



HCAA's
**EXECUTIVE
FORUM '20**

Vision 2020

Why Not Self Funding For **All**?



February 24-26

The Wynn | Las Vegas

#HCAAAExecForum | hcaa.org

Program sponsored by:

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Notice: Videotaping and/or Photography in Progress
Today's event will be videotaped and/or photographed. By attending today's event you are agreeing to have your likeness recorded for possible use.



WELCOME TO EXECUTIVE FORUM 2020

Welcome to the largest Executive Forum ever!! Thank you for joining us for Vision 2020: Why Not Self-Funding for All? The late Steve Jobs once said “If you are working on something exciting that you really care about, you don’t have to be pushed. The vision pulls you.” That’s how I feel about working in this self-funded industry. It is exciting to find innovated ways for employers to provide health plans for their employees that either keep them healthy or help meet a financial need when they are in a health crisis giving them one less thing to worry about.

This vision has pulled us all here to learn, to collaborate, and to innovate ways to bring about self-funding for all. If the groups and brokers you are working with can only see the big “E” at the top of the chart, we hope that you will be able to take back some nuggets that will help them focus on ways to improve the functioning of the plan that isn’t an optical illusion.

An eye chart measures visual acuity which is the clearness or sharpness of vision. My desire for you in that Executive Form will provide you with the tools or that one good idea that will bring clearness or sharpness to YOUR vision for self-funding and have you seeing 20/20 and beyond.

As always, we could not do this without our sponsors. Please visit with each of them. They may help you see through a better lens. Share your vision with your fellow attendees. You never know when that person at your table or in line behind you at the reception can provide the “frames” for your “lens.”



Thanks for coming and have a fantastic conference!

Joanie Verinder
HCAA Board President

Fun Fact: All blue eyed people are related. The first person with blue eyes was thought to have lived 6,000 to 10,000 years ago. All people before that had brown eyes. So if you have blue eyes too, hello, cuz!!

HCAA's *new* contact information

1015 Grupp Rd. #31373
St. Louis, MO 63131

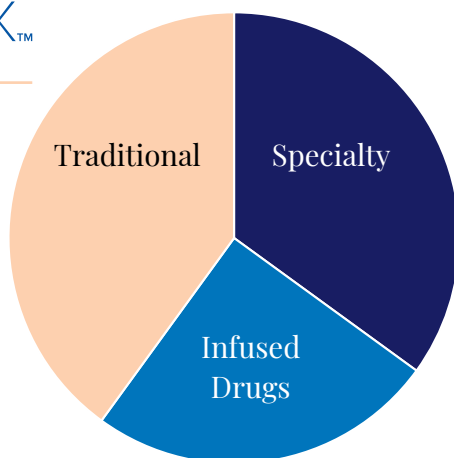
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BREAKFAST (UPGRADED) 	CELEBRATION SIGNATURE DRINK 	CONFERENCE APP 	CONFERENCE BAG 
CONFERENCE POCKET GUIDE 	CONNECTION BREAKS  		DISCLOSURE CALENDAR 
HEADSHOT LOUNGE 	HOTEL CHECK IN DROP  	LUNCH 	MORNING YOGA 
MICROPHONE SPONSOR    			NAME BADGE 
NETWORKING LOUNGE   		NOTEPAD/PEN 	ONSITE PROGRAM 
PHOTO BOOTH 	ROOM KEY 	SECOND NIGHT RECEPTION 	
STEP CHALLENGE  		THANK YOU!	

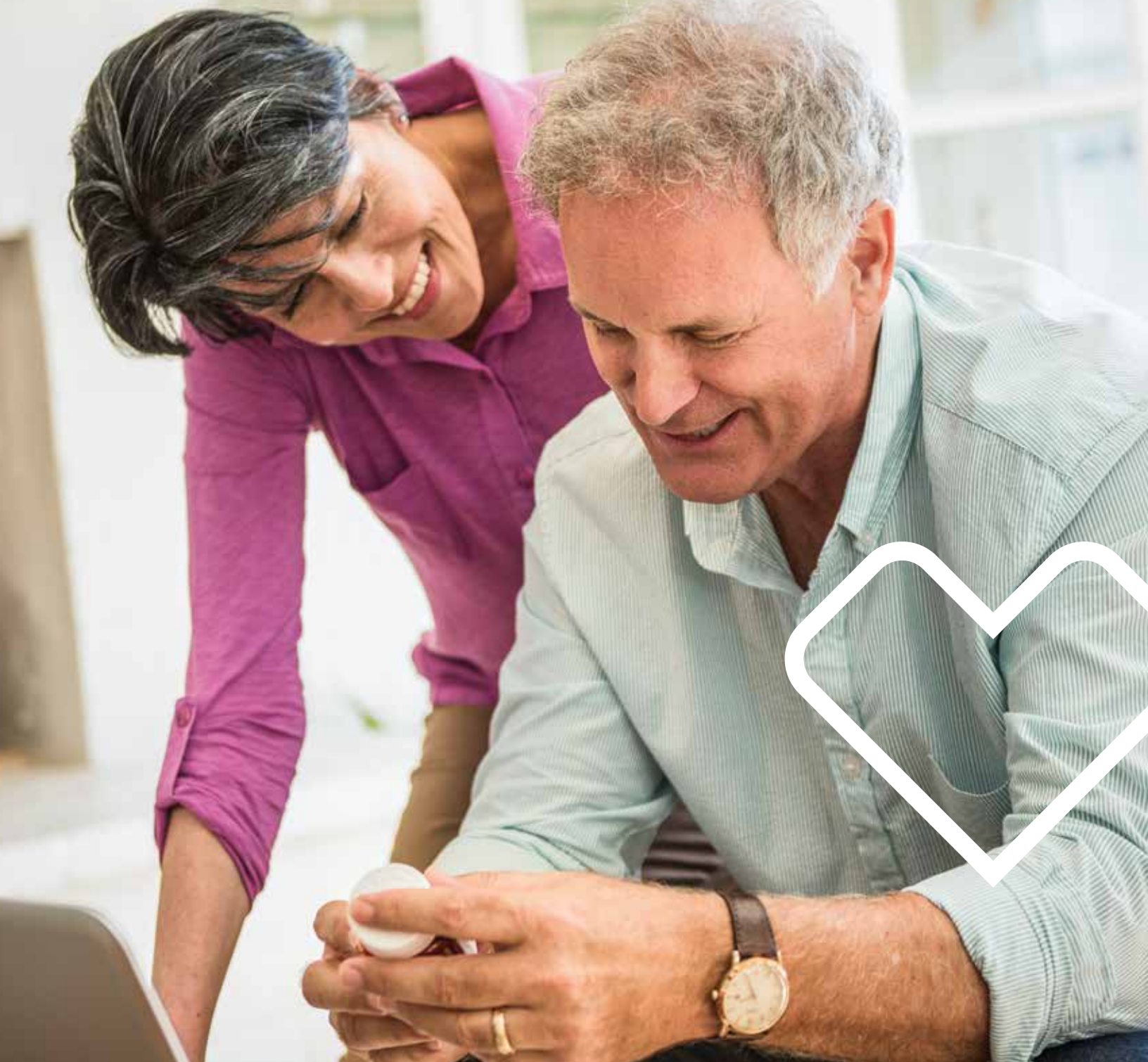
WiFi Access

Access is from 2/24 – 2/26 and works only in meeting space near the event.

Login Instructions:

1. With your device turned ON, set your wireless adapter SSID to **HCAA**
2. Enter the password to the network when prompted: **ExecForum2020**
3. Launch a web browser to verify connection and begin using the Internet





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Whether pre-care or post-care, *AMPS Intelligent Pricing* engine encompasses multiple approaches that are essential to fair payment of medical claims. The AMPS process begins with a Physician-led medical bill review to ensure claims are without errors, mark-ups, or services that are not medically necessary. AMPS next determines the **best approach** to price based on *fair market value, direct contracts, and fee for service pricing options*.



