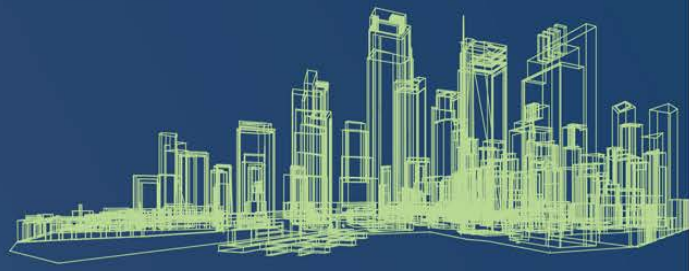




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2019 TPA Summit Speakers

Speakers as of 5/9/19 – speaker and topics are subject to change



Conference Emcee: Tim Callender, Vice President Sales and Marketing, The Phia Group, LLC

Tim serves as the Vice President of Sales and Marketing for The Phia Group, LLC. Prior to his current role, Tim served as a health care lawyer, staff attorney and lead PACE counsel for The Phia Group.

Before joining The Phia Group, Tim spent years functioning as in-house legal counsel for a third party administrator. Tim is well-versed in complex appeals, direct provider negotiations, plan document interpretation, stop-loss conflict resolution; keeping abreast of regulatory demands, vendor contract disputes, and many other issues unique to the self-funded industry.

Tim holds a leadership role with The Phia Group's executive leadership team while continuing to assist on many general consulting and industry projects. Tim also employs his experience to focus on the development of new services and the enrichment of The Phia Group's existing services. Tim received his bachelor's degree from The College of Idaho, prior to obtaining his Law Degree from The University of San Diego School of Law. Tim operates out of The Phia Group's office in Boise, Idaho.

Monday July 15, 2019

1:45 – 3:15 PM

CONNECT THE DOTS: BREAKTHROUGH THINKING AND THE FUTURE OF SELF-FUNDING!



Presented by: Bill Stainton, TV Producer, Writer, Performer and Author

Bill Stainton is a multiple Emmy Award-winning TV producer, writer, and performer; an author; a business humorist; and an internationally-recognized Beatles expert. He blends the business smarts he learned from twenty years in corporate management with the show biz sparks he garnered from working with people like Jerry Seinfeld, Ellen DeGeneres, and Bill Nye the Science guy to create entertaining and enlightening presentations enjoyed by audiences around the world! As the executive producer of Seattle's legendary comedy TV show *Almost*



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Live!, Bill led a talented and highly creative team to unparalleled success: a #1 rating for ten straight years, and over 100 Emmy Awards (29 of which went to Bill). At the same time, he also owned his own corporate training company, authoring nine training programs in subjects ranging from Office Politics to Customer Service to Team Motivation. He's been quoted in *The Wall Street Journal* and *Forbes* and is a regular columnist for *Seattle Business* magazine.

From Maine to Malaysia, Bill is committed to helping his audiences achieve their highest potential—while maintaining a sense of fun along the way!

3:30 - 4:30 PM A 360-DEGREE VIEW OF THE SELF-FUNDED MARKETPLACE



Presented by: Patrick Travis, Benefits Consultant, Deloitte Consulting LLP

Pat has 35+ years of healthcare benefits plan design, administration, and consulting experience and specializes in benefits strategy, benefits design and delivery, healthcare cost management, and workplace health and well-being solutions for self-insured employers.

He has served employer clients across various industries in both the public and private sector. Pat's clients have ranged in size from under 100 lives to over 1 million lives.

Pat has also participated in numerous consulting engagements with health plan / carrier clients, providing inputs and insights through the “employer lens” to help inform product development, design, contracting and rate-setting strategies.

