The New Reality: We are All Self-Funded Now
February 4-6

Program sponsored by:

Caesars Palace • Las Vegas, NV • #HCAAEsecForum • hcaa.org
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Welcome to the 2019 HCAA Executive Forum at Caesars Palace. Caesars Palace has 5 acclaimed Lucky Spots on property – 1) touch Joe Louis’s glove; 2) rub the statue of David’s big toe; 3) touch the Pharaoh’s bosom on Cleopatra’s Barge; 4) rub the left index finger of the Augustus Caesar statue; and visit the Brahma Shrine. I would like to add a 6th lucky spot – the Palace Ballroom! That is because we are fortunate to have you join us for a conference that can’t be missed.

“The New Reality: We are ALL Self-Funded Now” couldn’t be truer today. The Centers for Medicare and Medicaid Services (CMS) reported that the annual costs per person was $10,345 in 2016. This is scary when the 2016 report on the Economic Well-Being of US Households found that 44% of adult Americans say they could not come up with $400 in an emergency without turning to credit cards, family and friends, or selling off possessions. According to the Kaiser Family Foundation the average deductible for employer-sponsored plans in 2018 for single coverage is $1,573 which has increased 39% over the past 5 years. For 2019, the out-of-pocket maximum for a non-grandfathered plan is $7,900 for an individual. So we ARE all self-funded.

That’s why we are so glad you have chosen to join us! We believe the agenda does have something to help ALL in the self-funded landscape – from compassionate care to direct primary care to building efficiencies in the system in technology and partnership to ethical behavior and emerging issues. Be open to that one good idea that will help you and your company make a difference in our New Reality.

I truly hope “luck” shines upon you as you participate with us ALL. We are fortunate that you are here and very appreciative. Thank you for coming and I look forward to the education and the fellowship.

Have a terrific conference!

Las Vegas Fun Fact: Frederick W. Smith, the founder and CEO of FedEx, saved his company by gambling in Las Vegas. When FedEx had a hard time paying their $24,000 fuel bill, Smith took the company’s last $5,000 to gamble and managed to win $27,000 on blackjack and kept the business afloat. Not recommending this as a long term business financial plan – just reporting.

Joanie Verinder
HCAA Board President

HCAA’s new contact information

1660 Highway 100 South  Phone: (888) 637-1605
Suite 500-309  Fax: (314) 207-0101
St. Louis Park, MN 55416  Email: hcaainfo@hcaa.org
### WiFi Access

Please note that access is from 2/4 – 2/6 and works only in meeting space near the event.

**Login Instructions:**

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

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**
  - 8 General, 1 Ethics

- **California**
  - 8 Accident & Health, 1 Ethics

- **Colorado**
  - 8 Life, Accident & Health, 1 Ethics

- **Florida**
  - 9 Health, 1 Ethics

- **Georgia**
  - 8 Life, Accident, & Sickness, 1 Ethics

- **Illinois**
  - 8 General, 1 Ethics

- **Indiana**
  - 8 General, 1 Ethics

- **Michigan**
  - 9 General, 1 Ethics

- **Montana**
  - 7 General, 1 Ethics

- **Nevada**
  - 8 Life & Health, 1 Ethics

- **New York**
  - 8 Life, Accident & Health

- **Ohio**
  - 8 Life & Health, 1 Ethics

- **Oregon**
  - 9 General, 1 Ethics

- **Texas**
  - 8 General, 1 Ethics

- **Utah**
  - 8 General, 1 Ethics

- **Washington**
  - 8 General, 1 Ethics

- **Wisconsin**
  - 9 General, 1 Ethics

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 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.
MONDAY, FEBRUARY 4, 2019
2:00 PM – 5:00 PM  Registration Open
4:30 PM – 5:30 PM  New Members/First Timers Reception
5:30 PM – 7:00 PM  Welcome Reception

TUESDAY, FEBRUARY 5, 2019
7:30 AM – 5:00 PM  Registration Open
7:30 AM – 8:30 AM  Breakfast
8:30 AM – 9:00 AM  Welcome and Opening Remarks
9:00 AM – 10:30 AM  KEYNOTE: Health Care Remixed
10:30 AM – 10:50 AM  Break
10:50 AM – 11:45 AM  General Session: Next Frontiers in Healthcare Reform/Direct Primary Care: A Market Based Solution to Lower Health Care Costs
11:45 AM – 12:00 AM  General Session – Announcements
12:00 PM – 1:30 PM  Lunch & ELA Graduation
1:30 PM – 1:35 PM  Introduction of Afternoon Sessions
1:35 PM – 2:30 PM  General Session: Connecting the Links of Blockchain in Healthcare
2:30 PM – 2:45 PM  Break
2:45 PM – 3:45 PM  General Session: Health Care is Stealing the American Dream – How TPA's Can Help Take it Back
3:45 PM – 4:45 PM  General Session: I’m A Good Person (Except When I’m Not): How Our Brains Rationalize Unethical and Fraudulent Behaviors
4:45 PM – 5:00 PM  Closing Remarks
5:30 PM – 7:00 PM  Second Night Reception