Member Advocacy *Standing Ready to Help Members*

AMPS Member Advocates are experts at assisting Members with billing questions 12 hours a day, each week day from AMPS multi-lingual Member Service Center. The Advocacy process begins at open enrollment by communicating the changes that come with a new healthcare Plan. A key part of this process is to discuss the concept of balance billing and educate Members on how to identify a balance bill in the rare occurrence they receive one. Advocacy includes Plan indemnity with AMPS becoming a **named fiduciary** on the Plan. Member indemnity can also be included.



Care Navigation *Connecting Members with Friendly Providers*

The **AMPS Care Navigation Team** facilitates access to Providers offering savings via bundled pricing for **planned medical procedures**. The *Navigation* Team also informs Members of contracted Providers and Hospitals that accept AMPS reference-based pricing clients as well as utilizing **AMPS Provider Finder** to search for "Friendly" Providers which are ranked by **cost, quality, location, and prior** utilization with AMPS.



Provider Relations *Fostering Local Relationships*

The **AMPS Provider Relations Team** works on behalf of Members to foster relationships with local Providers to give quality care at a fair price. AMPS is continually expanding its list of "Friendly" Providers by establishing Single Case Agreements and Direct Contracts. Both Providers and Employers realize benefits when partnering with AMPS as an alternative to a standard Plan.



Data Visibility *On-Demand Data Visibility - Anytime, Anywhere*

The AMPS Portal offers on-demand visibility into Plan performance, with noteworthy metrics, easy-to-understand dashboards, messaging alerts and tailored reports via secure email. This provides a **real-time view** into the Plan's savings and powers Intelligent Pricing and Navigation in the local market.

HCAA MISSION, VALUES AND VISION STATEMENT

HCAA CORE PURPOSE

To support third party administration.

HCAA MISSION STATEMENT

HCAA's mission is to improve the quality, sustainability and value of self-funding and health care benefit administration.



HCAA CORE VALUES

- Leadership:** Relevant, timely and visionary action on behalf of TPAs and their industry partners.
- Development:** Providing opportunities for education, learning, growth, and resources for our members.
- Integrity:** Ethical behavior, fairness in judgments and transparency in decision-making.
- Inclusiveness:** Connection among passionate industry advocates and the respectful exchange of ideas and concerns in a safe and collaborative environment.
- Quality:** High standards and appreciation of the expertise and knowledge of our members.

HCAA VALUE PROPOSITION

HCAA's cultural environment is collegial and inclusive, focused on the success of health benefit administrators.

HCAA VALUE STATEMENT

To be the global resource for health benefit administration.

CONTINUING EDUCATION (CE)

Attendees desiring CE credit must complete an Affidavit of Attendance, available at the Registration desk. This completed form must be returned to the Registration Desk at the end of the conference. Note: no partial credit is given. You must attend the full conference, each day, to be granted the credits offered.



We have been awarded the following credits in the states listed:

Arizona General, 10 hours	Illinois General, 10 hours	New York Life, Accident & Health, 10 hours	Utah Life, Accident & Health, 10 hours
California Accident & Health, 10 hours	Indiana Life, Accident & Health, 10 hours	Ohio General, 10 hours	Washington Life & Health, 10 hours
Colorado Life, Accident & Health, 10 hours	Michigan Life, 10 hours	Oregon Life & Health, 10 hours	Wisconsin Life, 10 hours
Florida Life & Health, 10 hours	Montana Life, 10 hours	Texas General, 10 hours	
Georgia Life, Accident, & Sickness, 10 hours	Nevada Life & Health, 10 hours		

HCAA has partnered with CEU Institute as the continuing education provider for the conference. Contact us if you have questions on CE.

HCAA ANTITRUST POLICY

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 ETHICS POLICY

Purpose

The pursuit of the goals of HCAA requires a shared commitment to the core purpose of supporting health care benefit administration and to our core values of leadership, development, integrity, inclusiveness and quality, as well as a commitment to the ethical conduct of all our members. In that spirit, the HCAA Code of Ethics is a statement of our belief in ethical, legal and professional behavior in all of our dealings inside our organization and in each member's respective business.

Applicability

The HCAA Code of Ethics applies to all members of HCAA.

1. Fair Dealing

Members of the HCAA are expected to conduct themselves ethically, honestly and with integrity in all dealings. This means adhering to the principles of fairness, good faith, respect consistent with current laws and regulations. No unlawful practice or a practice at odds with these standards can be justified on the basis of customary practice, expediency, or achieving a "higher" purpose.

2. Individual Responsibility and Accountability

Members of HCAA are expected to exercise responsibility appropriate to their position and involvement in its various task forces or committees. They are expected to accept as a personal duty the responsibility to keep up to date on emerging issues and to conduct themselves with professional competence, fairness, impartiality, efficiency and effectiveness. They are to act with integrity, demonstrate fairness in judgments and have transparency in decision-making.

3. Respect for Others

HCAA prohibits discrimination and harassment and provides equal opportunities for all members and applicants regardless of race, national origin, religion, gender identity, maternity, physical or mental disability, medical condition, ancestry, marital or family status, age, or sexual orientation.

4. Compliance with Applicable Laws and Regulations

Members of HCAA must remain in compliance with all laws and regulations applicable to their business practices. HCAA maintains a no tolerance approach to any sort of fraud and abuse or illegal activity of any kind.

5. Conflicts of Interest or Commitment

HCAA members are expected to devote professional allegiance to HCAA and to its mission. Some outside professional activities, personal financial interests, or acceptance of benefits from other members or third parties can create actual or perceived conflicts between HCAA's mission and a member's private interests. In all matters, members are expected to take appropriate steps, including consultation if issues are unclear, to avoid both conflicts of interest and the appearance of such conflicts.

6. Confidentiality/Privacy and Access

Information that is proprietary to HCAA (such as meeting minutes, board activity, committee/task force activity, voting, and planned activities) is considered proprietary. Reproduction of documents or sharing of information must be approved by the board if its use is for those other than HCAA members.

7. Use of HCAA Resources

Use of HCAA resources including dues and revenues, HCAA name/logo, and meeting records must be Board approved and the nature and desired outcomes of said use must be in agreement with the HCAA's mission, goals and strategic initiatives.

8. Reporting Violations

Members of the HCAA are strongly encouraged to report to the Board all known or suspected improper activities or violations of the Code of Ethics. Reporting parties can remain anonymous.

The Ethics form is then given to and signed by all HCAA Board Officers, Directors, Past President Liaison, Committee/Task Force participants and is kept on file in Association offices.

HCAA HARASSMENT POLICY

HCAA is dedicated to providing a harassment-free conference experience for everyone, regardless of sex, age, disability, perceived disability, marital status, personal appearance, sexual orientation, race, color, religion, national origin, veteran status or any other legally protected characteristic. We do not tolerate harassment of conference participants in any form. Sexual language and imagery are never appropriate at any time or for any HCAA event, conference venue, session or speech. Conference participants violating these rules may be sanctioned or expelled from the conference [without a refund] at the discretion of HCAA. The complete HCAA anti-harassment policy can be found on the HCAA website.



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SCHEDULE-AT-A-GLANCE

MONDAY, FEBRUARY 24, 2020

2:00pm – 5:00pm	Registration Opens – Step Challenge Registration
4:30pm – 5:30pm	New Members/First Time Attendee Reception
5:30pm – 7:00pm	Welcome Reception – Wine/Beer tasting – Step Challenge Begins – Silent Auction Begins!