Tuesday July 16, 2019

8:45 – 10:00 AM COMPETING TO BE THE BEST – LESSONS FROM THE GAME'S MOST FEROCIOUS TACKLER

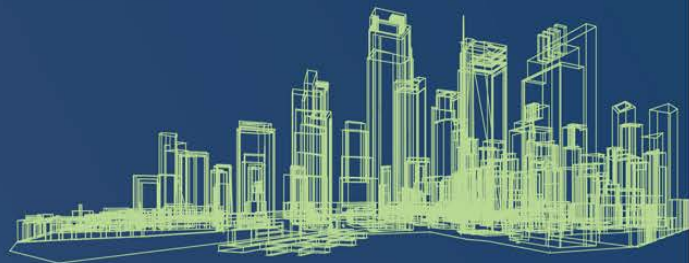


Presented by: Darren Woodson, ESPN Analyst, Former Dallas Cowboy, Entrepreneur and Speaker

Darren Woodson is a 3-time Super Bowl Champion, 5-time Pro Bowl selection, and an inductee into the Dallas Cowboys Ring of Honor, Texas Sports Hall of Fame, and Arizona Sports Hall of Fame. He was featured in *Forbes*, described by *Sports Illustrated* as “one of the hardest hitters in the NFL,” and won the Athletes in Action/Bart Starr Man of the Year Award. Woodson has been



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honored with the Tom Landry Legend Award and The Salute to Service Award. As an ESPN NFL analyst, Darren appears on NFL Live, SportsCenter, NFL on FOX, ESPN's Sunday Night Football, NFL Monday Night Football, NFL2Night, TNT Sunday Night Football, and The NFL on NBC. Darren is currently involved in several businesses and serves as board member for the North Texas Chapter of the Make-a-Wish Foundation.

10:25 – 11:40 AM SELF-FUNDING IN 2020 AND BEYOND - TRUE CONSUMERISM



Presented by: Adam Russo, Esq., Chief Executive Officer, The Phia Group LLC

Adam V. Russo, Esq. is the Co-Founder and Chief Executive Officer of The Phia Group LLC; whose mission is to reduce the cost of plans through its recovery strategies, innovative technologies, and legal expertise.

Attorney Russo is the 2018 Chairman of the Board of Directors for the Self-Insurance Institute of America, Inc. (SIIA) and serves on the Board of the Massachusetts Association of Health Underwriters (MAHU). He also proudly serves on the Board of Directors at the Boys & Girls Club of Brockton, Massachusetts. Attorney Russo is admitted to the Massachusetts Bar, the U.S. Court of Appeals for the First Circuit and the Supreme Court of the United States.

12:00 – 5:00 PM EMERGING LEADERS LUNCHEON AND FULL AFTERNOON SESSION

ELEVATING LEADERSHIP



Presented by: Erik Therwanger, Founder, Think Great

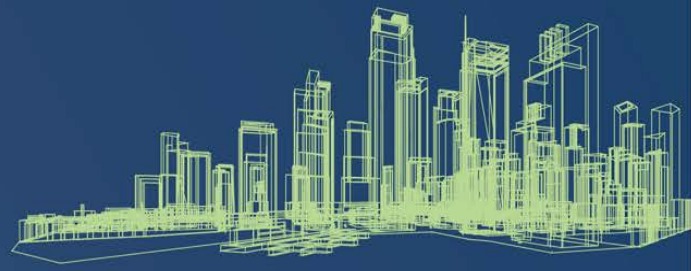
Erik is the founder of Think GREAT and draws from his experiences as a U.S. Marine, executive business leader, sales professional, and entrepreneur to help organizations achieve new levels of success. He uniquely combines leadership development, team building, sales training, and goal-setting into strategies and techniques that empower team members and leaders to exceed expectations.

Erik has inspired audiences at companies such as US Bank, Sam's Club, Shutterfly, RE/MAX, Hubbard Broadcasting, Thomson Reuters, U.S. Foods, armed services commands ranging from the Air National Guard to the U.S. Marine Corps, charities like The American Cancer Society, law enforcement and government agencies, and organizations in the health care and education industries.

Think GREAT is a Certified Veteran-Owned Business and Erik is also author of The Think GREAT



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Collection. Erik shares the successful, proven concepts in his six books to give individuals and organizations the competitive edge needed for achieving new levels of success.

1:15 – 2:15 PM WANT TO KNOW WHY CONSULTANTS ARE SEEMINGLY IN LOVE WITH THE BUCA'S?

