



2018 PRESENTATION TOPICS

Hill, Chesson & Woody, a division of Gallagher Benefit Services, Inc., is pleased to provide the following list of topics for presentation.

Speakers are the subject matter experts. Bios are available upon request and confirmation of topic selection. All presentations have been submitted to HRCI for one (1) hour of General recertification credit. Some of these are already pre-approved. Presentations can be tailored to your time requirements if they fall outside of one hour.

Gallagher Benefit Services, Inc. is recognized by SHRM to offer Professional Development Credits (PDCs) for the SHRM-CPSM or SHRM-SCPSM. All presentations listed below are pending one (1) hour PDC approval.

1. COMPETING AS A DESTINATION EMPLOYER

The increased market pressure to recruit and retain multi-generational employees with unemployment and employee engagement rates at all-time lows has changed the way employers examine their business. Many employers are experiencing a bottom line impact when they leverage their total rewards and employee benefit programs to attract and keep top talent, improve employee health and engagement, and increase loyalty and productivity. As a result, High Performance Organizations have emerged and continually outperform their peers in organizational growth, profits, and customer and employee satisfaction. There is a strong relationship between how these organizations intentionally run their business and their efforts in becoming an employer of choice.

In this session, you will learn current trends in the employer marketplace as well as creative solutions and ideas to help you build and sustain your organization's plan. Attend and gain an understanding of how to use evidence-based practices to obtain high performance employee benefit programs and ultimately become a destination employer. *(Pre-approved for 1 hour HRCI)*

2. CONTROLLING HEALTHCARE COST

With healthcare costs continuing to rise across the spectrum, employers need to be well-informed and prepared to make decisions about the future of their employees' health benefits. There are six distinct categories of strategies for containing those costs.

- Rationing Benefits
- Negotiating contracts with leverage
- Optimizing the financing of the plan
- Finding the most cost effective platforms
- Engaging members to be better healthcare consumers
- Improving the health of employees

This presentation will review some tactics to optimize the financing of your plan such as self funding and referenced based pricing. Additionally, we'll review decision tools and private exchanges toward engaging employees to be better consumers. Learn which strategies you can deploy to impact the cost of your plans, and how to be better prepared to make difficult decisions when faced with increasing costs year over year. *(Pre-approved for 1 hour HRCI)*

3. STATE OF THE STOP LOSS MARKET: CONSULTING STRATEGIES FOR BEST OUTCOMES

The Stop Loss Market has changed drastically in the last few years. The environment for the most recent January 2018 anniversary dates is the toughest we have seen in years. Stop loss vendors have suffered significant losses due to increased high cost claimants, newly released specialty medications, and the required removal of lifetime plan maximums. The result is a hardening of the stop loss market which is producing larger renewal increases, highly selective underwriting, and stringent claims processing. In addition to the difficult renewal, there is also increased scrutiny on claims reimbursements under existing contracts.

Do you know what you need to do to effectively manage your medical plans in response to these market conditions? By attending this webinar self-funded clients will not only learn about the market conditions, but how to proactively manage their risk and renewal process to ensure the best renewal outcomes. They will also learn tactics to managing their policies to ensure claims reimbursement. *(Pre-approved for 1 hour HRCI)*

4. ENTER THE TAXMAN: EMPLOYER MANDATE ENFORCEMENT

Letter 226J, the IRS penalty assessment notice for proposed penalties triggered under PPACA's Employer Mandate for the 2015 tax year, has been hitting employer mailboxes across the country. Do you know what to do if your company receives one?

During this session, our compliance attorney will provide an overview of recently published information about the enforcement process, including the content of the Letter 226J, the deadline to respond to the IRS, and how to determine which penalty has been triggered. We will also discuss common system and reporting errors that have triggered penalty assessments and provide practical tips for gathering the data needed to respond.

Attendees of this session will walk through sample scenarios of what to do if a letter is received, the actions that should be taken if an employer disagrees with the penalty assessment, and what to expect once the response has been submitted.