WEDNESDAY, FEBRUARY 6, 2019
7:30 AM – 12:00 PM  Registration Open
7:30 AM – 8:30 AM  Continental Breakfast
8:30 AM – 8:45 AM  Announcements and Introduction of Morning Sessions
8:45 AM – 9:45 AM  General Session: Constructive Disruption: Data and Technology as Driving Forces for Healthcare Delivery Change… How Does the TPA Industry Cope With Impending Massive Change?
9:40 AM – 10:00 AM  Break
10:00 AM – 10:55 AM  General Session: Reference/Metric Based Pricing: 10+ Years of Lessons Learned
10:55 AM – 11:50 AM  General Session: Industry Panel
11:50 AM – 12:00 PM  Closing Remarks
12:30 PM – 1:15 PM  Emerging Leaders Luncheon
1:30 PM – 5:00 PM  Emerging Leaders Academy Program – Fire Up Your Speaking
**Dave Chase**

As Health Rosetta co-founder, Chase focused on the problem that healthcare has become an extractive industry taking resources from what drives 80% of outcomes (education, economic opportunity, public health, healthy behaviors, public safety, clean air and clean water). Recognizing we didn’t get better lighting in homes and cities by optimizing oil lamp technology, the Health Rosetta is a new open source blueprint for the next generation health ecosystem.

The LEED-like Health Rosetta is focused on replacing the extractive sick care system. Health Rosetta Media highlights the collateral damage from the Extractive Era of healthcare and the tremendous successes & opportunities with Health Rosetta-type health plans. The “CEO’s Guide to Restoring the American Dream: How to deliver world class healthcare to your employees at half the cost” became a Kindle #1 best seller. Chase recently released his latest book -- “The Opioid Crisis Wake-up Call” -- outlining how the opioid crisis isn’t an anomaly. Rather, it’s a logical (& tragic) byproduct of a catastrophically dysfunctional healthcare system.

Chase’s TEDx talk “Healthcare Stole the American Dream - Here’s How We Take it Back” sums up healthcare’s devastation of the middle class & redemption coming via a bottom-up movement. Chase has reached 750,000 people through his writing & speaking.

Chase was the Co-founder of Avado, acquired by & integrated into WebMD/Medscape (the most widely used healthcare professional site). Chase founded Microsoft’s $2B, 28,000 partner healthcare ecosystem.

**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’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.

**Zubin Damania, MD**

Zubin Damania MD is an internist and founder of Turntable Health, an innovative healthcare startup that was part of an ambitious urban revitalization movement in Las Vegas spearheaded by Zappos.com CEO Tony Hsieh. During his decade-long career as a hospitalist at Stanford, Dr. Damania won clinical teaching awards while simultaneously maintaining a shadow career performing stand-up comedy for medical audiences worldwide. His videos and live shows, created under the pseudonym ZDoggMD, have gone epidemically viral with nearly a half billion views on Facebook and YouTube, educating patients and providers while mercilessly satirizing our dysfunctional healthcare system.
Paul Gallese PT, MBA

Paul Gallese is the Managing Principal of Inner Circle Health Advisors, a Healing Waters Advisors Company. He also serves as a Senior Clinical Fellow in The BDO Center for Healthcare Excellence and Innovation.

Currently, he is the Chief Operating Officer for Vitalacy, Inc. Vitalacy is a Los Angeles based technology company that produces and installs IoT enabled/cloud bases real time reporting systems that help hospitals and health systems oversee patient safety initiatives.

Mr. Gallese is an experienced operations, strategy, restructuring, and business advisor with a proven history of delivering incisive interim and crisis management, business leadership, program planning, and strategic planning. Mr. Gallese brings over 35 years of clinical practice, business and public policy analysis to his client engagements. He has planned and implemented strategic, tactical and operating engagements with academic medical centers, children’s hospitals, schools of medicine, academic faculty practice plans, medical groups, provider owned health plans, safety-net facilities, Federally Qualified Health Centers, and bundled payment conveners. He has participated in the development and implementation of a number “big data” centered products including those supporting bundled payment operations, network assessment and development, and population health systems. He has participated in and led domestic and international facility and program development efforts that have included, among others, health insurers, acute care hospitals, cancer centers, medical groups, joint ventures (both development and operations), and the analysis, negotiation and operation of academic affiliation agreements.

