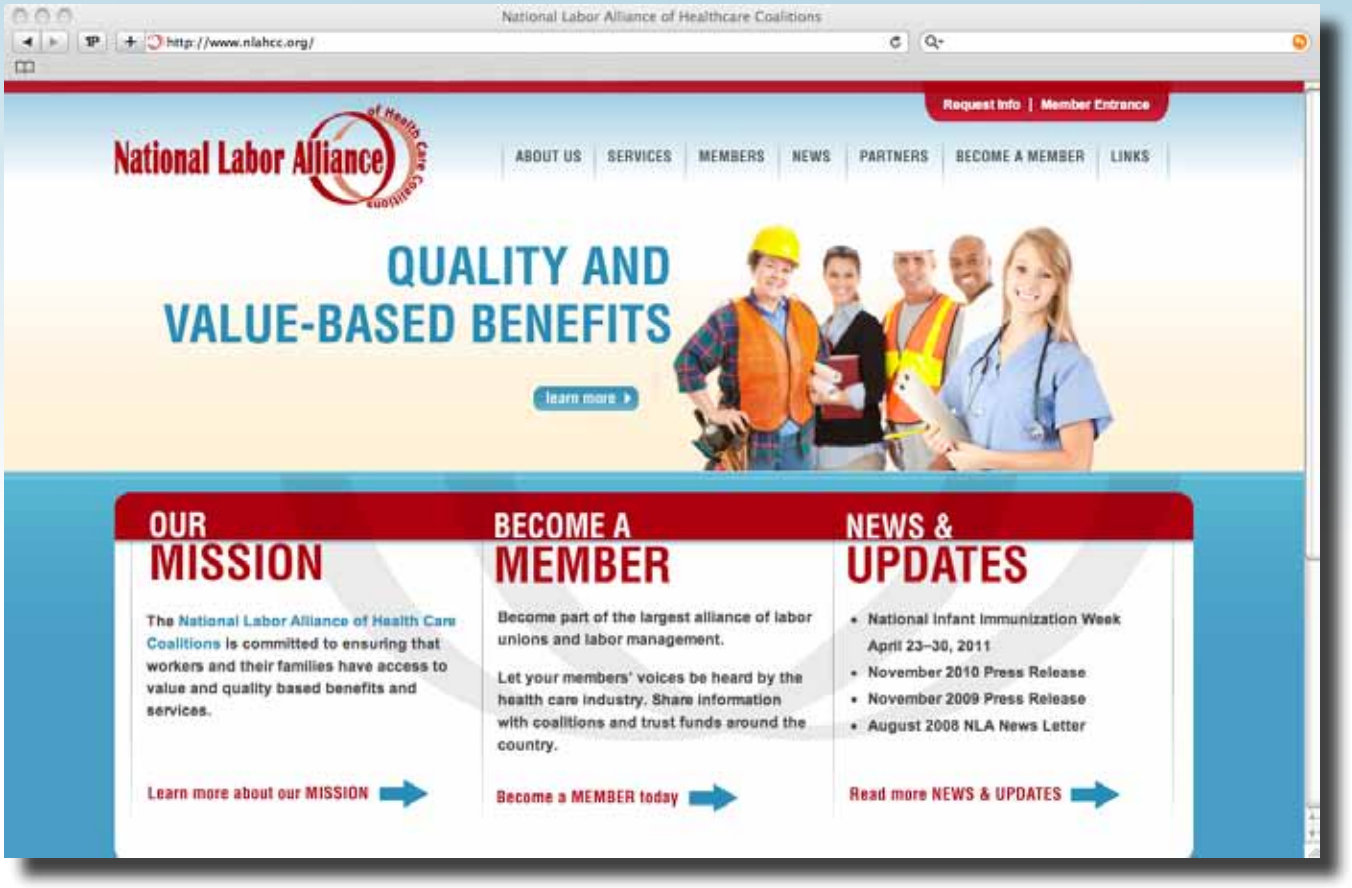
National Labor Alliance of Health Care Coalitions

NEWSLETTER OF THE NATIONAL LABOR ALLIANCE

Fourth Quarter 2011 Edition



PLEASE VISIT OUR REDESIGNED WEBSITE WWW.NLAHCC.ORG

IN THIS ISSUE:

PRESIDENT'S ARTICLE

WHAT'S NEW AT NLA?