Filing errors, reporting errors, and vendors errors have triggered penalty assessments for employers that complied in 2015. As a result, this is a must-see for all Applicable Large Employers, even those who thought they complied in 2015. *(Pre-approved for 1 hour HRCI)*

5. MANAGING PHARMACY COSTS AND PERFORMANCE: UNDERSTANDING YOUR COSTS AND OPPORTUNITIES

Has your pharmacy trend become a pain in your budget? More employers are seeing pharmacy costs emerge as the driver of their overall health plan spend. With new innovations in medications and pharmacy-related therapies, pharmacy spend is set to remain a significant portion of the dollars spent in an annual health plan. As such, it has become critical for employers and plan designers to understand what aspects of their employees' and members' health and wellbeing is contributing to the pharmacy trend. Plan design, pharmacy carve-outs, or formulary tier management can be utilized to control where the pharmacy dollars are spent. Of equal importance is understanding how these high-cost therapies may have a positive impact on employee engagement and productivity. Thus a balance must be achieved between access to expensive therapies while improving medication adherence and controlling costs for ineffective therapies.

In this session, our subject matter experts will cover what categories of medications tend to drive pharmacy spend, how you can identify opportunities to manage or mitigate growing pharmacy costs, and solutions that have been developed by carriers and third party service providers. Our presentation will demonstrate how you can use claims reports to identify current and future pharmacy spend. We will also share how communication and outreach to employees and plan members will improve their health insurance literacy, encouraging them to become better consumers of the health plan dollars. *(Pre-approved for 1 hour HRCI)*

6. WELLBEING & OPIOIDS: CONTROLLING AN EPIDEMIC IN THE WORKPLACE

How the US opioid epidemic is impacting employers and what you can do to mitigate its effects to your workforce. The US opioid epidemic was declared a public health crisis in fall of 2017. Since that time insurance carriers, professional organizations, state and federal government entities have begun a rapid response to control the risk associated with narcotic pain medications in the general public. Many employers are watching ‘from the sidelines’ as they are under the impression that the misuse of opioid medications does not impact their workforce. In fact, the opioid epidemic is impacting individuals of all ages, socioeconomic classes and geographic areas. It will become critical for all employers, human resource officers and managers of all levels to recognize how this uniquely challenging epidemic is impacting their workforce and their bottom line.

In this session, our subject matter experts will provide a succinct review of the contributing factors to the US opioid epidemic. We will discuss how utilization reviews of claims for medical and pharmacy plans can identify risk and direct program design to support the proper use of opioid pain relievers. We will highlight solutions that have been developed by carriers and third party service providers—including drug free workplace solutions, policy development, reinforcement of EAPs and finding best in class providers to meet the needs of employees and member with chronic pain conditions. We will also reinforce how the dimensions of Wellbeing, when aligned with organizational culture, can support a workforce through recovery from this epidemic and possibly prevent long-term negative impacts to the organization and individual members. *(Pre-approved for 1 hour HRCI)*

7. IS YOUR CAPTIVE HOLDING YOU CAPTIVE?

In the ever changing landscape of the employee benefits world, employers are beginning to see an influx of new products, services, and funding mechanisms that claim to lower healthcare cost, streamline administration, and improve the overall health and welfare of employees. One of these unique funding mechanisms is a medical insurance captive. Captives have long been popular in the liability insurance space, but medical insurance captives are relatively new in the marketplace. This detailed presentation will help employers understand what a medical insurance captive is, how claims are paid, how risk is shared among captive members and reinsurance carriers, and how this might affect an employer’s medical spend.

While captives can be touted as a sure-fire way for employers to save money, the devil is in the details. This presentation will help employers understand what types of flexibility they can expect with regard to plan design, network, reinsurance terms, and risk sharing. The presentation will also outline various contractual arrangements that could be included when joining a captive. These can include the up front payment of collateral, a multi-year commitment, and a variety of potential methods of paying out profit and collecting funds for a shortfall.

A medical insurance captive can be a great way for many employers to fund their medical plan, but it’s not a silver bullet to lower costs. The presentation will also outline questions that an employer will want to answer before choosing to fund their medical plan through a captive. By the end of the presentation, attendees will have an understanding of how a captive is structured, how claims are paid and risk is shared, what contractual provisions should be considered, and what questions to ask before joining a captive. Attendees will have a good understanding of whether or not a captive is a viable strategy for funding their health plan. *(Pending accreditation)*

8. HEALTH PLAN FORENSICS: HOW INSURANCE COMPANIES MAKE MONEY

Join our CSI team as we put health insurance contracts under the microscope and search for hidden revenue streams and profits that aren’t visible to the naked eye. Our lead investigator will take a look at network discounts pharmacy expenses, pharmacy agreements. This presentation is applicable to self-funded employers. All aspiring investigators are welcome. *(Pending accreditation)*

9. PHARMACY BENEFIT MANAGEMENT REVIEW

Pharmacy costs have become front and center for many employers as they have seen their pharmacy costs rise at an alarming rate. In the last five years, pharmacy costs have skyrocketed and are on track to represent as much as 25% of the total health care spend for some employers.

