework for an effective program view of cyber risk management that will put your business on the road to becoming truly cyber resilient.

12:00pm - 1:00pm  Lunch

1:05pm - 2:05pm **SESSION** 2016 and Beyond - Increase Your Self Insured Opportunities Through Innovative Cost-Containment and Creative Alternatives

**Presented by:** Adam Russo JD, The Phia Group

As a result of health care reform and additional state and federal regulations, brokers and employers are considering self-insurance more than ever. There has never been a better time to service the administrative and consulting needs of these entities than today – but new regulations are creating hurdles nonetheless. Join Adam V. Russo, CEO of The Phia Group, as he discusses the current health care environment and offers an in-depth analysis of services, alternatives, and unconventional tactics that are indispensable to all players in the self-funded industry. He will discuss how to differentiate yourself from the traditional way of thinking through plan design, cost-containment techniques, the most innovative opportunities available in the industry, and how to offer better benefits and lower the overall cost of coverage.
SCHEDULE OF EVENTS

2:05pm - 2:50pm  
**SESSION** Tools to Enhance Participant Consumerism  
**Presented by:** Bill Kampine of HCBB, Nick Fitzsimmons of Global Excel, and Ann Mond Johnson, CEO of Zest Health

With the increase in plan deductibles and out of pocket expense, plan participants have an increasing vested interest in becoming as wise a consumer of healthcare services as they generally have been in all other aspects of their lives. This has resulted in the development of consumer tools designed to provide participants with provider cost and quality information. 

This panel, comprised of three of the leading transparency vendors will expose the audience to three types of consumer engagement tools that are currently being used by industry TPAs. They will focus on the core features of their products and their approximate cost/benefits, and will avoid specific cost information and/or commercials.

2:50pm - 3:05pm  
**BREAK**

3:05pm - 4:00pm  
**SESSION** Everything You Always Wanted to Know but Were Afraid to Ask About PBM Pricing Offers and Contracts  
**Presented by:** John Adler, Adler Rx Consulting, LLC

This session will arm you with the questions necessary to understand the differences between PBM pricing offers and create a true comparative pricing analysis. In addition, we will talk about the tidal wave of Specialty Rx risk and potential plan designs and clinical criteria that can help manage these medications, including Hepatitis C and Super Statins.

4:00pm - 4:55pm  
**SESSION** Value Based Reimbursement (VBR) – Is it the Right Answer?  
**Presented by:** Paul Forte, VP of Strategic Planning, Health Plans, Inc.

Learn the basics of VBR and the premise for improving health care cost and quality through the shifting of provider reimbursement from FFS to value through incentives. Answer the questions of why providers would consider VBR, how self-funded employers and their population can benefit and, what needs to happen for success.

4:55pm - 5:00pm  
Wrap-Up and Notices

5:30pm - 7:00pm  
Reception

**Thursday, February 11th, 2016**

7:30am - 12:00pm  
Registration - Augustus Ballroom Foyer

7:30am - 8:00am  
Breakfast & Networking - Augustus Ballroom

8:00am - 8:10am  
Welcome and Opening Remarks - Augustus Ballroom
SCHEDULE OF EVENTS

8:10am - 9:40am  **KEYNOTE** The Future of Health & Medicine: Where Can Technology Take Us?  
**Presented by:** Dr. Daniel Kraft, Founder and Executive Director, Exponential Medicine and Faculty Chair for Medicine Singularity University  
Dr. Kraft examines rapidly emerging, game changing and convergent technology trends and how they are and will be leveraged to change the face of healthcare and the practice of medicine in the next decade.  
A deep dive into where emergent fields such as low cost personal genomics, the digitization of health records, crowd sourced data, molecular imaging, wearable devices & mobile health, synthetic biology, systems medicine, robotics, artificial intelligence, nanotechnology, 3D printing and regenerative medicine are transforming healthcare, and have the potential to enable clinicians, empower patients, and deliver better care and outcomes at lower cost.

9:40am - 9:55am  **BREAK**

9:55am - 10:50am  **SESSION** Positioning Your Company Amid the Expanding and Consolidating Industry  
**Presented by:** Orlo (Spike) Dietrich, Ansley Capital Group, LLC  
The TPA Market: Expanding, Contracting and Consolidating, The Health Plan Market: Significant Consolidation, ACOs, Public and Private Exchanges, Narrow Networks, Clinically Integrated Networks, and the rapid emergence of the Fully Integrated Delivery System: How are these changing the market? Who will be driving the bus, and what is the role of the Third Party Administrator?  
The larger Private Equity and Venture Capital firms have clearly targeted our space as a priority for their investments and they each have a clear (but often differing) strategic view. How do each of our members, many of whom have very different strategic and personal goals, position their Company for this rapidly evolving future?  
The intent of this session is to provide critical information, and actionable strategies, to help our members make certain they are well prepared when they make the decision to explore a possible financial transaction, of any nature. We have asked Spike Dietrich, the founder of HealthScope Benefits, the original Chief Operating Officer of CoreSource, the past Chairman of WebTPA, and now a Managing Director of The Ansley Group, a strategic consulting and investment bank with an exclusive focus on healthcare to give us his thoughts and experience.

10:50am - 11:40am  **SESSION** ACA Information Reporting - A Business Opportunity  
**Presented by:** Cori Cook JD, CMC Consulting LLC  
Employers subject to section 4980H of the Internal Revenue Code (“Code”) are required to report specific information as required under Code sections 6055 and 6056 about offers of health coverage and enrollment in health coverage for their employees. As set forth in the ACA, the first reports are due the beginning of 2016, reporting 2015 information. Cori M. Cook will walk us through what should have happened, what actually happened, and how you can set your organization and your clients up for success going forward. If you haven’t made the decision already, this could be another business opportunity for TPAs. What role will your organization play next year?

11:40am - 12:00pm  Sponsor & Partner Prize Drawings (must be present to win)

12:00pm - 12:15pm  Closing Remarks and Adjourn
## HCAA COMMITTEES & TASK FORCES

### 2016 Executive Forum Planning Task Force

<table>
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<tr>
<th>Role</th>
<th>Name</th>
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### 2016 TPA University Planning Task Force

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### Audit & Finance Committee

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### Legislative & Regulatory Committee

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### Membership Committee

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