By: Bob Tessier

This has been a time of great change for the National Labor Alliance of Health Care Coalitions. A year ago we entered into an arrangement with the Labor/Management Health Care Coalition of the Upper Midwest to share the services of their Executive Director, Doug Rubbelke. Soon we expect to renew and extend that arrangement into the future expanding our leadership and providing stable staffing, along with Doug's tireless work ethic, labor background and multi employer health fund knowledge.

"We are continuing to grow, recently adding four more coalitions to our membership."

We are continuing to grow, recently adding four more coalitions to our membership. In 2010 Wisconsin Rx/National Cooperative Rx became a member and this year we have been joined by the California Health Care Coalition, Atlantic Canada Health Care Coalition Society and Benexcel Consortium, Inc. (BCI). With these new coalitions the NLA now has a membership of more than 10 million covered lives.

In adopting a new Board of Directors' policy on Conflict of Interest the Alliance is committed to transparency, openness and inclusiveness. These values and operating guidelines allow all member coalitions and all directors to contribute and participate in the decisions and direction of the organization.

This year, we conducted a Request For Information (RFI) for stop loss insurance. With the able guidance of Milliman consultant Jim Conlon and input from a number of directors, Director Rubbelke sought out national carriers and broker/agents for their perspectives, capabilities and interest in working with the NLA to provide stop loss products for our member coalitions and funds. After a review of responses by the executive committee, Director Rubbelke and Mr. Conlon are working with finalists and the Product Development Committee to create NLA sponsored options. Director Rubbelke and the Product Development Committee have also reached a new agreement with Apria Healthcare and are currently working on other product offerings for member coalition's use. The NLA is also executing a Reciprocity Agreement with Benexcel Consortium, Inc. (BCI), one of the new NLA member coalitions. This agreement will allow any NLA member coalition or fund to access BCI products and services at the same prices as BCI member funds.

Finally, the NLA is working directly with the national AFL-CIO to explore the feasibility of joining together to form a large national purchasing coalition for pharmacy benefits. The Union Privilege program and the Segal Company are staffing this initiative. AFL-CIO President Richard Trumpka has appointed a work group chaired by Building and Construction Trades President Mark Ayers and Laborers International Union President Terry O'Sullivan. Over the last several months, Director Rubbelke, Jim Buckley (Delaware Valley Health Care Coalition and Benexcel Consortium, Inc.) and I have participated in the work group and hope this effort will reap benefits in 2012. Given the consolidation ongoing in the pharmacy benefits management industry, this effort and the national labor sponsorship it brings, couldn't be better timed.

2010 Annual Meeting of Coalition Directors & Consultants

CONTACT:
Robert Tessier
NLA President

PO BOX 231443
942 Main St.
Hartford, CT 06123

Phone: (860) 249-6100
Email: btessier@ctcoalition.org

EXECUTIVE DIRECTOR'S ARTICLE

By: Doug Rubbelke

Dear Members and Friends of the National Labor Alliance,

Welcome to our new NLA newsletter. It is a pleasure to serve you as Executive Director for the **National Labor Alliance**. I hope you will enjoy our new website along with our improved communications.

"I see the need to enhance and strengthen resources and strive to improve quality and add new value based programs."

We live in exciting times with healthcare and the constant changes. With the recent government involvement of last year, I believe we have new opportunity to better serve our coalition members in suppressing costs, but more importantly in the need to leverage the use of data, group purchasing power, and health care branding to empower purchasers. We are committed to health care reform through a commitment to value and quality.

As a past labor leader, and also present Executive Director for the Labor/Management Healthcare Coalition of the Upper Midwest, I see the need to enhance and strengthen resources and strive to improve quality and add new value based programs.

It has been an exciting year at the NLA. We have had the opportunity to re-energize the NLA in its efforts to bring great national products and services to our members. The most recent one selected by our product development committee is Apria Healthcare. We are in the final stages of our agreement that will offer immediate saves to our member funds in the delivery of medical supplies.