TUESDAY, FEBRUARY 25, 2020

6:00am – 7:00am	Morning Yoga
7:30am – 5:00 pm	Registration Opens
7:30am – 8:30 am	Breakfast
8:30am – 9:00am	Opening Remarks and Announcements
9:00am – 10:30am	Keynote: Election 2020: The Future of Healthcare in America
10:30am – 10:50am	Break
10:50am – 11:50am	General Session: Creating a High Performance Health Plan by Going Direct & Getting Results!
11:50am – 12:00am	Announcements
12:00pm – 1:30pm	Lunch
1:30pm – 1:35pm	Introduction of Afternoon Sessions
1:35pm – 2:30pm	General Session: A Conversation About Healthcare
2:30pm – 2:45pm	Break
2:45pm – 3:45pm	General Session: Employers Journey & Future Related to Health Care
3:45pm – 4:45pm	General Session: How On-Site Medical Clinics Are the Ultimate Direct Provider Contracting (DPC)
4:45pm – 4:50pm	Closing Remarks
5:00pm – 5:30pm	Emerging Leaders Program Reception
5:30pm – 7:00pm	Reception – Silent Auction Bidding Ends!

WEDNESDAY, FEBRUARY 26, 2020

7:30am – 12:00pm	Registration Opens
7:30am – 8:15am	Continental Breakfast – Step Challenge Ends!
8:15am – 8:30am	Introduction of Morning Sessions and Announcement of Silent Auction Winners!,
8:30am – 9:45am	Keynote: The Grassroots Movement to Re-Design Healthcare: Cutting Through the Money Games and Restoring Medicine to its Mission
9:40am – 10:00am	Break – Step Challenge Presentations
10:00am – 10:55am	General Session: Why Not an ASC?
10:55am – 11:50am	General Session: Crafting Risk Strategies for Affiliate Groups
11:50am – 12:00pm	Closing Remarks



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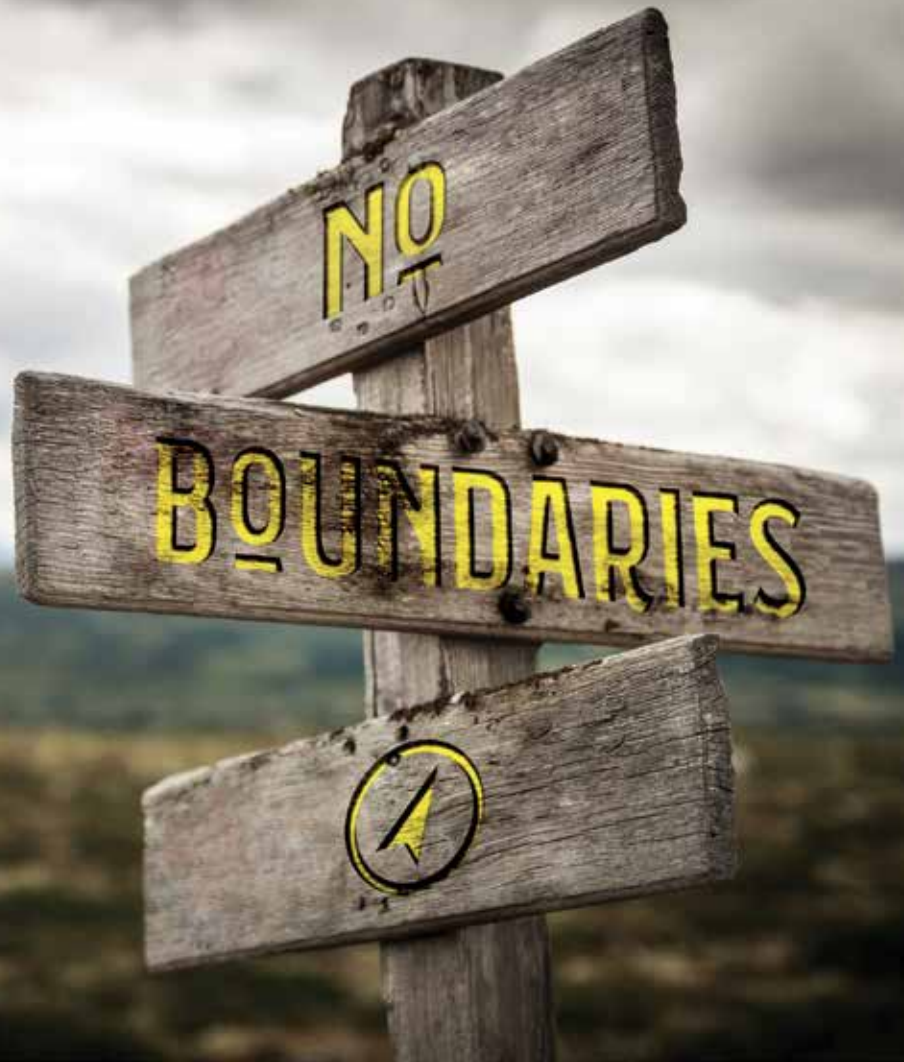
Course	Course Name
01	Introduction to Self Funding, Risk Management and the TPA
02	Stop Loss and Marketing in Self Funding
03	Cost Containment and Vendor Selection
04	Accounting, Funding and Tax Consequences
05	Actuarial, Legal, Reporting and Disclosure
06	State Regulations and Federally Mandated Benefits
07	MEWAs and VEBAs



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Sponsored by the Health Care Administrators Association (HCAA), this advanced microlearning course explores the importance of Association Health Plans (AHPs) and the impact of the Presidential Executive Order authorizing their development.

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Written by industry expert Lawrence Thompson, this insightful course covers every aspect that experienced life and health insurance brokers and producers, underwriters, actuaries, TPAs, attorneys, accountants, employee benefit specialists and other self-funding industry professionals need to consider when proposing to develop an Association Health Plan.

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- Association Health Plan Definitions
- Association Health Plan Regulations
 - The Executive Order
 - The Final DOL Regulations
- Association Health Plans and MEWAs
- State Regulation of Association Health Plans
- The Future of Association Health Plans



**Visit us online for full course
descriptions and to register.**

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Jason Altmire

U.S. House of Representatives (2007-2013); Healthcare Policy Expert; Business Executive; Author, *Dead Center: How Political Polarization Divided America and What We Can Do About It*

Recognized as having the most centrist voting record in Congress during his time in the House of Representatives, former U.S. Congressman Jason Altmire discusses partisanship and polarization in America. He provides bipartisan, pragmatic solutions for organizations to prosper in the current political environment.

The author of the critically acclaimed book *Dead Center: How Political Polarization Divided America and What We Can Do About It*, Altmire is also one of today's leading health care and business consultants. This nationally recognized expert on health care policy has worked as a senior executive for multimillion-dollar companies in both the hospital and health insurance industry. On stage, he shares a wide-ranging discussion of health policy, strategic planning, market analysis, and government relations issues, bringing audiences a reasoned perspective to the intersection of business and politics in health care.

Jason Altmire literally wrote the book on breaking through polarization in Washington, D.C. During his three terms in the U.S. House of Representatives, he won praise as a bipartisan centrist known for working with both sides of the aisle. The *National Journal* calculated his voting record to be at the exact midpoint of the House – the “dead center” – giving him the most centrist voting record in Congress.

Among his many achievements: passing 29 of his legislative initiatives into law and introducing a bipartisan bill that gained the most co-sponsors of any congressional bill in American history. He is a frequent guest on a wide range of national political news programs and is a regular opinion contributor to *The Hill*.



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SPEAKERS



Deborah Ault

Deborah Ault has been a Registered Nurse for 29 years (We lovingly refer to her as “Nurse Deb”). Before getting into Care Management, her bedside nursing experience included ER, ICU, Doctor’s Office, Home Health, and Telephone Triage. Now she is the President of Ault International Medical Management (aka AIMM). Her team of Nurses and Doctors helps patients navigate both the health delivery and the health insurance systems. By ensuring that the right patients are getting the right care at the right time in the right place and at the right price, AIMM creates win-win-win situations where the patient, provider, and plan all win!