Mr. Gallese has served in senior leadership roles for Liberty Health Partners, Alvarez & Marsal, The Lewin Group, Einstein Health System (Philadelphia), The Cleveland Clinic, and Mt. Sinai Medical Center in Cleveland, Ohio. He served as a member of the commissioning team and an Associate Administrator for USC University Hospital (now The Keck Hospital of The University of Southern California) in Los Angeles, California. Mr. Gallese began his career as a Physical Therapist and Pathokinesiologist working primarily with elite and Olympic athletes. He has practiced professionally in California, Nevada, New Mexico, Florida, and Arizona.

Mr. Gallese is engaged as an advisor to several early-stage enterprises in transition of care management, post-acute care coordination, analytics, and applications development. He also advises provider organizations as they form new alliances and develop post-acute care and transitional care strategies.

Lee S. Gross, MD

Originally from Cleveland, Ohio, Dr. Gross is a graduate of Ohio State University and Case Western Reserve University School of Medicine. He was elected chief resident of his family medicine residency program at University Hospitals of Cleveland.

After years in private practice in Florida, he and his colleagues had an “epiphany” about an affordable health care solution, free of insurance and government intrusion. Now, a Direct Primary Care revolution is sweeping across the nation, providing access to health care for those who have been neglected by the system for decades.

He serves as the president of the Docs 4 Patient Care Foundation, a national health policy think tank of practicing physicians committed to the establishment of an American health care economy which preserves the sanctity of the physician-patient relationship, promotes quality care, supports affordable access to care for all Americans and protects patient’s personal health care decisions.

He is a national leader in the field of Direct Primary Care, frequently speaking at national meetings and conducting media interviews about free-market health care innovations. He is a health care consultant to physician practices, medical organizations, insurance groups, hospitals and private businesses. He is also consulted by lawmakers and policy leaders on local, state and national health policy-related issues, including formal testimony and private meetings with CMS, HHS, Treasury and The White House.

He serves on the Board of Trustees of an HCA Hospital and as a Delegate to the Florida Medical Association. He is past-President of the Charlotte County Medical Society. He is appointed to the FMA Council on Medical Economics and Practice Innovation. Dr. Gross is a recipient of HCA’s Frist Humanitarian award. He has received the Free Market Medical Association’s Beacon Award for his leadership in healthcare market reforms.
SPEAKERS

Donna Hartley

A former Miss Hawaii and television actress, Donna Hartley has shared her compelling story on NBC, ABC, PBS, and in The New York Times. A sought-after expert on surviving challenges and developing heart centered leadership.

Donna is a member of the National Speakers Association, Screen Actors Guild and the owner of Hartley International. She started her career teaching top executives how to give effective presentations before she became in demand to be the keynote speaker. In addition, she is the author of Fire Up Your Life!, Fire Up Your Intuition!, Fire Up Your Healing! and the Healing Meditation CD and accompanying Insights workbook and has published six stories in the Chocolate for a Women’s Soul series and two stories in the Chicken Soup series.

Bret Hood

After serving 25 years as a Special Agent in the FBI, Michael “Bret” Hood became the director of 21st Century Learning & Consulting, LLC upon his retirement in 2016. During his tenure with the FBI, Bret led and served in three different divisions finishing his career by spending the last four years as an adjunct professor of leadership for the University of Virginia at the prestigious FBI National Academy.

In 2010, Bret was selected to be part of an elite team tasked to develop a new executive leadership program for the FBI. As such, Bret joined the FBI Academy staff in 2012 and created unique and interactive courses on the psychology behind leadership, executive leadership, ethics, decision-making and contemporary issues in leadership. In addition to these duties, Bret has led over 70 international delegations on behalf of the FBI teaching our foreign law enforcement partners about leadership, financial crimes, anti-money laundering and anti-corruption prevention and investigation. Bret has also worked with various private sector entities facilitating discussions about the psychology of the leader/follower relationship. Recently, Bret was chosen to be a guest speaker at Europe’s top-rated leadership seminar hosted by the IMD business school.

Since retiring, Bret has traveled around the world teaching leadership and financial crime to members of various public and private sector entities, which include among others, Coca-Cola, Maricopa County Sheriff’s Department, Google, Kansas City Police Department, the Association of Certified Fraud Examiners, and the Organization for Security and Cooperation in Europe. Currently, Bret is scheduled to speak at the Ohio, New Jersey and Maryland Chiefs of Police conferences and is expected to speak at the European, Canadian and U.S. Global Fraud conferences.

Bret is the author of the critically acclaimed books, Eat More Ice Cream: A Succinct Leadership Lesson for Each Week of the Year & Get Off Your Horse! 52 Succinct Leadership Lessons from U.S. Presidents.

