



TPA CONNECT 2019

Forging New Bonds Across Self Funding

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

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2019 TPA Connect Speakers

Speakers as of 7/24/19 – speakers and topics are subject to change



Conference Emcee: Jim Stanis, President, J.J. Stanis and Company

Jim is the President of J.J. Stanis and Company, Inc. a benefits administrator and group employee benefits broker. In addition, he is also the President of Stanis Net Plus, Inc. a proprietary dental provider network. He began his insurance career in the property and casualty business. Since starting J.J. Stanis and Company his focus has been exclusively in employee benefits.

He is a member of the HCAA since 2012 and serves on the Board of Directors. He is the past Chair of the Business Associate Advisory committee of the New York State Association of School Business Officials (ASBO-New York), and responsible for the planning of annual industry events in New York State including their annual conference.

Jim received his Bachelor of Science Degree and Master of Business Administration Degree from St. John's University. In his spare time, he is an avid sport fisherman and is a member of the International Game Fish Association and the Bonefish and Tarpon Trust.

Wednesday November 6, 2019

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



Presented by: Mike Sullivan, Chief Executive Officer and Co-Founder, Cubic Health

Mike Sullivan is Cubic Health's Chief Executive Officer and Co-Founder. Cubic was founded in 2003 and provides Plan Analytics, Predictive Analytics, Clinically-Driven Plan Management Solutions and Machine Learning as a Service to the employee benefits industry. Cubic works with single- and multi-employer plans, Benefits Trusts, Third Party Administrators, and Government stakeholders to optimize the health of both plan members and the underlying benefits plan itself. Cubic's unique capabilities in terms of integrating and making sense of underlying claims data and implementing customized solutions is driven by its proprietary analytics infrastructure and large team of clinical experts.

Mike began his career as a Community Pharmacist, and has previous experience working in both the pharmaceutical and benefits consulting industries. He continues to maintain an active license to practice



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with the Ontario College of Pharmacists. Mike is a member of Benefits Canada's Online Expert Panel, and currently serves as an Adjunct Professor at the University of Toronto.

Mike graduated from the College of Pharmacy at the University of Saskatchewan where he was honored with a Centennial Alumni of Influence Award. He completed his Master of Business Administration degree from York University where he specialized in Finance.

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



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

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 operation, 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



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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.

Mr. Gallese earned his bachelor's degree in Physical Therapy with clinical focus on neuroanatomy and pathokinesiology from Marquette University. He earned a master's degree in Business Administration from The Pepperdine University Gradziano School of Business in Malibu California. He currently resides in Cleveland, Ohio.

11:15 AM – 12:00 PM DIRECT PRIMARY CARE – CAN IMPROVING CARE REALLY LOWER COSTS FOR EMPLOYERS?



Presented by: Jay Keese, CEO, Capitol Advocates

Jay Keese is CEO of Capitol Advocates, a Washington DC based policy and government relations firm specializing in healthcare issues. He also serves as the Executive Director of the Direct Primary Care Coalition. Jay works with physicians, employers, payers, health technology developers, associations and states on advanced primary care and other critical delivery models aimed at improving healthcare while reducing costs.

Along with pioneers in the Direct Primary Care (DPC) movement, Jay has helped lay the policy framework for the growth and expansion of DPC by designing legislation passed in the Affordable Care Act establishing membership fee-based DPC Medical Homes as an important value-based delivery reform allowing DPC to be an essential health benefit offered by employers and to individuals. He has also been instrumental in the passage of over 30 state laws and regulations defining DPC as a medical service not regulated as health insurance. Jay also helped shape and pass legislation in the U.S. House in July 2018 to clarify IRS regulations on the treatment of DPC plans to make the model more compatible with Deductible Health Plans (HDHP) paired with Health Savings Accounts (HSAs).

Jay has collaborated closely with CMS leadership and the Center for Innovation (CMMI) on the development and expansion into direct contracting with providers, as well as the roll out of a new direction for the Comprehensive Primary Care model and other demonstrations. These innovations will test important new enhanced primary care models outside of traditional fee-for-service for Medicare and Medicaid beneficiaries. Jay was instrumental in working with CMS and contractors to provide policy support, evaluation and survey research to scope out many of the new direction initiatives.

Prior to founding Capitol Advocates, Jay held policy and advocacy positions at both the American Medical Association and the U.S. Chamber of Commerce. He began his career as an aide to the late



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Senator John Heinz (R-PA), a member of the Senate Finance Committee and Chairman of the Senate Aging Committee. He has worked on numerous House and Senate campaigns with the National Republican Senatorial and Congressional Campaign Committees. Jay lives in Alexandria Virginia with his wife Sara, and their three children Katie, Caroline and William.

1:00 – 1:45 PM NAVIGATING REAL HEALTHCARE REFORM: IT MAY BE SIMPLE, BUT IT SURE AIN'T EASY....



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

Sal Nuzzo serves as CPN (Chief Policy Nerd) for The James Madison Institute - a non-profit economic think tank in Tallahassee Florida. A native of high-tax/low-growth Connecticut, Sal happily left New England for Florida State University, a warmer climate, and a healthier economy.

Having spent more than 20 years engaged in the policy arena, he spends far too much time writing for publications like The Hill, Real Clear Policy, and American Thinker, and far too little time sipping cocktails on Florida beaches. He serves as a member of several policy work groups that advise Congressional and White House leaders (both Republican and Democrat), which has caused only minor hypertension. Despite this, he is a hopeful optimist.

Sal has occasionally, through no desire or fault of his own, backed into notoriety. During the tax reform debate of 2017, the official White House website and Twitter account featured his Tampa Bay Times column among its “West Wing Reads” list, as one of five articles directly influencing the President’s policy position in the closing days of the debate. He was also named alongside Coach Pat Riley, Senator Marco Rubio, rapper Trick Daddy, and Fidel Castro as one of Miami’s “Dirty Dozen” for having “brought deep shame to Miami in 2016.” For the record, Sal lives nowhere near Miami.

The James Madison Institute has been Florida’s leading voice on free-market economic policies for more than 30 years. JMI’s mission is to serve as an objective resource for Florida’s policymakers and the public – advancing the principles of liberty, free enterprise, and limited government.



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2:00 – 2.45 PM ARE THE SIGNIFICANT POTENTIAL BENEFITS OF RBP WORTH THE PAIN, AND YES, THERE WILL BE SOME PAIN!



Presented by: Steve Rasnick, CEO 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.

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.