



TPA CONNECT 2019

Forging New Bonds Across Self Funding

November 5-6, 2019 | Lord Baltimore Hotel, Baltimore

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SCHEDULE AT-A-GLANCE

TUESDAY, November 5, 2019

3:00 - 5:30 PM REGISTRATION

5:30 PM - 7:00 PM WELCOME RECEPTION

WEDNESDAY, November 6, 2019

8:00 AM - 9:00 AM BREAKFAST & NETWORKING

9:00 AM - 9:15 AM WELCOME AND NOTICES
Jim Stanis, Emcee

9:15 AM – 10:15 AM KEYNOTE: MEDICAL CANNABIS & BENEFIT PLANS: LESSONS FROM CANADA'S LEGALIZATION EXPERIENCE

What to do with Medical Cannabis claims will be one of the most challenging issues facing benefit plans in the United States in the years ahead. The perfect storm of ever-expanding state-level programs, legalization, a growing array of specialized products, bi-partisan political support to modify Federal scheduling and legislation, billions of dollars of capital being invested into the cannabis space, opioid crisis, and hundreds of clinical trials globally, it is not a matter of “if” this will be an issue, it’s a matter of “when” will it happen and “how” will plans address this complex topic.

The good news is that federal legalization of cannabis north of the border in Canada, which has followed 20 years of national medical cannabis access, provides some clues about what plans across the United States need to be doing today to be prepared for what is to come.

Presented by: Mike Sullivan, CEO and Co-Founder, Cubic Health

10:15 AM - 10:30 AM BREAK AND NETWORKING



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10:30 AM – 11:15 PM CONSTRUCTIVE DISRUPTION: DATA AND TECHNOLOGY IS DRIVING FORCES FOR HEALTHCARE DELIVERY CHANGE.... HOW DOES THE TPA INDUSTRY COPE WITH IMPENDING MASSIVE CHANGE?

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. The introduction of disruptive concepts and technologies are surprisingly difficult despite obvious advantages to technology adopters. 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.

- Describe and explore the concept of “Constructive Disruption” and explain how the process of technological change and the increasing access to “big data” are becoming increasingly important drivers in healthcare system transformation
- We will discuss the challenges incumbent with introducing and adapting disruptive innovation
- Explore current and projected future trends in healthcare service delivery, pricing changes (especially bundled payments) and price transparency and their impact on healthcare system organization
- Discuss the organizational, process, and business implications of emerging health care system trends for TPAs and, further, explore how TPAs can empower themselves to react positively to these current and emerging trends

Presented by: Paul Gallese, Managing Principal, Inner Circle Health Advisors, a Healing Waters Advisors Company and Senior Fellow, The BDO Center for Healthcare Excellence and Innovation

11:15 AM – NOON DIRECT PRIMARY CARE – CAN IMPROVING CARE REALLY LOWER COSTS FOR EMPLOYERS?

Direct Primary Care is an increasingly important element of a comprehensive benefit package for employers of all sizes trying to improve access to primary care services for employees while addressing the growth of out of pocket costs. The DPC model offers patients a personal relationship with a primary care



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physician paid for with an efficient monthly fee. DPC providers offer comprehensive access to good primary care, chronic care management services, extended hours with longer visits when needed, integrated telemedicine and virtual visits and deeply discounted prices on prescriptions and labs. Employer claims data shows dramatic savings on the total cost of care for employers using DPC—up to 20% or more. Jay Keese, Executive Director of the Direct Primary Care Coalition will go over the growth of the DPC model and explain how employers—from jumbos to mom and pops—are helping improve care and lower costs by giving employees unfettered access to good old-fashioned primary care.

Presented by: Jay Keese, Executive Director of the Direct Primary Care Coalition and CEO of Capitol Advocates

NOON – 1:00 PM

LUNCH

1:00PM – 1:45 PM

NAVIGATING REAL HEALTHCARE REFORM: IT MAY BE SIMPLE, BUT IT SURE AIN'T EASY....

For decades policymakers in Washington DC and the states have grappled with reforming health insurance and health care. They don't have very much to show for it. Find out why.

Sal Nuzzo, Policy VP at The James Madison Institute, has had a close-up view of the debate, working with the White House, Congress, and policymakers in his home state of Florida on this challenge. Hear3 from the CPN (Chief Policy Nerd) of one of the largest think tanks in the states on why this issue continues to confound the most noble of lawmakers and how we can think a little differently trying to untangle the mess.

Presented by: Sal Nuzzo, Vice President of Policy, The James Madison Institute

1:45 PM – 2:00 PM

BREAK AND NETWORKING



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2:00 PM – 2:45PM

ARE THE SIGNIFICANT POTENTIAL BENEFITS OF RBP WORTH THE PAIN, AND YES, THERE WILL BE SOME PAIN!

COST SAVINGS – Both employers and employees can save significantly with Reference-Based Pricing strategies. By basing reimbursements on actual costs of facility services, payments with an RBP plan verses a traditional PPO plan are consistently lower, often as little as half the cost.

TRANSPARENCY – With RBP, patients know the costs of procedures in advance, giving them a chance to evaluate and select the facility that best suits their needs. By empowering consumers, overall employer costs for healthcare is driven down and the cost to the patient is dramatically reduced.

PATIENT SUPPORT – An RBP plan must include a robust Member Services team to help members navigate their RBP plan. They must be experts at dealing with balance billing and able to help reduce or eliminate unnecessary member expenses.

The Decision Tree

Rewards

- Dramatic Cost Reduction Year Over Year Savings of 25% to 30% on your health plan costs and cost transparency.
- Reclaiming EBITDA from the health plan and returning it to the bottom line.
- Health plan sustainability-flat or marginal risk charge renewals.
- Opportunity to add benefits or increase existing ones.
- Increase in employee take-home pay through lower health plan payroll deduction requirement.
- Employee proportion (coinsurance) of health care cost is less under RBP.

Risk

- Noise and Disruption
- More work for HR department- employee education required.
- Balance Billing issues. There will always be some issues!
- Plan participant may have to pay some medical providers up front or choose another provider.
- Possible debt collection or credit impairment if employees are not educated on RBP plan.



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- Possible employee perception that health plan is no good if RBP is poorly administered.
- Although rare, health care payment dispute may devolve into litigation.

Presented by: Steve Rasnick, CEO Self Insured Plans, LLC, a member of 90 Degree Benefits

2:45 PM – 3:00 PM

CLOSING REMARKS

Jim Stanis Emcee and Joanie Verinder, HCAA President