Ted Lavender

Ted Lavender is a partner in the Atlanta office of national law firm FisherBroyles, LLC. He has a national practice representing self-funded healthcare plans, their fiduciaries, and plan participants in healthcare reimbursement disputes and litigation. His office has handled thousands of billing disputes with hospitals over the past decade. For the past 11 consecutive years, he has been named a Super Lawyer by Super Lawyer and Atlanta Magazine. He is also AV rated by Martindale-Hubbell. Mr. Lavender is a member of the bars of the U.S. Supreme Court, 11th Circuit Court of Appeals, and various federal district courts in Georgia, Florida, Texas, and Wisconsin.
Molly Moore

Molly is the first employee at Decent. She is focused on building a health insurance plan from scratch leveraging blockchain technology. She is a massive healthcare nerd, and has spent the last 20 or so years exploring the healthcare industry from many angles. She has worked in a variety of roles for doctors, health plans, and venture capital investors. She received her MBA in 2012 from the University of Washington. Molly hopes that her work with Decent will disrupt the status quo healthcare industry, and drive meaningful change to improve the lives of all.

Molly lives in Seattle with her family and coaches roller derby in her spare time.

Sal Nuzzo

A native of high-tax/low-growth Connecticut, he left New England for Florida State University, a warmer climate and a healthier economy.

Sal has spent his 20-year career engaged in the policy arena – in the Florida legislature, as a policy consultant across the country, and with free enterprise organizations in the Sunshine State.

Prior to his tenure with The James Madison Institute, he served with the Florida Chamber of Commerce, where he directed the Chamber Foundation’s policy research efforts.

Sal earned his degree in economics with a concentration in Public Policy from FSU while serving with the Florida Legislature’s Office of Program Policy Analysis and Government Accountability (OPPAGA).

He is a frequent contributor to state and national publications that deal with the substantive issues of the day, and toils in the weeds as a member of several policy work groups that advise Congressional and White House leaders, both Republican and Democrat.

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.
Ron Walter

Ron began working in the insurance industry in 1967 and has accumulated a wide array of knowledge to share with employers. In the years since, he has moved from his position as an apprentice field underwriter with New York Life to co-founder of Professional Benefit Administrators (PBA) in 1985. PBA, an outstanding third party administration (TPA) firm servicing hundreds of Employer Plans, distinguishes itself as a customer service organization. Specializing in handling claims processing and claims information data for a variety of self-funded clients, you might think of PBA as a financial watchdog – responsible for controlling their client’s costs.

“Ron is dedicated to helping employers find practical ways to control their health care costs”. In addition, Ron is a member of numerous health care plan organizations including the Society of Professional Benefit Administrators (SPBA) where he served as a past chairman, The Self Insurance Association of Illinois (SIAI), serving as both a board member and past president and the American Society of CLU and ChFC.

Working in this field for over 40 years has enabled Ron to develop a high level of expertise in the health plan industry and has earned him the reputation of being a Healthcare Plan Management Specialist.

A&G Healthcare has been committed to providing industry leading technology to help control the rising cost of healthcare. A&G is partnered with adjudication systems such as HEALTHpac, Javelina, LuminX, WLT, Trizetto, and more, to provide simplified implementations, connectivity, and claims processing.

We provide a simple and streamlined implementation, all at no cost. A free analysis can be performed on your previously paid claims to show the savings potential that PlutoX can provide.

aghealth123.com • 866.942.4427
### SCHEDULE OF EVENTS

#### MONDAY, FEBRUARY 4, 2019

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<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tr>
<td>2:00 PM – 5:00 PM</td>
<td>Registration Open</td>
<td>Pre-Function 1 Area</td>
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<td>4:30 PM – 5:30 PM</td>
<td>New Members/First Timers Reception</td>
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<td>5:30 PM – 7:00 PM</td>
<td>Welcome Reception</td>
<td>Palace Ballroom</td>
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#### TUESDAY, FEBRUARY 5, 2019

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<tr>
<td>7:30 AM – 5:00 PM</td>
<td>Registration Open</td>
<td>Pre-Function 1 Area</td>
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<tr>
<td>7:30 AM – 8:30 AM</td>
<td>Breakfast</td>
<td>Palace Ballroom</td>
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<td>8:30 AM – 9:00 AM</td>
<td>Welcome and Opening Remarks</td>
<td>Palace Ballroom</td>
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<td>9:00 AM – 10:30 AM</td>
<td>KEYNOTE: Health Care Remixed</td>
<td>Palace Ballroom</td>
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*Presented by: Zubin Damania, MD (ZDoggMD)*  
Through an engaging mix of song, humor, and creative storytelling, Dr. Damania examines the challenges of delivering compassionate care in our dysfunctional healthcare system while proposing collaborative ways to revitalize it. He explores how we might work individually and collectively to ensure that the future of medicine is a bright one.