Having a basic understanding around PBM's and options employers have in the marketplace are more imperative now than ever for finance and HR professionals who want to manage their total healthcare spend.

There are a wide variety of PBM's in the market place. While each carrier and Third-Party Administrator may use a different PBM they all function in a similar fashion and have similar characteristics. Depending on the size of your company and funding, you may have the option to carve out the pharmacy program and select the PBM of your choice. This program will give you the basics you need to know to better understand that process and areas you will want to focus on.

Participants will walk away with knowledge of the PBM landscape, and a better understanding of how PBM's operate. More importantly, they will understand options that they may have. This program is intended for employers that have over 100 employees and are self funded. *(Pre-approved for 1 hour HRCI)*

10. USING HR TECHNOLOGY TO HELP YOU BECOME A DESTINATION EMPLOYER

With today's scarcity of talent, employers are competing to attract, engage and retain the right people to increase productivity and growth. HR technology is available to support all aspects of human capital strategy and management, but to get the most out of that technology you need to think about it as "how" not a "what."

We will discuss how HR technology can help you become a destination employer. Key program points will include what's new and exciting in the HR technology sector, insights into how to buy HR technology, how to govern the relationship with your HR technology provider, and what you need to know when you're ready to change HR technology platforms. Case studies will illustrate lessons learned and best practices. *(Pre-approved for 1 hour HRCI)*

11. BUILDING A CUSTOM PROVIDER NETWORK: AN EMPLOYER STRATEGY FOR EXCELLENCE IN CARE AND COST CONTROL

How Employers can achieve the right care for the right person at the right time with true cost control. A new trend is emerging in the US with top employers negotiating directly with healthcare providers and systems to lower health care costs and improve the health outcomes of their membership. These strategies allow employers to build a custom provider network to match with the needs of their workforce, industry and health plan budgets. Previously the domain of large claim management such as organ transplants and cancer treatment, employers are now finding opportunities to directly contract with community-based providers for preventive services as well as occupational health needs. Tools such as Reference Based Pricing, Direct Provider Contracting and even Medical Tourism are allowing employers to negotiate for value-based health outcomes. Employers and health plan designers will need to understand how the application of these customized plan and negotiation tools can generate positive return on their medical and pharmacy spend.

In this session our subject matter expert, Dr. Jenny Love, will provide a review of how employers are negotiating directly with care providers and health care systems to obtain value-based outcomes for their plan members. Additionally, Dr. Love will demonstrate how having a process to review your medical and pharmacy claims can help to identify opportunities to controlling your future healthcare spend with these novel solutions. *(Pre-approved for 1 hour HRCI)*

12. NAVIGATING HIGH COST CLAIMANTS: A CONTROLLED PATH TO BETTER OUTCOMES

Moving from reactive to proactive management for greater cost control and improved health outcomes. High cost claimants represent between 1-5% of a plan's member but can generate between 30-60% of the cost. Employers are seeing the emergence of a new group of high cost claimants through the use of new medications for neurological and inflammatory conditions. Understanding the function of these medications and how they contribute to employee productivity and engagement can help offset the perspective of high cost. Cardiovascular disease, diabetes and obesity continue to plague employers with escalating costs related to procedures and hospitalizations. Complications from these conditions are to a great extent preventable with intensive management, mitigating costs in the short run. Traditional high cost conditions (such as cancer, organ transplants, newborn complications) are not necessarily preventable, yet the outcomes of care and the cost can be managed if the condition is recognized early in the course of treatment.

In this session our subject matter expert, Dr. Jenny Love, will detail strategies for employers to identify current and future high cost claimants. Dr. Love will demonstrate how understanding the context of the condition, identifying a prognosis and course of care can help employers to navigate renewal negotiations and keep their plan trend stable. Dr. Love will show how being vigilant to escalating claims or high risk conditions can allow employers to align specific programming and support to claimants. Additionally, Dr. Love will profile current carrier and third party service provider solutions that are allowing employers to navigate high cost claimants towards value-based care programs with better outcomes and better costs. *(Pre-approved for 1 hour HRCI)*

13. TRANSITIONING FROM A FULLY INSURED TO A SELF-FUNDED HEALTH PLAN

The idea of tackling and understanding the move from fully-insured to self-funded concerns not just the stakeholders, but those implementing the process as well. What's next?