The creation of an **NLA branded Medical Stop Loss program** was one of our major objectives this year, our goals are detailed below:

Determine if there was a carrier or entity willing to offer our organization an NLA proprietary arrangement on Stop Loss that would both attract members to the product while also offering benefits not available in the open marketplace.

Provide tangible benefits or rate arrangement to any member willing to participate in the NLA endorsed Stop Loss program.

Work with a carrier or entity that was willing to learn or has an understanding of the dynamics of the NLA and offer the resources necessary to serve our diverse membership.

The NLA sent out over 32 RFI requests to national carriers and brokers, with 9 responses returned. With the help of our NLA Consultant, Jim Conlon from Milliman, we are reviewing the finalists in October and plan an announcement soon. We believe everyone will be pleased with what the NLA will have to offer our member coalitions and funds.

The NLA's core values are to serve as the voice of health care concerns and issues. We are all dedicated to the principles of the American Labor movement. We are committed to promoting the, "Health Care Coalition" concept, serving the needs of the membership. Providing information to participants that empowers them to make better health care decisions, adhering to the principles of high equity and integrity and encourage organizations to work together to maximize opportunities.

Finally, we have added the NLA endorsed programs to the newsletter for your review. Please remember that **NLAHCC is your national coalition**, and we always benefit from your ideas, suggestions and questions. So please don't hesitate to e-mail me: (drubbelke@lmhcc.org) or call me at 651-379-2408 whenever I can be of assistance.

On behalf of the NLAHCC, we all wish you a very healthy and safe fourth quarter of 2011.

CONTACT:
Doug Rubbelke
NLA Executive Director

1970 Oakcrest Ave
Suite 119
Roseville, MN 55113

Phone: (651) 379-2405
Cell: (651) 398-4039
Fax: (651) 379-2407
Email: drubbelke@lmhcc.org


ATTORNEY'S ARTICLE

IT'S TIME FOR REAL DISCLOSURE

By: Jacqueline A. Kelly and Michael J. Asher *Sullivan, Ward, Asher & Patton, PC*

It's safe to say if you were buying a new refrigerator, you would call two or three appliance stores and check prices on the same brand and model. In addition, if you knew your neighbor recently bought the same model, you would call and ask what he paid.

In the world of health care, cost comparison is not quite as simple. First, your ability to compare prices for the same services from different suppliers is complicated by the fact that providers all have different formulas and pricing protocols. You need a consultant, for the most part, to truly advise which provider has the lowest costs.

Second, confidentiality provisions in many provider contracts actually prevent you from calling your neighbor, in this case another Taft Hartley fund, and asking what they pay the same provider. Many agreements, most notably those with prescription benefit managers (PBMs), broadly define confidential information to include administrative fees and the cost of services and products.

If you push hard enough, you can obtain an exception to the confidentiality clause to allow use of the pricing information for administrative purposes. For example, your consultant can use this information to compare costs with other candidates, provided the consultant's findings are disclosed only to that client. You will often be thwarted, however, if you want to call a neighbor fund to ask what they pay the same service provider.

There's more - a back door confidentiality provision. This restricts the free use of information obtained during an audit e.g. the information can only be used for purposes of correcting mistakes. Remember, this is your data. If issues are found on audit, your fund should be allowed to use this information for whatever reason it deems necessary, including comparison of audit findings with other funds.

This cloak of confidentiality is contrary to how we buy other goods and services in our daily life. If we wanted to buy 200 tablets of ibuprofen, we could look online at Target.com and Walmart.com, among others, and simply see the price for the drug.

We propose that PBMs and other providers who attempt to stifle the flow of information between consumers be treated as any other retailer. If they fear price comparison in the market, it should raise one question – are they providing the best price for the services provided? Other retailers compete with each other and their prices are known to anyone who asks. This should be the model that health funds insist be followed by their service providers.

There will be resistance. We recall a number of years ago when service providers expressed outrage when requested to delete limitation of liability and indemnification provisions. As those requests became widespread throughout the industry outrage simmered to acquiescence.

Regulation has required disclosure on exactly what is being paid, in either direct or indirect compensation. Although it has not addressed the customer's ability to compare costs consistently and competently in the health care industry.