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<tr>
<td>10:30 AM – 10:50 AM</td>
<td>Break</td>
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<td>10:50 AM – 11:45 AM</td>
<td>General Session: Next Frontiers in Healthcare Reform/Direct Primary Care: A Market Based Solution to Lower Health Care Costs</td>
<td>Palace Ballroom</td>
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</table>

*Presented by: Sal Nuzzo and Dr. Lee Gross*

While Washington, DC continues to struggle to find its way through the quagmire of healthcare policy, self-funded plans and physicians are increasingly realizing that the cavalry is not coming from DC to help them. They are seeking their own solutions. This panel will explore how a group of pioneering primary care doctors can work together with self-funded health plans to revolutionize healthcare delivery. We will explore how embracing a primary care revolution can return control of health care back to patients and lead a free-market transformation of competition and price transparency. We will explore Washington’s latest legislative initiatives, state-based efforts and how that will affect the healthcare landscape.

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:45 AM – 12:00 AM</td>
<td>General Session – Announcements</td>
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</tbody>
</table>

*Presented by: Carol Berry/Ernie Clevenger*

<table>
<thead>
<tr>
<th>Time</th>
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</tr>
</thead>
<tbody>
<tr>
<td>12:00 PM – 1:30 PM</td>
<td>Lunch &amp; ELA Graduation</td>
<td>Augustus 5&amp;6</td>
</tr>
</tbody>
</table>
1:30 PM – 1:35 PM  
**Introduction of Afternoon Sessions**

1:35 PM – 2:30 PM  
**General Session: Connecting the Links of Blockchain in Healthcare**  
*Presented by: Molly Moore*  
*Location: Palace Ballroom*  
Imagine going to the doctor and the doctor scans the chip on your ID card or a barcode from your phone. You sign nothing, you update nothing, you don’t have to recall your family medical history - again. With that one scan from a secure data access point the doctor has: Eligibility information, deductible accumulators, you also just paid your co-pay with your HSA, HRA or Flex account, and when your visit is done the doctor will be able to submit your claim real time to your insurance - and best of all you will not get a bill in 60 days. If you choose to do so, by entering a secure PIN - you can grant your doctor the medical record notes from the previous doctors and allow this doctor to add to your personal health record - which you now hold in your wallet.

This is not the future. This technology exists today. Are you ready for this world? If you want to be, it is time to start learning how blockchain will make it happen.

In this session, we will explore blockchain technology which has earned its place in history as the engine behind the crypto-currency surge. You can expect to learn the basics about how the technology works at a practical level, how blockchain leverages the power of community data sources with cutting edge security. Molly will take her experience in healthcare and help us piece together how blockchain can transform our industry.

2:30 PM – 2:45 PM  
**Break**

2:45 PM – 3:45 PM  
**GENERAL SESSION: Health Care is Stealing the American Dream – How TPA's Can Help Take it Back**  
*Presented by: Dave Chase*  
*Location: Palace Ballroom*  
The current status-quo U.S. health care system offers perverse incentives that reinforce a crooked system, costs lives, promotes suffering, and is literally stealing the American dream of middle class prosperity from an entire generation. If we don’t fix it, millennials will invest half to two-thirds of their expected income on health care.

It’s time we work together to take it back.

Recognizing we didn’t get better lighting in homes and cities by optimizing oil lamp technology, Dave Chase, nationally renowned health care entrepreneur, strategist best-selling author and co-founder of Health Rosetta, reveals best thinking in controlling health care costs, offers pragmatic, best practice solutions, and powerfully illustrates why self-funded employers, forward leaning benefits advisors and TPAs hold the keys to disrupting health care faster than any stakeholder in health care.

Attendees leave with strengthened resolve, a pathway and partners to bring fundamental change in our convoluted health care system, and identify why employers, benefits advisors, TPAs, civic leaders and mission-aligned partners — NOT Washington D.C. — are in the best position to enable widespread adoption of next generation healthcare models that over-achieve on Quadruple Aim objectives and restore hope, health and well-being in our communities.

3:45 PM – 4:45 PM  
**General Session: I’m A Good Person (Except When I’m Not): How Our Brains Rationalize Unethical and Fraudulent Behaviors**  
*Presented by: Bret Hood*  
*Location: Palace Ballroom*  
Almost every day, we hear stories of good people who have done bad things. Do these stories ever make you wonder how this could have happened? Could something bad happen to your organization? In this interactive block of instruction, you will learn how to apply the latest scientific research to interfere with our brain’s natural rationalization processes in order to become a more effective leader as well as to improve your organization’s ethical culture.