She is the creator of the P3CM® model of medical management and as such is the trademark holder. She also created earlier models of medical management that remain in use today: “Day One Dollar One Medical Management,” “Total Health Management,” and “Progressive Medical Management She has a master’s degree in Business with a minor in Math/Statistics from The Ohio State University and is recognized by the American Institute of Outcomes Case Management and Commission on Case Manager Certification as a Certified Case Manager. She is the author of 16 published outcome case studies as well as several editorials/articles and is a sought-after public speaker on these topics. Her passion and dedication to managed care has driven her success in the industry, saving employer-sponsored health plans countless dollars and improving the quality of patient care.

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Active&Fit Direct is a Walking Challenge Sponsor at this Executive Forum, so get moving for some awesome prizes! Be sure to stop by the Active&Fit Direct booth to see where you stand on our leader board.



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Jason Chaffetz

Fox News Channel Contributor, Former U.S. Congressman (UT), Chairman of Oversight & Government Reform Committee and Fellow, Harvard Kennedy School of Government

Former Congressman Jason Chaffetz is a Fox New Channel contributor and a former Fellow at the Institute of Politics at Harvard University.

Chaffetz was elected to Congress in 2008 and served until 2017. He was selected by his peers to be a Chairman of the powerful Oversight & Government Reform Committee, where he led investigations into the United States Secret Service, the Department of Education I.T. vulnerabilities, the Drug Enforcement Agency, the Office of Personnel Management (OPM) data breach, the Environmental Protection Agency, the Benghazi terrorist attack, Fast & Furious and the IRS scandal.

Prior to Congress, he was Chief of Staff to the Governor of Utah. A former placekicker on the Brigham Young University Football Team, he earned his BA in Communications in 1989 and then joined the local business community for 16 years before entering the public sector.



Ernest A. Clevenger, III

Mr. Clevenger is President of CareHere, LLC, a Brentwood-based company CareHere provides onsite medical, wellness and pharmacy management for public and private employers.

Mr. Clevenger 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.

Mr. Clevenger has held other positions including:

- Chairman, Self-Insurance Institute of America, Inc. (SIIA)
- Chairman, Workgroup for Electronic Data Interface (WEDI), the organization named in HIPAA to advise United States DHHS Secretary on selecting electronic healthcare transaction standards.
- Co-Founder of EBM Solutions, a provider of evidence-based medical guidelines
- President, Nashville Rotary Club.

Board positions include:

- Faith Family Medical Clinic (dedicated to serving the uninsured working population of Middle Tennessee)
- Lodge Manufacturing Corporation (cast iron cookware firm based on South Pittsburg, TN)
- Nations University (on-line university serving over 3,800 students worldwide).
- Continent of Great Cities (missionary effort to South America)
- YMCA Maryland Farms Board of Directors

Mr. Clevenger's education includes and a BA in Mathematics from David Lipscomb University, MBA from Vanderbilt University, FLMI from the Fellow Life Management Institute and a recently earned Black Belt in Taekwondo.



Rebecca Craig, RN, MBA, CNOR, CASC, COC

Rebecca Craig serves as chief executive officer of Harmony Surgery Center and Peak Surgical Management, located in beautiful Fort Collins, Colorado. She helped open Harmony Surgery Center in August of 2000 as well as multiple other surgery centers in Northern Colorado. Rebecca started her nursing career in the operating room and has held various management roles in perioperative services prior to opening Harmony Surgery Center. Rebecca is the immediate past President of the ASCA Board of Directors and also serves on the Colorado ASC Association Board of Directors. She strives to stay involved on a state and federal health care policy level to ensure the highest quality of care is maintained and patients continue to have a choice for a cost effective site of service. She enjoys paddle boarding and spending time with her wonderful family.

SPEAKERS



Alain Enthoven

Professor Enthoven holds degrees in Economics from Stanford, Oxford, and MIT. He was a Deputy Assistant Secretary of Defense from 1961 to 1965, and from 1965 to 1969, he was the Assistant Secretary of Defense for Systems Analysis. He joined the Stanford Faculty in 1973, and began teaching Business Policy and, later, Microeconomics. In 1977, while serving as a consultant to the administration of President Carter, he designed and proposed Consumer Choice Health Plan, a plan for universal health insurance based on managed competition in the private sector. Since 1980, his teaching has been focused on health care.

Professor Enthoven is a fellow of the American Academy of Arts and Sciences. He is Chairman of Stanford's Committee on Faculty/Staff Human Resources. He has been a consultant to the Kaiser Permanente Medical Care Program since 1973. He has served as Chairman of the Health Benefits Advisory Council for CalPERS, the California State employees' medical and hospital care plans, he was appointed the Chairman of the California Managed Health Care Improvement Task Force and he has been a director of the Jackson Hole Group, PCS, Caresoft Inc., eBenX, Inc. and Georgetown University.

Enthoven has written numerous articles and books on consumer choice, managed competition and health care costs. Currently Professor Enthoven is the Marriner S. Eccles Professor of Public and Private Management, Emeritus, Stanford Graduate School of Business.



John W. Jacobitz

Mr. Jacobitz's professional career spans over forty years, with primary involvement in establishing at least a half dozen multiple employer risk pools. In addition, He was the founder of Michigan Employee Benefit Services (TPA), and President of Associated Mutual Life Insurance Company a B+ AM Best rated company. He attended Hope College, graduated from Western Michigan University, and then Michigan State University for his graduate studies.

He has developed educational seminars for the Public Risk Insurance Managers Association (PRIMA), a national association of public employee benefit specialists, The Michigan Association of School Boards (MASB); the Michigan Negotiators Association (MNA), The Michigan Metro Bureau, Michigan State University, School of Labor and Industrial Relations and the MSU Personnel Management Program Service, the Michigan State AFL-CIO, the American Federation of Teachers (AFT), and the International Foundation of Employee Benefit Plans (IFEBCP).

He is currently an active independent advisor involved in assisting associations, employers, trust funds, and other employer groups with a community of interest in the most appropriate and effective management of their health insurance risk.



Martin Makary M.D., M.P.H.

Dr. Makary is a New York Times bestselling author and Johns Hopkins surgeon. His book, *The Price We Pay*, has been described as "A must-read for every American" by Steve Forbes and "a deep dive into the real issues driving up the price of health care" by Don Berwick. Makary is frequent medical expert on NBC and FOX News and is a leading voice for physicians, writing for *The Wall Street Journal* and *USA Today*.

Dr. Makary was the lead author of the first publications on The Surgical Checklist and later served in leadership with Atul Gawande on the World Health Organization Surgery Checklist project. Makary has published over 250 scientific articles, including articles on organizational culture, vulnerable populations, and opioid prescribing guidelines. As a gastrointestinal surgeon, he is also an advocate for healthy foods and lifestyle medicine.

Dr. Makary has been elected to the National Academy of Medicine and named one of America's 20 most influential people in health care by Health Leaders Magazine. Dr. Makary speaks frequently on the future of health care and what it means for everyday Americans, business leaders, and health care professionals. His current research focuses on the appropriateness of medical care, health care costs, drug prices and low-income populations. His book, *Unaccountable*, was turned into the hit TV medical series *The Resident*, and his newest book, *The Price We Pay*, tells the stories of health care's disruptive innovators and the new movement to restore medicine to its mission.



Stephen F. Rasnick

Mr. Rasnick's broad insurance background includes previous positions as President of Gem Insurance Company, President of Foundation Health National Life Insurance Company, managed care organizations covering more than 800,000 members; Chairman of ProAmerica, a national PPO organization; President of The Travelers Plan Administrators, the third largest national benefits administrator, covering more than 1,000,000 members; President and founder of Claims Administration Services Inc., at the time, the largest TPA in Illinois.

He has over 35 years of employee benefit experience, having held senior level consulting positions with Reed Stenhouse, a division of Alexander & Alexander in Chicago, as well as having provided insurance consulting services to more than 300 groups in Illinois.