Presented by: Kevin Seelman, Senior Vice President, Lockton Dunning Benefits



Kevin joined Lockton Dunning Benefits in 2009. With more than 20 years of experience, he is responsible for Lockton's National Complex Claims Consulting Business that includes their Stop Loss Specialty Practice and their clinical consulting teams. He is also responsible for their health and welfare consulting practice for clients in the healthcare industry. Prior to joining Lockton, Kevin held leadership positions at WEB-TPA, FutureHealth and Alere (Optum), a health risk management company that focuses on delivering innovative health improvement programs to health plans and large employers. Seelman is involved in leadership roles with several industry trade organizations including CIAB, EBLF, HCAA and SIIA's Board of Directors. In 2018 Kevin was appointed to the Board of Directors of Point6 Healthcare, LLC as Managing Director. Point6 is a healthcare services company that partners with organizations who are enhancing their product portfolio in the complex claim and employer stop loss area. Seelman holds a Bachelor of Business Administration in Finance and Marketing from the M.J. Neeley School of Business at Texas Christian University.

2:30 – 3:30 PM BREAK OUT SESSIONS

INNOVATIONS IN EMPLOYEE COMMUNICATIONS

Presented by: Bo Armstrong and Arielle Chalfant



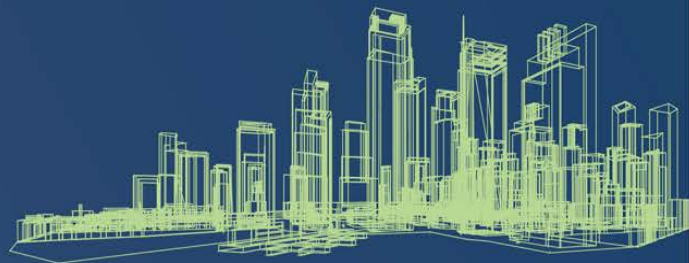
Bo Armstrong, Chief Marketing Officer, DataPath

As Chief Marketing Officer, Bo Armstrong leads all marketing initiatives for DataPath. He joined the company in 2015 and has over 20 years of marketing leadership experience.

Prior to joining DataPath, Bo held multiple leadership positions at companies ranging in size from Fortune 500 to start-ups. He has a proven record for driving results and



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growing revenue through dynamic marketing programs, targeting both businesses and consumers. He also possesses extensive experience launching new companies, products and services.

Bo's responsibilities include branding, client communications, social media, public relations, product marketing and promotions. He focuses on identifying emerging market trends within the benefits industry, advocating for customers and their needs within DataPath, and communicating the value of our solutions to our clients. He is also a national conference speaker and author of numerous white papers and articles on the healthcare benefits industry. Bo holds a bachelor's degree in Computer Science from Texas A&M University and a master's degree in Religion from Liberty University.



Arielle Chalfant, Senior Consultant, Chalfant Consulting Group

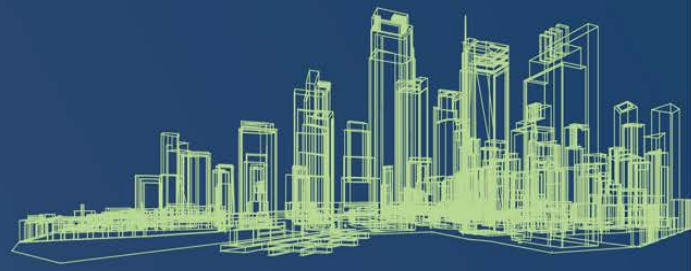
Arielle Chalfant's background is in Employee Benefits, where she worked as a licensed Broker and consultant for over 17 years. She worked primarily in the self-insured industry with employers and Third Party Administrators and the partners who supported them. She worked as a Senior Communications Consultant for a large Employee Benefits Communication organization and currently owns her own Communication Consultancy firm.