4:45 PM – 5:00 PM  
**Closing Remarks**

5:30 PM - 7:00 PM  
**Second Night Reception**  
*Location: Palace Ballroom*
### SCHEDULE OF EVENTS

**WEDNESDAY, FEBRUARY 6, 2019**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</table>
| 7:30 AM – 12:00 PM | **Registration Open**  
Location: Pre-Function 1 Area                                                                                           |
| 7:30 AM – 8:30 AM  | **Continental Breakfast**  
Location: Palace Ballroom                                                                                                 |
| 8:30 AM – 8:45 AM  | **Announcements and Introduction of Morning Sessions**                                                                               |
| 8:45 AM – 9:45 AM  | **General Session: Constructive Disruption: Data and Technology as Driving Forces for Healthcare Delivery Change... How Does the TPA Industry Cope With Impending Massive Change?**  
*Presented by: Paul Gallese*  
Location: Palace Ballroom

Data and technology are making continual and deliberate inroads into healthcare, an industry, unlike other industries, that has been traditionally slow to react to these forces. We will explore “Constructive Disruption” and its role in shaping health care organization and delivery in the United States. We will explore organizational theories and relate these theories to current and future trends in health care. We will explore the changing role of TPAs in this changing environment. TPAs must take charge of their individual and collective future to retain their value and relevance to the health care delivery system.

| 9:40 AM – 10:00 AM | **Break**                                                                                                    |
| 10:00 AM – 10:55 AM | **General Session: Reference/Metric Based Pricing: 10+ Years of Lessons Learned**  
*Presented by: Ted Lavender*  
Location: Palace Ballroom

This session will discuss the experiences and lessons learned from more than a decade of defending self-funded plans and their plan participants using reference/metric-based pricing. The discussion will include specific examples of recurring issues, successes, where we have been, and where this model is going.

| 10:55 AM – 11:50 AM | **General Session: Industry Panel**  
*Presented by: Paul Gallese, Steve Rasnick and Ron Walter*  
Location: Palace Ballroom

This session will be a Question and Answer conducted by Emcee Ernie Clevenger asking questions about the direction of the self-funding industry.

| 11:50 AM – 12:00 PM | **Closing Remarks**                                                                                      |
Emerging Leaders Luncheon

Emerging Leaders Academy Program – Fire Up Your Speaking
Presented by: Donna Hartley
Location: Palace II

If you have ever experienced a churning stomach, shaky knees and a heart pounding walk to the podium, our speaker has good news, "no one ever died from giving a speech". Fire Up Your Speaking will help you master your presentation techniques. Donna Hartley is an international speaker. You will learn to build your credibility by developing your personal brand of firepower.

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<table>
<thead>
<tr>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Steve Rasnick</td>
<td>2017-2018</td>
</tr>
<tr>
<td>Julie Wohlstein</td>
<td>2015-2016</td>
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<tr>
<td>Kevin Larson</td>
<td>2013-2015</td>
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<tr>
<td>Carolyn Jarschke</td>
<td>2011-2013</td>
</tr>
<tr>
<td>Todd Archer</td>
<td>2009-2011</td>
</tr>
<tr>
<td>Nancy Young</td>
<td>2009*</td>
</tr>
<tr>
<td>Debi Hardwick</td>
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<td>Linda Ludwick</td>
<td>2007-2008</td>
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<td>Jean Sukovez</td>
<td>2006-2007</td>
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<tr>
<td>Dolores Green</td>
<td>2004-2006</td>
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<tr>
<td>Dave Reynolds</td>
<td>2003</td>
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<tr>
<td>Walt Pregizer</td>
<td>2002</td>
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<tr>
<td>Carol Berry</td>
<td>2001</td>
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<tr>
<td>Ken Crilly</td>
<td>2000</td>
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<tr>
<td>Bob Hergenrader</td>
<td>1999</td>
</tr>
<tr>
<td>Tom Partlow</td>
<td>1998</td>
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*Board conferred Past President status for her service to the Association.

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- Easy implementation
- Significant savings
- Medication changes via direct communication with physicians
- Minimal member disruption

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*Actionable Health Information*
CareValet is a health care tech start-up based in Tampa. Our focus is on quality, medical savings, and putting consumers in control!

About CareValet
We believe that you should be in control of your healthcare, and make the best decisions for you! You will be empowered to make decisions given on cost and quality of your doctor. Additionally we felt it important that you are in control of care, needs, appointments, and have the ability to rate and comment on your provider experience. At Care Valet we’ve put all of these options at your fingertips in an easy to use app for your smartphone.

CareValet is an innovative cloud-based solution, delivered directly to your employees through our Web site, and our proprietary mobile app for iOS and Android.

We’ve placed members in the center of their own health care, providing industry changing telemedicine, provider discovery, appointment setting and Rx discounts. The result…nothing short of extraordinary, including off-the-charts ROI and satisfied employees.