Mr. Rasnick is a founding Director of the Self Insurance Institute Of Illinois, participated on the Steering Committee that drafted the Illinois TPA Licensing Regulations, is a past Director and Officer of the Self Insurance Institute of America, and has served on the boards of numerous insurance, managed care organizations, community hospitals and venture capital organizations.

Mr. Rasnick became a full time resident of Naples, Florida in 1995, where he established a TPA to serve the interests of small to medium Florida employers. He was elected President of the Southwest Florida Association of Health Underwriters in 1998 and President of the Health Care Administrators Association (HCAA) in 2016. 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.



Larry Taylor

Larry Taylor has over 30 years of experience in healthcare delivery, management, and physician relations. Prior to founding Practice Partners in HealthCare, INC, he served as President and COO of the largest provider of Ambulatory Surgery Centers in the

United States. His initial entry into healthcare was focused in the delivery of Sports Medicine and Orthopedic care. As a clinician in the physician office setting, he, personally, experienced the processes, challenges, and expectations healthcare workers face. His commitments to clinical outcomes and patient care and to those who deliver them remain a focus throughout his career. This experience provided the basis for his advancement and growth in management, including responsibilities for multiple healthcare sites across the U.S. in rehabilitation, diagnostics, and surgery over the course of his career.

Since founding Practice Partners, the team has developed and opened over 20 surgery centers and has 5 under development. The founder also has a background in education and served as an adjunct professor in healthcare at the University of Alabama at Birmingham, participates as a Board Member on several non-for-profit entities. Currently a board member of ASCA and President. He is a graduate of West Virginia University and a Nationally Certified Athletic Trainer.

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SPEAKERS



Dan Thompson

As CEO of Clinical Wellness Network & Thompson Risk, Dan works with Benefits Advisors, Physicians and Employers to bring a collaboration to the broken healthcare system. Clinical Wellness Network is a nationwide DCO (Direct Care Organization). The DCO program will surpass 1,000 covered lives by July 2019 and is expected to exceed 5,000 covered lives by the end of 2019. Thompson Risk is founded on the principal that there is much more to offer consumers than insurance for employee benefits. Thompson Risk assists businesses in the placement of non-insurance solutions with or without the need for insurance to dramatically reduce healthcare cost for employees.

Dan Thompson is a member of an elite National Next Generation Advisor group, Ascend. He belongs to the Agency Mastermind Growth Network and supports the Association of Insurance Leadership where Dan was awarded the National Innovation Award for 2018.

Dan Thompson was selected as a 40 Under 40 member by Gulfshore Business in 2010. Dan has been featured in National Publications such as Rough Notes, SIIA (Self Insurance Institute of America) EBA (Employee Benefit Advisor). Dan was featured as a cover story in the November 2017 edition of Benefits Pro. He is often cited in trade publications and is a sought after writer for content in various publications in the industry.



Lawrence F. Thompson

Mr. Thompson is the Chief Strategy Officer at Advanced Medical Pricing Solutions (AMPS). He joined the company after selling his consulting company, Inventavis, LLC. to AMPS in September 2019. He is responsible for strategic development and revenue growth for the company.

Prior to joining AMPS Mr. Thompson was the Co-Founder and CEO of Inventavis, LLC. Inventavis is a unique service and product company focused on innovation and success in the healthcare vertical domestically and internationally. Concurrently, he is CEO of BSI Strategic Consulting, a healthcare consulting firm he founded in 2002.

Prior to BSI, Mr. Thompson was the President of Health Insurance Company of America and Regional President for Pomco, Inc. – a reinsurance carrier and one of the largest independent TPA in the US.

Before joining Pomco he was he was SVP of HealthNow New York, Inc. which owns two Blue companies and a large TPA (HNAS). His responsibilities included P&L for all commercial Blue business, TPA and brokerage operations, totaling over \$2 billion annually. He also served as COO of Healthnow Administrative Services (HNAS) the TPA and brokerage company in Blue Bell, PA.

Prior to joining HealthNow he was the COO for Healthaxis a public BPO and Technology company in Dallas, TX. The company provided technology and BPO services for healthplan administration at insurance companies, health systems, TPA's and others.

Mr. Thompson also founded and operated his own TPA in California and Arizona for 16 years. He grew this TPA to over 100,000 members before he sold it in 2001. Before this he was the EVP of Dun & Bradstreet Plan Services for 8 years with P&L responsibility for 16 carrier group programs nationally. Mr. Thompson started his career with Aetna where he was an Account Executive handling life, health, pensions and international benefits.

Mr. Thompson is a past Chairman of the Self Insurance Institute of America (SIIA), a past President of both his local NAHU and NAIFA chapters, a past Board Member of CAHU and has served on several non industry Boards. He has been very active in shaping both State and Federal healthcare regulation. He is an accomplished speaker having delivered over 600 presentations nationally.



Lisa Woods

Lisa Woods serves as Senior Director, U.S. Strategy & Design of Benefits for Walmart Stores, Inc. Woods is a benefits professional with broad based knowledge and has been recognized nationally as an innovator and thought leader in health care with a strong commitment to ensuring that more than a million Walmart associates have access to benefits that are comprehensive, affordable, and competitive. Woods has played a key role in developing a portfolio of innovative programs focused on payment reform, reducing waste in the system and ensuring appropriateness of care for Walmart associates.

Lisa led the effort with her team to design and implement the Centers of Excellence program for heart, spine, joint replacements, and cancer with leading quality health systems. Lisa has also worked on developing narrow network plans including direct contracting with ACO's. Recently Walmart was presented with the 2019 Helen Darling Award for Excellence in Health Care Value and Innovation by the National Business Group on Health for efforts to improve the health care delivery system. In addition, Lisa was named to Fortune magazine's World's Greatest Leaders (#10) in 2019 as a result of her efforts.

Lisa serves on many committees and boards including board chair for the Pacific Business Group on Health (PBGH), board vice president for the Council of Employee Benefits, several National Business Group on Health (NBGH) affiliated committees and the Catalyst for Payment Reform (CPR).



John Youngs, CSFS

Mr. Youngs has been in the insurance industry for 36 years. Over his career Mr. Youngs has served as an underwriter, compliance officer, as well as several executive management positions. Mr. Youngs is currently the CEO of Prodigy Health a stop loss MGU, CEO of Physicians Choice Network and a principal in Applied Re which is a stop loss captive. Mr. Youngs has extensive experience in creation and management of VEBAs, captives and integrated delivery models.

Mr. Youngs has been married to his wife for almost forty years and his entire family occupies positions in the insurance industry. After college Mr. Youngs served in the US Air Force.



Michael A. Zagaroli

Michael A. Zagaroli is an attorney with 40 years of experience specializing in insurance regulatory law. He has represented insurance interests on a national level including insurers, reinsurers, captives, MEWAs, VEBAs, TPAs and agents. Mr. Zagaroli is a former Special Assistant Attorney General for the

Michigan Life and Health Guaranty Association, and has been in private law practice since 1979. Mr. Zagaroli has a rating of AV from Martindale-Hubbell, the highest possible rating for legal ability and ethical standards.