Participants will gain the knowledge to move beyond the basics of understanding how an organization's health plan is funded, so that they will be able to anticipate and understand the new legal and financial responsibilities they will be taking over from the fully-insured carrier. They will dive deeper into the main components of the bundled plan and unbundle in order to better understand fixed costs, claims, and reserves.

In addition, attendees will explore the option to engage 3 separate entities – a carrier for the health plan, a second carrier for reinsurance, and then an administrator – for claims. Given the increased flexibility and freedom gained in the decision making process, much preparation is needed for the HR professional in the development of their employer-sponsored health plan. This seminar will dispel common myths of working under this more complex insurance arrangement, giving the audience more confidence during this transition.

Participants will walk away with an understanding of the self-funded health insurance basics from plan designs to funding arrangements. In addition to discussing how to interpret the financial and claims reports that one will receive from the carrier, the presenter will also share examples of the various financial reports that benefits consultants derive from an organization's claims data. Focusing on the financial components of one's self-funded plan will facilitate conversations within the organization's finance department about the fiscal year, risk tolerance, and how to adequately set the health plan budget. *(Pre-approved for 1 hour HRCI)*

14. UNDERSTANDING SINGLE-PAYER HEALTH SYSTEMS

For the last three decades, single-payer healthcare has been a topic of debate in the United States at the highest levels of government. While opinions tend to be strong on whether moving to this kind of system is good or bad idea, it is still a concept that is not widely understood. Single-payer healthcare is a system in which taxes guarantee payment for health services for the public, regardless of income. This system of delivering healthcare is popular throughout the world, however there are many misconceptions and misunderstandings.

Participants will walk away with an understanding of how single-payer is different from our current healthcare delivery system, how delivery of care might change, how providers are paid, and what the impacts may be on employer sponsored medical insurance plans. Background on the political challenges to implementing single-payer and an overview of what political factions support or oppose moving to this kind of healthcare delivery system will be discussed as well. *(Pending accreditation)*

15. ACA REPORTING: The New Normal

Now that Applicable Large Employers (ALEs) have two years of reporting under their belts, it is time to take stock of the reporting requirements under Code 6055 and 6056 and how they have changed since 2015. Are employers still struggling with vendor limitations? Which reporting questions from the first two years have been answered, and which questions still remain? Are there any new resources available in the marketplace that have made reporting easier to manage?

Presenters will include a brief overview of the ACA reporting requirements for self-insured employers and ALEs and discuss the answers to these questions, focusing on the practical problems many ALEs encountered in 2017 and how to solve them. In addition, they will cover what will change for the 2017 filing cycle, what the 2017 Forms 1094 and 1095 will look like, and new clarifications to the corrections process for incorrect forms. Finally, best practices for self-insured employers and ALEs to ensure future filing cycles proceed as smoothly as possible will be provided. *(Pending accreditation)*

16. THE MEDICAL DELIVERY SYSTEM OF THE FUTURE: WHAT EMPLOYERS NEED TO KNOW, NOW

Healthcare is evolving rapidly—How can an employer respond proactively to control costs and improve workforce health? The US healthcare and medical delivery system is one of the most advanced in the world—and with such advancements often comes huge price tags for essential and nonessential treatments. Employers need to stay aware of how the medical delivery system is changing in order to respond appropriately regarding plan design. The medical delivery system of the future will be heavily influenced by technological advancements, supply of medical professionals, demands of consumers and regulatory oversight. Employers and health plan designers will need to understand how the application of future trends can have a negative or a positive trend to their medical and pharmacy spend.

In this session, Dr. Jenny Love will provide a review of current trends in medical system delivery including what factors are influencing the trends. She will cover how advancements in diagnostic and therapeutic technologies are providing pin-point accuracy for high cost conditions such as cancer. Additionally, she will review how our medical delivery system is evolving to provide expertise, on demand, in real time to eliminate delays in care or inadequate treatment. We will highlight current-day solutions that have been developed by carriers and third party service providers that are providing the stepping stones to the medical delivery system of the future. Finally, Dr. Love will demonstrate how having a system to review your current and future medical/pharmacy trends may be able to identify pathways to controlling your future healthcare spend. *(Pre-approved for 1 hour HRCI)*