Arielle graduated summa cum laude and Phi Beta Kappa from San Diego State University with a B.A. in Psychology and with "Distinction" from the university's Psychology Department. She has been trained in Health Outcomes research and is passionate about Health Psychology and Health Literacy, which makes her uniquely qualified to work with clients on their communication needs. She is driven to help her clients craft and convey their message to effectuate the greatest impact on organizational health. She strives to educate employees, elevating health literacy in order to provide individuals with an appreciation of the full value of their benefit offerings.

Arielle was born and raised in Tustin, California and currently lives in Marietta, Georgia with her husband, Brett, and their two young children. She loves travel, photography, music and independent film, and is constantly expanding her knowledge of anything related to science, medicine and wellbeing.



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EFFECTIVELY MANAGING YOUR STOP LOSS RELATIONSHIP



Presented by: Rodney Gagne, Director of Operations and Claims Management, National Underwriting Services

Rodney Gagne is currently the Director of Operations and Claims Management for National Underwriting Services which has been underwriting stop loss products for over 30 years. He is involved in the overall management of both the administration and claims management functions at NUS. He also works very closely with NUS clients in finding solutions to their stop loss needs whether it be Traditional PPO,

Medicare Referenced Pricing, Level Funding or other niche stop loss programs

Rodney's many years of experience in the management of employee health benefits includes managing a field office for John Hancock Financial Services, serving in the role of Vice President of a TPA for over 26 years, as well as having owned his own consulting firm which specialized in guiding TPA's through claim system implementations and system conversions.

Rodney has dedicated his career to helping TPA's achieve continuous process improvement in the face of a rapidly evolving and changing marketplace through project management, claims management, system integrations, and risk management solutions.

Rodney has a Bachelor of Biomedical Science from Texas A&M University. His professional designations include Fellow Life Management Institute, Chartered Life Underwriter, and Chartered Financial Consultant.

RBP RESULTS FROM A STOPLOSS CARRIER/MGU PERSPECTIVE

Presented by: Dana Driscoll and Ryan Newville



Dana Driscoll, Executive Vice President, National Underwriting Services, Inc.

Dana Driscoll is co-owner of National Underwriting Services, Inc. and serves as Executive Vice-President. Her extensive background in the insurance industry includes 40+ years' experience in insurance management, marketing and underwriting, primarily in medical stop loss coverage for self-funded employer plans. Since joining the Company in 2004 as National Marketing Director, Dana has been a catalyst in the company's growth and the development of underwriting capabilities and components for stop loss plans utilizing reference-based pricing to control claims costs and sustain comprehensive benefits. Dana is a member of SIIA, SIPAC, HCAA and TABA industry education groups, and serves as President of the Hill Country-San Antonio Chapter of AMBUCS, a national non-profit organization dedicated to providing mobility through the "AmTrykes" cycling equipment program for special needs children and veterans.



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National Underwriting Services, Inc. has been a full service Managing General Underwriting Company since 1985, located near San Antonio in the Texas Hill Country. NUS credits the Company's success to a highly experienced staff that provides extraordinary service to clients. Combined with the valued and close relationships with carriers, reinsurers, and strategic business partners, NUS "thinks outside the fences" to provide innovative stop loss solutions.



Ryan Newville, Vice President of Underwriting, TPAC Underwriters, Inc.

Ryan Newville is Vice President of Underwriting at TPAC Underwriters, Inc. TPAC Underwriters is an MGU providing Specific, Aggregate, SmartShare and Spaggregate™ stop loss as well as GenX to self-funded employer plans. During his 19 years at TPAC his underwriting presence has helped to achieve underwriting profits each and every year. Ryan has been influential in the establishment and growth of Spaggregate™, which was created by TPAC in 1999. In addition to overseeing the underwriting at TPAC, Ryan has also overseen the administration, marketing, claims and accounting departments. Ryan is experienced in data analysis including loss ratio projections, portfolio management, PPO analysis and product development. He has also developed rating models for Mini Med, MEC, MEC w/major medical, SmartShare, a capitated drug card, PPOX /RBP, Specific, Aggregate, SmartShare and Spaggregate™ stop loss. In addition, Ryan has also maintained, modified and created rating systems for multiple stop loss rating manuals.