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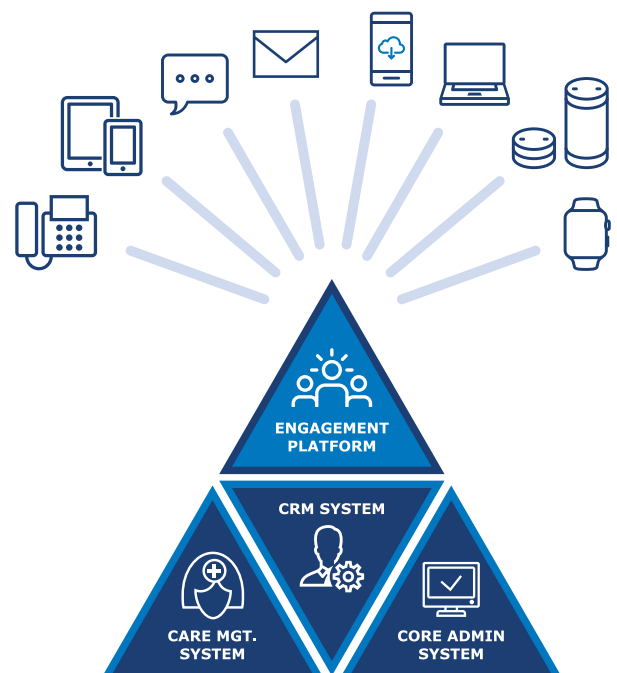
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SCHEDULE OF EVENTS

MONDAY, FEBRUARY 24, 2020

- 12:00 PM - 5:00 PM **REGISTRATION & SPONSOR SET UP**
- 2:00 PM - 5:00 PM **REGISTRATION OPEN-STEP CHALLENGE REGISTRATION**
- 4:30 PM - 5:30 PM **NEW MEMBERS/FIRST TIME ATENDEES RECEPTION**
- 5:30 PM - 7:00 PM **WELCOME RECEPTION-STEP CHALLENGE & SILENT AUCTION BEGIN!**

TUESDAY, FEBRUARY 25, 2020

- 6:00 AM - 7:00 AM **MORNING YOGA**
- 7:30 AM - 8:30 AM **BREAKFAST & NETWORKING**
- 8:30 AM - 9:00 AM **WELCOME AND OPENING REMARKS**
- 9:00 AM - 10:30 AM **ELECTION 2020: THE FUTURE OF HEALTHCARE IN AMERICA**
Presenting: Jason Chaffetz, Fox News Contributor and former Congressman and Jason Altmire, Healthcare Policy Expert and former Congressman moderated by Lawrence Thompson, Advanced Medical Pricing Solutions (AMPS)
- With American healthcare one of the most important issues of the 2020 elections, Former Congressmen Jason Chaffetz (R-UT), 2008-2017, and Jason Altmire (D-PA), 2007-2013, are uniquely positioned to discuss the politics and policy of healthcare in America. Chaffetz served as Chairman of the Oversight & Government Reform Committee during the passing of the Affordable Care Act. He is also a FOX News contributor and best-selling author. Altmire, a career health care executive who served on President Bill Clinton's health care reform task force in the 90s, was a highly sought-after vote during debate on the Affordable Care Act. According to the Washington Post, "Altmire, more than most in Congress, understood the intricacies of health care policy." Altmire is also the author of *Dead Center: How Political Polarization Divided American and What We Can Do About It*.
- Together they share their expertise and experiences, offering informed insights into the coming trends and potential changes in the health care industry, along with what will occur whatever the outcome of the 2020 elections.
- 10:30 AM - 10:50 AM **BREAK**
- 10:50 AM - 11:50 AM **CREATING A HIGH-PERFORMANCE HEALTH PLAN BY GOING DIRECT & GETTING RESULTS!**
Presenting: Dan Thompson, Clinical Wellness Network and Deborah Ault, RN, President of Ault International Medical Management
- Direct Contracting in today's market is essential in optimizing an employee benefits package to help employers recruit and retain the right people. Employers are tired of the hamster wheel of fully insured health plans. Traditional options alone are not enough. Employees today are frustrated with the unsustainable squeeze of traditional health plan financing mechanisms such as Deductibles, Copays, Out of Pocket Maximums. We will discuss how to integrate the Direct Purchasing strategies into a health plan. How can Direct Contracting create incentives to all stakeholders involved? Discuss how to pull in high quality providers and facility steerage while also improving plan design for employees. What is the impact of Direct Purchasing on cost, enhancing benefits and quality of care? After hearing this presentation, you will be super charged and ready to go back to your home market to win more business.
- 11:50 AM - Noon **ANNOUNCEMENTS/NOTICES**
- Noon - 1:30 PM **LUNCH**

SCHEDULE OF EVENTS

1:30 PM - 1:35 PM **EMCEE INTRODUCTION OF AFTERNOON SESSIONS**

1:35 PM - 2:30 PM **A CONVERSATION ABOUT HEALTHCARE WITH ALAIN ENTHOVEN**

Presenting: Alain Enthoven, noted Author and American Economist moderated by Steve Rasnick

Economist Alain Enthoven is attributed to be the father of Integrated Health Delivery, more commonly known as Managed Care. He and Dr. Paul Ellwood MD were founders of The Jackson Hole Group and are credited with the creation of the concept of Health Maintenance Organizations. (HMO). In this session, he will share his views on:

- The successes of the early Managed Care Programs.
- Missed Opportunities in Managed Care.
- The role Managed Care and HMO's can play today.
- Whether the goals of managing care and the concept of self-funding are mutually exclusive?
- Whether the goals of providing affordable healthcare to Americans and the "business" of providing medical and hospital care are mutually exclusive?

2:30 PM - 2:45 PM **BREAK**

2:45 PM - 3:45 PM **EMPLOYERS JOURNEY & FUTURE RELATED TO HEALTH CARE**

Presenting: Lisa Woods, Senior Director, Strategy & Design U.S. Benefits, Walmart Stores, Inc.

Walmart will offer an employer's perspective on its medical benefit journey, including key learnings and what the future holds. The health care industry is changing and many employers are looking for new solutions to ensure the health plans they provide their employees are relevant. Too often, the health system is overly complex, lacks transparency and provides care that is unnecessary. These are real problems for everyone and, unfortunately, the health system can be very difficult for people to navigate on their own. Walmart will share ways they are addressing the challenges in communities related to the quality of care and their perspective on the future of health care.

- Walmart will continue to work to transform its U.S. health care benefits for associates to offer a simpler, clearer experience while continuing to push for higher quality.
- Health care in America is complicated, opaque and difficult to understand all while costs continue to rise.
- To make health care simpler and easier to navigate by creating an experience that is transparent and easy to understand through technology, data and access to experts.
- Review the employers' perspective related to the future of health care.

3:45 PM - 4:45 PM **HOW ON-SITE MEDICAL CLINICS IS THE ULTIMATE DIRECT PROVIDER CONTRACTING (DPC)**

Presenting: Ernie Clevenger, CareHere, LLC

How a work-site clinic can start a revolution in managing health **care** and **cost** for employees and family members for your self-funded employer clients. A primary care hub can explode into spokes of organized care through focused primary care and wellness, direct provider contracting, natural high-performance specialty network and optimized hospital care. This session shares successes (and not so success) ... from micro (a worksite clinic) to macro (a healthcare network customized to your self-funded employer client).

4:45 PM - 4:50 PM **EMCEE WRAP-UP AND NOTICES**

4:50 PM - 5:30 PM **ATTENDEE FREE TIME**

5:30 PM - 7:00 PM **SECOND NIGHT RECEPTION & SILENT AUCTION ENDS!**



SCHEDULE OF EVENTS

WEDNESDAY, FEBRUARY 26, 2020

7:30 AM - 8:15 AM **BREAKFAST & NETWORKING/STEP CHALLENGE ENDS!**

8:15 AM - 8:30 AM **EMCEE WELCOME, NOTICES & INTRODUCTIONS/
SILENT AUCTION WINNERS ANNOUNCED**

8:30 AM - 9:45 AM **THE GRASSROOTS MOVEMENT TO RE-DESIGN HEALTHCARE: CUTTING THROUGH
THE MONEY GAMES AND RESTORING MEDICINE TO ITS MISSION**

Presenting: Martin Makary, MD, MPH, Johns Hopkins Surgeon and Professor of Health Policy

Dr. Marty Makary, a surgeon and leading health care expert, reviews the current state of medicine and how to prepare for the future of health care. With regulatory and paperwork burdens crushing doctors, he identifies the disruptors that are saying no to the throughput-billing model of practicing medicine and saying yes to a more patient-centered, relationship-based model that embraces technology, lifestyle science, and a competitive marketplace designed to bypass the middlemen and put physicians back in the driver's seat. Dr. Makary, a New York Times bestselling author, will also discuss his newest book [The Price We Pay](#) and the grassroots effort to reform health care. The movement to restore medicine to its mission, Makary argues, is alive and well--a mission that can rebuild the public trust and save our country from the crushing cost of health care.