Cost of Not Having CareValet

<table>
<thead>
<tr>
<th>Reason for Visit</th>
<th>ER</th>
<th>Doctor's office</th>
<th>CareValet consult</th>
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<tr>
<td>Allergies</td>
<td>$345</td>
<td>$97</td>
<td>$0</td>
</tr>
<tr>
<td>Bronchitis</td>
<td>$595</td>
<td>$127</td>
<td>$0</td>
</tr>
<tr>
<td>Earache</td>
<td>$400</td>
<td>$110</td>
<td>$0</td>
</tr>
<tr>
<td>Sore throat</td>
<td>$525</td>
<td>$94</td>
<td>$0</td>
</tr>
<tr>
<td>Pink eye</td>
<td>$370</td>
<td>$102</td>
<td>$0</td>
</tr>
<tr>
<td>Sinusitis</td>
<td>$617</td>
<td>$112</td>
<td>$0</td>
</tr>
<tr>
<td>Strep throat</td>
<td>$531</td>
<td>$115</td>
<td>$0</td>
</tr>
<tr>
<td>Upper Respiratory Infection</td>
<td>$486</td>
<td>$111</td>
<td>$0</td>
</tr>
<tr>
<td>Urinary Tract Infection</td>
<td>$665</td>
<td>$110</td>
<td>$0</td>
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Determined by calculating the average number on claims submitted in 2010 to the Medica Choice Networks, a system of more than 4,000 medical offices, clinics and hospitals across four Midwestern states.

**Based on study conducted by national telemedicine vendor blending office visit, ER and UTC usage and costs.

Includes:

*Talk To Real Doctors*
Provides 24x7x365 access to nation’s largest network of licensed and credentialed doctors for consultations, diagnosis and treatment.

*Provider Discovery & Network Optimization*
Location-aware provider directory, optimized by insurance carrier and plan, with unbiased reviews, ratings and background information. And appointment setting!

*On-line appointment setting with physicians*
Let CareValet set up your office visit by requesting first available date, or suggest dates and time that work best for you

Let's get started!
Aaron D. Kessinger
Lead Customer Consultant
415-412-4660
aaron@carevalet.com
Tampa, FL

$472 in savings per Telemed visit*
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Give your employees the tools to be in more control of their healthcare.

$472 in savings per Telemed visit*

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TriZetto® Healthcare Products

Cognizant’s TriZetto Healthcare Products Core Administration system is specifically designed to support third party administration of today’s complex self-funded plans.

Rarely has an industry faced so many challenges—and opportunities. Among them:

- Regulatory reforms
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- Cost transparency from legislation and consumers

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Millions of times a day, we’re helping people on their path to better health—from advising on prescriptions to helping manage chronic and specialty conditions. Because we’re present in so many moments, big and small, we have an active, supportive role in shaping the future of health care.

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No Boundaries
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DEERWALK SOLUTIONS:

- Plan Analytics
- Executive Analytics
- Care Manager
- Health Portal
- Template Manager
- Incentive Manager
- Data Factory
- Data Warehouse
- Stop Loss Reporting

COMPANY QUICK FACTS:
- Integration of all data types
- Member-centric data model
- 85+ clients (over 1/3 are TPA clients)
- Over 7 million lives on the platform
- 1.2 million files processed per month from 650+ data sources

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- 200+ Integrations to third party vendors
- 150+ SSOs to and from Healthx
- 30+ API's
- 100+ languages supported
- Client authoring & configuration
- Client branded solutions
- Responsive web design
- Proven performance with sub 500 ms response times

The Healthx engagement orchestration platform

Manage member engagement. Drive participation.
Improve outcomes. All from one integrated platform.
One platform to orchestrate the complex healthcare journey, connecting providers and engaging members to lower healthcare costs. This goes beyond simple portals, our configured platform connects all of your technology tools, whether it's additional products we've built, partner products that are integrated into the platform, or additional products you purchase to meet your needs.

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The Healthx engagement orchestration platform

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For more details, contact:
Ted Sweet
Vice President
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• Provides comprehensive concierge services through our highly customizable and affordable Pathways Medical Concierge and Patient Advocacy programs.

• Has developed a proprietary care management platform and client portal that are considered one of the most efficient and user-friendly systems within the industry.

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- Over loyal 75 Payor Clients
- Concierge Services for over 200 K lives
- Servicing more than 2,000 Groups
- RBP/VBP Savings for over 100 K lives
- Enhancing care for over 1.2 M Lives
- Founded by an MGU in 1988
Just as you’re there to help your clients grow and retain business, we’re here to support your growth and retention. As a health services and innovation company, OptumRx is tackling the biggest challenges in health care by partnering across the entire system. We build custom strategies for prospects and take a hands-on approach to client management. Which means flexibility in the services we provide, member-specific data across benefits, and point-of-care insights that help physicians make more personalized care and cost decisions.