3:45 – 5:00 PM BREAK OUT SESSIONS

PPO, RBP AND WHAT'S NEXT?

Presented by: Erich Blumberg, Jordan Hersh and Mac Meadows with Moderator Steve Rasnick



Erich Blumberg, Senior Vice President, Lockton Dunning Benefits

Erich joined Lockton Dunning Benefits in September of 2004 as vice president, actuary and team leader for several large national clients. Erich also provides office-wide support for actuarial models, client strategy and planning templates. Prior to joining LDB, Erich was a tenured senior consultant at Hewitt Associates where he assisted in



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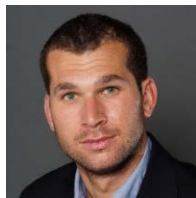


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developing Hewitt's Dallas-based health and welfare practice. Previously, Erich sponsored an employer coalition for consumer-driven healthcare. Erich is part of LDB's ACA solutions group and a regular speaker on consumerism and healthcare strategies at national and local actuarial and human resource conferences.

Erich holds a B.S. in Mathematics from The University of Kansas. He is a Fellow in the Society of Actuaries, a member of the American Academy of Actuaries and a Fellow and Committee Member Conference of Consulting Actuaries. Erich is a planning and recruiting committee member in Just 4 Your Heart Charity as well as a youth sports coach.



Jordan Hersh, Vice President of Product Strategy and Development, NX Health Network

Jordan Hersh is the VP of Product Strategy and Development for NX Health Network and has spent 7 years working with the UCS Family of Companies. He has spent his tenure at NX Health Network building and curating high value networks for the self-insured community and providing client centric networks options that allow employers to remain competitive in the benefit space. He spends much of his time strategically partnering with providers that deliver quality care in an efficient manner and ensuring patients are being directed to providers who have attained clinical excellence.

Prior to NX Health Network, Jordan lead market strategies and strategic partnerships for Bloom Health. He also spent time working on user growth at Castlight Health (pre-IPO).

Jordan earned his BA from University of Arizona and his MBA from University of San Francisco.



Mac Meadows, General Council, Entrust

Mac Meadows has served as Entrust's general counsel since 2008. Entrust is a third party administrator among other related companies in Katy, Texas, and Entrust is now proudly part of the 90 Degree Benefits family of companies. As Entrust's general counsel, Mac's role is very diverse and changing daily, but his primary focuses include issues relating to general corporate matters, contracts, claims, stop loss, subrogation, and reference based pricing product support. As more and more of Entrust's clients are moving to reference based pricing plans, Mac oversees all direct hospital contracting to make sure that these plans and their plan participants have options for their medical services. Mac has been responsible for negotiating direct hospital agreements with hospital facilities in numerous states for Entrust and its clients, and this list is ever expanding. Mac also supports Entrust's patient advocacy team in services it provides to Plan Participants in reference based pricing plans.



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Prior to Entrust, Mac spent four years as an insurance defense litigator for a law firm in Sugar Land, Texas. While working at the firm, Mac represented major insurance companies and their insureds in first-party and third-party lawsuits and pre-lawsuit negotiations. Mac tried 7 solo cases to jury verdicts in Harris County courts and represented insurance companies in numerous arbitrations involving first party personal injury claims. Mac draws on his litigation background to attempt to solve problems before they turn into larger issues while integrating new regulations and agreements into employer health plans.

Mac graduated from Baylor University with a degree in business journalism in May 2001. Mac then attended the University of Houston Law Center and graduated with a Juris Doctorate in May 2004.



Steve Rasnick, President, Self Insured Plans LLC a Member of 90 Degree Benefits

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.

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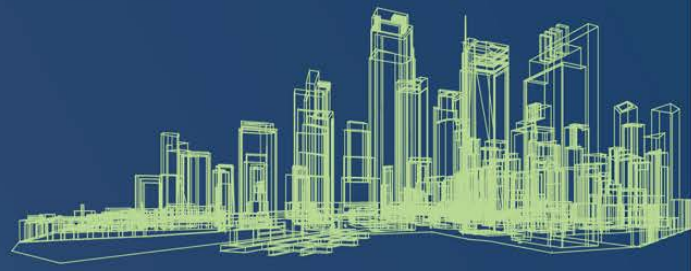
He has over 35 years of employee benefit experience, having held senior level consulting positions with Reed Stenhouse, a division of Alexander & Alexander in Chicago, as well as having provided insurance consulting services to more than 300 groups in Illinois.