9:40 AM - 10:00 AM **PRESENTATION OF STEP CHALLENGE PRIZES**

9:45 AM - 10:00 AM **BREAK**

10:00 AM - 10:55 AM **WHY NOT AN ASC?**

*Presenting: Rebecca Craig, Harmony Surgical Center, LLC and Larry Taylor,
Practice Partners in HealthCare, Inc.*

Two leaders in the ASC community discuss the advantages of contracting with ASCs and recent trends in the industry, including the migration of more complex cases, such as total joints, into ASCs. Join Rebecca Craig, CEO of Harmony Surgery Center, and Larry Taylor, CEO of Practice Partners in Healthcare, to explore today's ASC landscape and the ways TPAs and ASCs can work together to produce billions of dollars of savings for employers and their employees. Find out how ASCs deliver high-value care that meets and exceeds patients' expectations for quality and service while reducing the cost of care.

10:55 AM - 11:50 AM **CRAFTING RISK STRATEGIES FOR AFFILIATED GROUPS**

*Presenting: John Jacobitz, JMJ Consulting, LLC and Michael Zagaroli,
Attorney at Law moderated by John Youngs, Prodigy Health Insurance Services, LLC*

Are you tired of missing out on new business opportunities because the group structure is non-standard? Did your organization gear up for the AHP windfall only to be let down? If so, then this presentation will deliver solutions that may get you back on track. The panel will introduce tools and strategies for selling to PEOs, associations and affiliated industry groups. The panelists bring more than 50 years of expertise in the use of VEBAs, MEWAs and group captives for the pooling of smaller employer and affiliated industry groups.

11:50 AM - 12:00 PM **CLOSING REMARKS AND WRAP UP**

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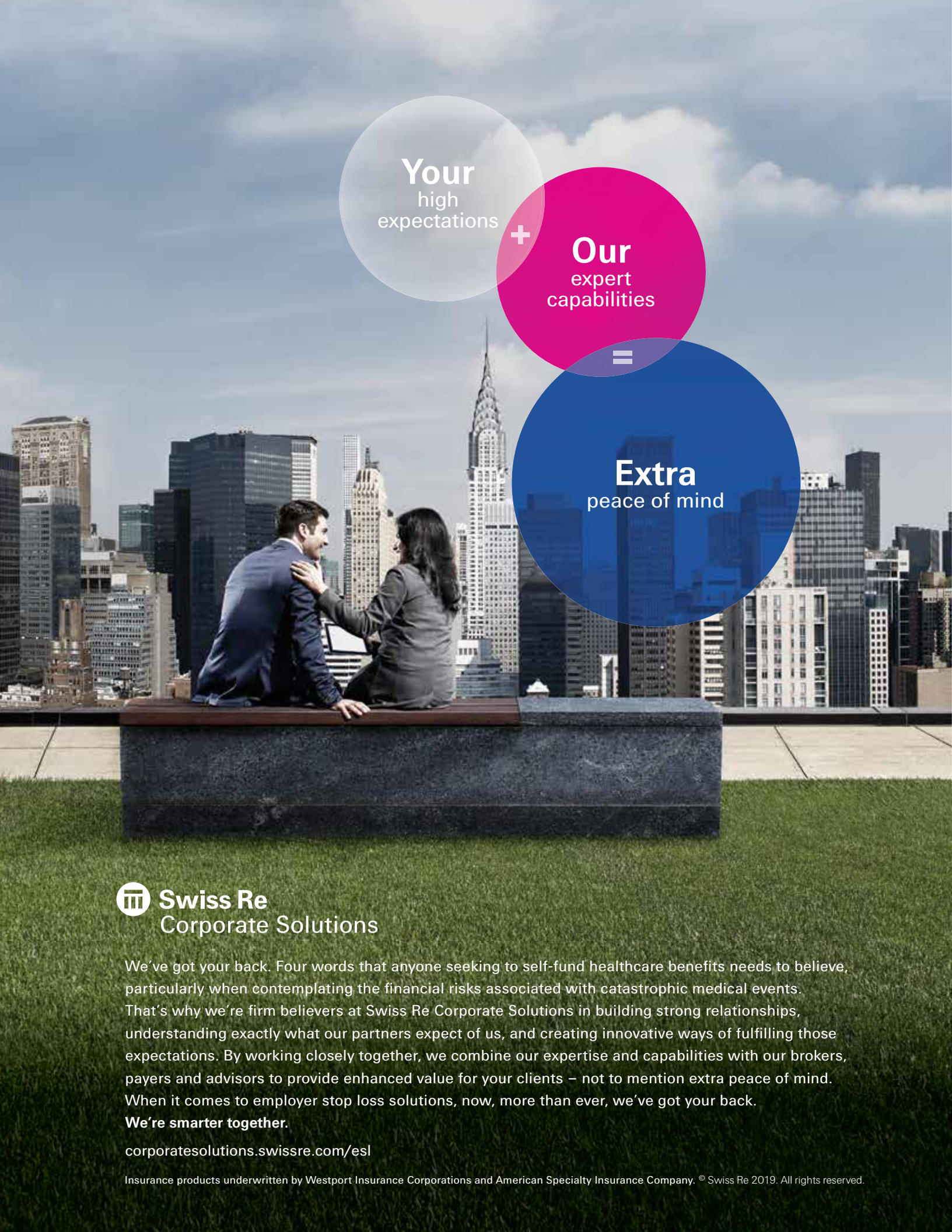
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Kevin Larson	2013-2015	Jean Sukovez	2006-2007	Bob Hergenrader	1999
Carolyn Jarschke	2011-2013	Dolores Green	2004-2006	Tom Partlow	1998
Todd Archer	2009-2011	Dave Reynolds	2003		
Nancy Young	2009*	Walt Pregizer	2002		

*Board conferred Past President status for her service to the Association.

We would like to thank the Past Presidents of the Independent Administrators Association (IAA), our predecessor organization:

Richard Biles	Robert Rath	Mark Reynolds	Larry Felion	Sue Meador	Larry Carter
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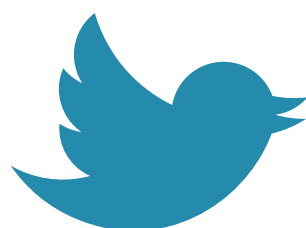
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- Understand what **diagnosis** led to the claims, and how are these costs changing over time
- What **procedure** occurred with the claim, and are certain providers 'out of range' with their peers in terms of charges?
- Which **member** had claims of a certain type, and are there opportunities for more intensive disease management?
- Who was the **provider**, where are they located in a geomap?

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Industry-Leading Drug Trend



In 2018, more than 50% of our clients experienced a negative overall drug trend. Low trend across complex, chronic conditions helped drive these results, as detailed in our Annual Drug Trend Report.

0.3%
TREND

Overall Trend

As more than 90% of pharmacy trend is driven by utilization, our clinical programs ensure physicians and patients choose the most cost-effective medication and don't escalate to higher cost treatment unnecessarily. During prior authorization review, we find that nearly 1 in 3 patients aren't taking the right drug at the best price.

5.7%
TREND

Specialty Trend

Our success in engaging with physicians and patients helped drive our industry-leading specialty pharmacy trend. Our personalized outreach is anchored by WellConnect, a digital patient support platform that delivers timely and actionable information right to the patient's smartphone to help manage their condition.

2.5%
TREND

WellManaged – Diabetes Program

One of the most prevalent chronic conditions our clients are facing, the diabetes category experienced an overall 2.5% trend. Clients not using our WellManaged Diabetes program experienced a 13% trend for this high-cost category.