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INNOVATE360 is the industry’s best-in-class program rooted in Patient Advocacy, Balance Bill Management and Appeals Support. Using a financially strategic PEPM model, our full-service solution yields 65% plan savings on average, with a fraction of 1% balance bill rate.

Patient Advocacy + Balance Bill Support
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- Safe Harbor Provider Listing
- Educational + Marketing Resources for Plan Members, Employers, TPAs
- Unmatched Balance Bill Support

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- Scalable technology with unique gap-fill pricing capabilities
- Software-as-a-Service platform = no installation and shortened implementation
- Compliance expertise handling all CMS and state programs

Appeals Support
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  - Alignment of the Plan Doc, ID Card and EOB + Strategic Direction
  - Adverse Benefit Determination Review + Recommendations
  - Level 1 Appeals Consultation
- Level 2 Appeals + Fiduciary Outsourcing via the PACE program, Plan Appointed Claim Evaluator®

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Spend less and know more with Phoenix PBM. Even the most complicated benefit plans can be simple to understand and easy to manage. We work with you to define goals and benchmarks and to audit your current services. With the relationship and information in place, we’ll tailor a solution that can flex to meet your changing needs. And you’ll always know how your plan is performing thanks to clear, in-depth reporting tools.

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- **Specialty Drug Financial Assistance Programs**
  Counteract the high cost of specialty pharmacies. Trust Phoenix to connect you with providers who offer appropriate solutions and the most competitive pricing on your particular medications.

- **RxAdvantage Savings Card**
  Access a powerful source of savings on everyday prescriptions. The Phoenix RxAdvantage card is free, simple, and recognized by a network of more than 60,000 pharmacies nationwide.

- **Claims Processing**
  Maintain the prescription benefit program or plan you need. Phoenix PBM will customize your pharmacy benefit solution and keep it up to date with changes in the marketplace.

- **Reporting Services**
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- **Pharmacy Claims Auditing**
  Improve your oversight of pharmacy claims within the Phoenix PBM pharmacy network and know that your claims satisfy plan criteria as well as federal and state requirements.

- **Pharmacy Network Management**
  Find the solution to your exact PBM needs within the Phoenix Pharmacy Network, Phoenix Preferred Network, or Phoenix Exclusive Network, which include 61,000 independent and chain pharmacies.

- **Consumer & Pharmacy Call Center**
  Get help with overrides, prior authorizations, and reimbursements through our toll-free pharmacy and customer service department during extended business hours or via our 24/7/365 online claims operation system.

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Phoenix is a modern pharmacy benefits management (PBM) company that helps brokers, TPAs, and consumers benefit from scalable, individualized pharmacy plans that save money on prescription medications and keep people healthy. We are known for the highest standards of customer responsiveness and care because we are committed to listening well and innovating solutions that bridge the gap between complex healthcare solutions, our clients, and consumers.

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THE LOWEST COST, HIGHEST QUALITY
STOP LOSS SOLUTIONS, PERIOD.

Point6 Healthcare Delivers Savings
- $1B+ in Stop Loss Premium Leverage
- $100M+ in Claims Expense Reductions
- 8% Lower Renewal Rates than Market Average

Point6 Healthcare Delivers Quality
- Increase TPA's Competitiveness vs. BUCA's
- Increased Net Economic Benefit
- Best in Market Contract Terms
- E&O Risk Transfer
- Disclosure Risk Eliminated

0.6% of employee population accounts for 35% of employer healthcare expenditures

SAVINGS
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Stop Loss Placement
Clinical Cost Containment
Reimbursement Management
Ever feel like someone’s talking about you?

Yeah, that’s us.

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Ways to build clearer, more effective member and provider communications.

Ways to make delivering healthcare communications more cost effective.

And ways to innovate and challenge the healthcare communications status quo.

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Advanced Plan for Health (APH) provides advanced and proven longitudinal and predictive analytics to help drive down health risks and costs while keeping quality high. 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.

APH helps those who bear claims cost risk and their partners to:
- Decrease high cost claims and reduce risk
- Close Gaps in Care
- Deliver physician engagement tools
- Support admission and readmission prevention
- Reduce inappropriate ER utilization
- Support medication adherence and reduce medication risk and cost
- And more

Learn more at www.mypoindexter.com or call 888.600.7566

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$12,600 is the amount self-funded employers pay per employee per year on healthcare. 30% is wasted.

zakipoint Health uses predictive analytics and integrated solution pathways to clarify employers’ healthcare spend and drive actions by personalizing messages to members to deliver impact.

- **Identify** Help employers understand their healthcare spend and recognize opportunities for cost savings
- **Act** Provide population-specific action plans and solution tools to improve benefit utilization and drive action
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