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.



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HEALTH CARE SHARING MINISTRIES – THEIR EVOLUTION INTO TODAY’S MARKET

Presented by: **Ron Bruno, Tony Meggs, Brian Nates with Moderator Mike Ramsey**



Ron Bruno, Executive Vice President of Business Development, Altrua HealthShare and Crown Administrators

Ron Bruno has spent thirty-two years working in business development and as an entrepreneur. During his career Ron dedicated twenty years to building and operating private correctional facilities in the State of Texas. Ron has also built over seven different companies with a portfolio of over one billion dollars. For the past three years Ron has served as the EVP of Business Development for Altrua HealthShare and Crown Administrators. Within just two years at Altrua HealthShare and Crown Administrators Ron increased the company’s membership from under three hundred families to over ten thousand families.



Tony Meggs, President and Chief Executive Officer, Sharable

Tony leads Sharable with a vision and passion to see health care sharing replace insurance as the most effective and human way to enhance America’s healthcare needs. Tony is a pioneer in the sharing economy and has more than 15 years of executive and consulting experience within the health care sharing industry. From 2011 – 2016, Tony was the Chief Executive of Medi-Share, the nation’s largest Healthcare Sharing Organization and P2P

Sharing Platform. Tony’s strategic vision, product development expertise and sharing innovations propelled Medi-Share into its industry leading position facilitating more than \$2 billion in the sharing of medical bills.

From 2008-2011, Tony served as Medi-Share’s Chief Development Officer and was responsible for the program’s redesign that continues to lead the organization today. Prior to his employment with Medi-Share, Tony served as a Board Director and Consultant (2002-2008) and worked closely with Medi-Share to develop the industry’s first virtual share exchange.



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Brian Nates, Vice President of Engagement, Remodel Health

Brian Nates is a true proven leader that loves being part of a mission to make a difference. An innovative and "outside the box" thinker with over 16 years' experience in Business Development and Product Development. Brian is an expert in the Health Care Sharing arena. In the last 8.5 years he served with the leading Health Care Sharing Program, Medi-Share. During this time, he has helped Medi-Share stand apart from the pack in product offerings, sales and strategic initiatives. Many of these initiatives allowed Medi-Share to become trailblazers for the Health Care Sharing Industry. Examples include forming a strategic partnership with a nationwide organization to offer Medi-Share through their 7,000 + representatives, implementing the most successful MDLIVE telehealth solution to date, and launching Medi-Share's group solution which help revolutionize how organizations and employers provide healthcare. Brian recently accepted a new position as VP of Engagement with an organization known as Remodel Health, bringing innovative solutions, including the Health Care Sharing initiative, to groups of all sizes. Brian's diversified background in both the sales arena and product development space allows him to understand and relate to both perspectives. Brian resides in Melbourne, FL and is married to his wife Brooke, with three beautiful children.

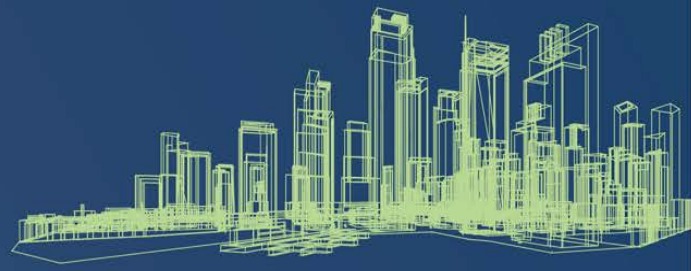


Mike Ramsey, National Sales Manager, Careington International

Mike Ramsey has a passion for developing strong relationships in all aspects of life and has over 18 years of sales and customer service experience. Currently, with Careington International, Mike specializes in helping people and companies reduce their overall health care spend. Over the past few years he has devoted much of his time to learning and becoming an expert in Health Care Sharing. His health care solution strategies have resulted in Health Care Sharing organizations saving millions of dollars in annual health care spend. Both professionally and personally, he looks out for others and will always do what he feels is right. He loves fishing. Spending time with his wife and children is a must in his life.