-13.7%
TREND

WellManaged - Pain Inflammation

Clients with both our WellManaged-Opioids and WellManaged-Hyperinflationary Drug Programs experienced substantial utilization and unit cost decreases in the Pain Inflammation category.

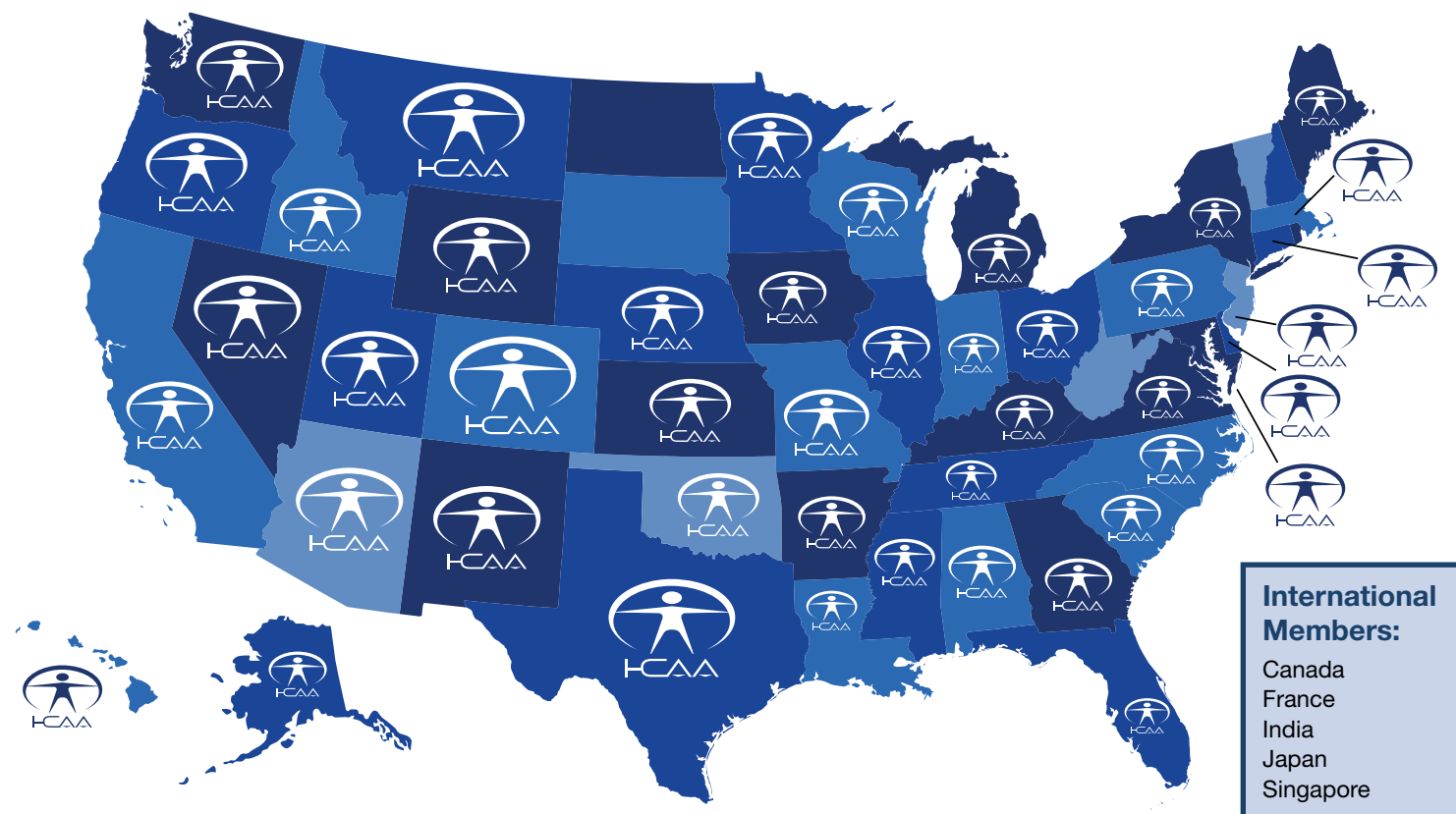
WellDyneRx has achieved industry-leading results in managing specialty and chronic conditions—two main drivers of escalating drug costs for pharmacy plans.

We bring a relentless focus on strategies to achieve low net cost and successfully engage physicians and patients. Contact WellDyneRx to learn more.



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Our Poindexter platform is extremely powerful, and equally easy to use. Giving users quick visibility to macro and micro level details they can use to support decision-making and action across their population. Poindexter's phenotype predictive modeling provides insights that allow proactive intervention and support that are needed before cases become critical and even catastrophic.

Poindexter Features:

Robust and seamless longitudinal data integration

- Eligibility
- Medical and Pharmacy Claims
- Labs / Biometrics
- Health Risk Assessment (HRA)
- Electronic Medical Records (EMR)
- Vision & Dental
- And more

Proven predictive modeling

- Based on Phenotype Model (considering demographics, geographics, and behavior)
- Driven by comprehensive longitudinal data
- Predicts cost and risk
- Event and condition predictions
- Transparency into risk drivers for each individual

Robust analytics (from macro to micro level)

- Clinical drivers
- Financial and cost drivers (e.g. IBNR, lag)
- Benchmarking
- Risk and opportunity assessment
- Care Management Program assessment
- Network performance/in and out of network utilization
- On-demand executive level plan performance presentations
- Program ROI tracking

Analytics power **better informed UM, disease & case management** programs.

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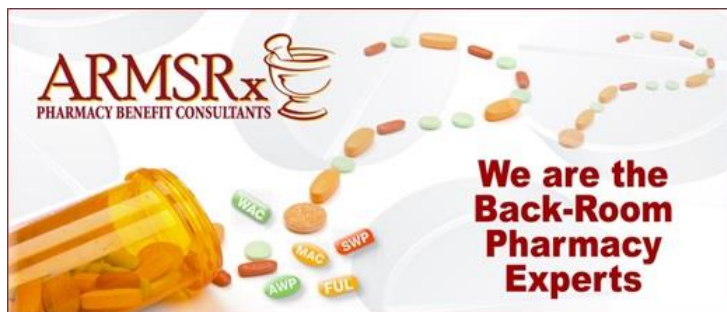
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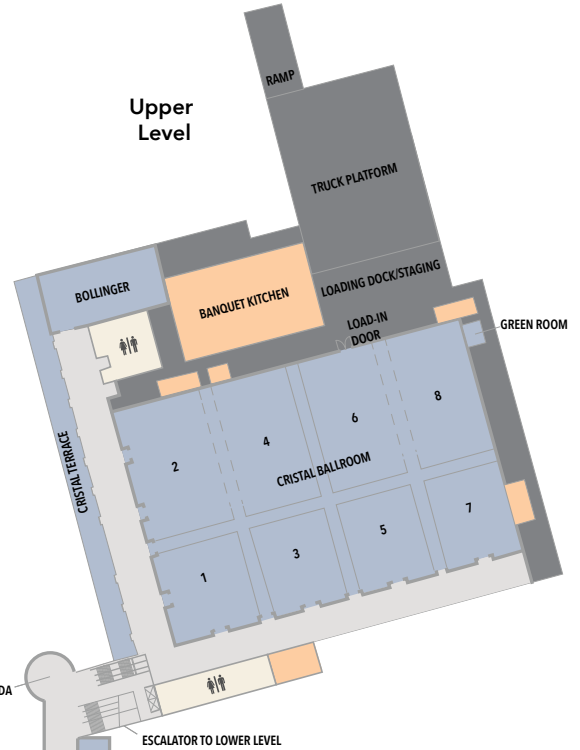
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- Meeting Space
- Pantry/Kitchen
- Restrooms

Lower Level



Upper Level





- Wynn Registration
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- Casino
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