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HOW TO JUGGLE AND STREAMLINE PROCESSES IN A COMPLEX OPERATIONS WORLD

Panel discussion: Christine Scutnik, Patricia Umrah and Amy Wooden with Moderator Caryn Rasnick



Christine Scutnik, Manager of Plan Building, Analytics and Plan Documents, Diversified Group.

Christine Scutnik is the Manager of Plan Building, Analytics and Plan Documents at Diversified Group. In addition to managing a team of five professionals, Chris partners and works closely with sales, underwriting, claims and compliance.

Before undertaking her current role, Chris held leadership positions within the company including claims, underwriting, reporting and analytics. Drawing on this experience makes her uniquely situated to know what truly drives a top tier claims administrator. Respected as a creditable voice in decision making and leadership, Chris is recognized as an industry frontrunner both in and outside of Diversified.



Patricia Umrah, Director of Operations, Covenant Services Group, LLC

Pat Umrah is a Director of Operations with 24 years of experience working in the TPA industry. She started her career in Management while still in college and through perseverance she graduated with a BS in Biology knowing very well that she was not going to attend Med School.

Through hard work, knowledge and patience she manages her operation and team while achieving success due to her passion and motivation to make a difference. She is a strong believer in the power of positive thinking, sees nothing as a challenge and implements changes for the benefit of others.

When she is not working and caring for her family, she spends her time outdoor gardening and enjoying nature.

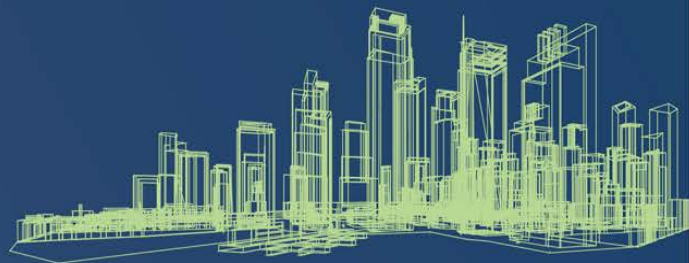


Amy Wooden, Vice President of Business Development, ASR health benefits

Amy Wooden is the Vice President of Business Development at ASR health benefits, a TPA based in Grand Rapids, MI. An experienced employee benefits executive, Amy's diverse background includes 18 years in the TPA industry leading Sales, Account Management and Operations teams. Amy's prior work experience includes provider network contracting for a Michigan-based PPO and a managed



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care health plan. Amy is a licensed insurance agent and holds a bachelor's degree in Health Science and a master's degree in Public Administration.



Caryn Rasnick, Vice President Operations, Self Insured Plans LLC a Member of 90 Degree Benefits

Caryn is a graduate of Miami University of Ohio. Shortly after graduation, she joined The Travelers Plan Administrators as a client service consultant. In that position, she served the benefit needs of Fortune 500 clients. She was promoted to National Accounts Manager, where she was responsible for the development and management of the Client Services team for the Illinois office of The TPA. In 1999, she joined Self Insured Plans to develop our seamless approach to account management and client service.

Wednesday July 17, 2019

8:45 – 10:00 AM WHAT DOES MEDICARE -FOR-ALL REALLY MEAN?



Presented by: Lawrence Thompson, Co-Founder, Inventavis, LLC

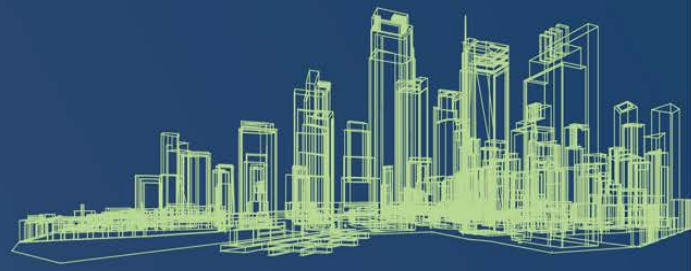
Mr. Thompson is Co-Founder of Inventavis, LLC. Inventavis is a unique service and product company focused on innovation and success in the healthcare vertical domestically and internationally. Concurrently, he is CEO of BSI Strategic Consulting, a healthcare consulting firm he founded in 2002.

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. Prior to joining Pomco he was COO of Healthnow Administrative Services (HNAS) and SVP of HelathNow New York, Inc. which owns two Blue companies as well as HNAS. His responsibilities included P&L for all large case Blue business, TPA and brokerage operations, totaling over \$1.9 billion annually.

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 and



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currently serves as Chairman of the Government Relations Board for SIIIA. He is an accomplished speaker having delivered over 600 presentations nationally in the last 20 years.

10:20-11:35 AM DIFFERENTIATING YOUR TPA BY EMBRACING FREE MARKET PROVIDERS

Presented by: Jay Kempton and Dr. Keith Smith



Jay Kempton, FMMA Co-Founder, President and CEO, The Kempton Group

In 1992, Joseph “Jay” Kempton started his journey with The Kempton Group, which was founded in 1969 by his father, Wayne Kempton. Mr. Kempton became the President and CEO in 2003 and has diligently worked with Oklahoma employers to ensure their employee benefits fit the needs of our community.

In 2011, Mr. Kempton became aware of the free market medical movement in Oklahoma and what it could mean for healthcare in his community. Based on a true belief in transparency, and a genuine desire to change how employers and participants view and purchase healthcare, Mr. Kempton started the Kempton Premier Provider™ program. By partnering with free market-minded providers in Oklahoma, Texas, and surrounding states, Mr. Kempton has helped his self-funded clients save millions of dollars in just a few years. Because of this program, now Mr. Kempton is asked to speak to other TPAs, providers, and employers all over the country about how to partner with free market providers to improve employee benefits and lower employer claims.

Mr. Kempton is one of the founding members of the Free Market Medical Association, a board member of the Society of Professional Benefit Administrators, and a member of the Health Care Administrators Association. Mr. Kempton has a Bachelor of Science degree in Business Administration from Oklahoma State University and is Life, Health, AD&D, and Property, and Casualty Insurance licensed in multiple states.



Dr. Keith Smith, Medical Director, Chief Executive Officer and Managing Partner, The Surgery Center of Oklahoma

Dr. G. Keith Smith is a board-certified anesthesiologist in private practice since 1990. In 1997, he co-founded The Surgery Center of Oklahoma, an outpatient surgery center in Oklahoma City, Oklahoma, owned by over 90 of the top physicians and



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surgeons in central Oklahoma. Dr. Smith serves as the medical director, CEO and managing partner while maintaining an active anesthesia practice.

In 2009, Dr. Smith launched a website displaying all-inclusive pricing for various surgical procedures, a move that has gained him and the facility, national and even international attention. Many Canadians and uninsured Americans have been treated at his facility, taking advantage of the low and transparent pricing available. His most recent effort is the launch of the Free Market Medical Association which provides a platform where those seeking to obtain high quality and affordable health care can find free market-minded providers, both physicians and facilities.

Operation of this free market medical practice, the standard for all who have embraced this practice approach, has gained the endorsement of policymakers and legislators nationally. More and more self-funded insurance plans are taking advantage of Dr. Smith's pricing model resulting in significant savings to their employee health plans. His hope is for as many facilities as possible to adopt a transparent pricing model, a move he believes will lower costs and improve quality of care for all.

He has made appearances on the John Stossel Show, CNBC, Huffington Post, The O'Reilly Factor, Capital Account, The Ron Paul Channel, NBC Nightly News and has been featured by Reason Magazine's TV division. The New York Times, Time Magazine, ABC news, Forbes and many others have written articles featuring Dr. Smith's revolutionary approach to the pricing of health care and uncompromising free market principles.