Trustees are under attack from all sides on whether they have done all they can to make sure plan assets are being used wisely and in the best interest of participants. Providers who are paid to assist in this demanding endeavor should not stand in your way. It's time for every fund and every company that provides health care products and services to insist there be no restriction on the ability to compare prices in the market. And this cannot just mean allowing a consultant, subject to confidentiality provisions, to compare different providers for an individual fund and provide an opinion solely to that fund.

Funds should insist they be allowed to discuss with their "neighbor" funds what they are paying. No different than asking your neighbor what he paid for his refrigerator.

CONTACT:
Michael J. Asher
Jacqueline A. Kelly

NLA Consulting Legal Counsel

Sullivan, Ward Asher & Patton, P.C
Phone: (248) 746-2728
Website: www.swappc.com

TREASURER'S ARTICLE

HEALTHCARE FRAUD AND ABUSE CONTINUES TO SPIRAL OUT OF CONTROL

By: Linda Vincent, RN. PL.

From Medicare fraud to fake healthcare plans to phony claims, healthcare fraud and abuse is on the rise. The stories, cases, and facts are piling up, and they're as real as they are horrifying.

For example, a doctor at a radiology clinic in Beverly Hills, California, recently settled a case for nearly $650,000 based on allegations that his clinic filed numerous false claims with Medicare for radiological tests that were unnecessary. In addition, the nonprofit anti- fraud watchdog Coalition Against Insurance Fraud states that approximately 60 percent of state healthcare fraud bureaus reported an increase in fake or fraudulent health plans in 2009.

But the healthcare fraud doesn't stop there. The American Medical Association's third annual National Health Insurer Report Card indicated that 20% of physician claims are processed inaccurately, costing $15.5 billion annually.

Healthcare fraud and abuse is indeed an industry unto itself. It's so common, in fact, that it is estimated to account for a whopping 10% of the United States' annual healthcare expenditure, representing approximately $225 billion every year. Unfortunately, these numbers are growing each year.

What Are the Most Common Types of Healthcare Fraud and Abuse?

Healthcare fraud and abuse is rampant and occurs in many different ways. Some of the most common types committed by healthcare providers to defraud insurance companies, states, and the federal government include:

Billing for treatments never performed: Healthcare providers will often bill for services that were never provided by either using a real patient's healthcare information or through medical identity theft to create or embellish claims.

Upcoding: This is a type of healthcare fraud where they falsely bill for a service that costs more than the service that was actually provided. In addition to fraud, this practice impacts patients by falsifying their medical records which can hinder them from obtaining insurance due to a nonexistent previous condition.

Performing unnecessary services: This often occurs with diagnostic testing in which the doctor knows a test is unneeded but performs it anyway for the sole purpose of billing the insurance agency.

Misrepresentation: Typical in the world of plastic surgery, this diabolical scam involves changing the name of an uncovered procedure to one covered by the insurance agency.

Falsifying diagnoses: By lying about a patient's diagnosis to justify expensive tests, procedures, or surgeries, the scammer can be paid for unnecessary medical treatments.

Unbundling: By unbundling services provided, they can commit healthcare fraud by billing every aspect of a medical procedure as if it were a separate procedure.

Co-pay inflation: This occurs when a patient is billed for more than his or her actual co-pay.

Kickbacks: In addition to accepting kickbacks from pharmaceutical manufacturers, some unscrupulous healthcare providers also accept kickbacks for patient referrals in order to provide unnecessary treatments and collect insurance payments.

Stop Healthcare Fraud and Abuse

Healthcare fraud and abuse statistics are alarming and growing every day, so payors and patients alike must be vigilant to prevent it. If you suspect that you've been a victim and you want to learn more, visit www.TheIdentityAdvocate.com or call (310) 831-4400.

CONTACT:
Linda Vincent, RN. Pl.
NLA Treasurer

1536 West 25th Street, Suite 339
San Pedro, CA 90732

Phone: (310) 831-4400
Fax: (310) 831-1081
Email: llvassoc@aol.com

AIM HEALTHCARE

AIM and the National Labor Alliance Funds have had a working relationship since 1999. Currently, 125 funds are contracted with our credit balance services. This long-term relationship with the NLA & Coalition executives has allowed us to present expanded opportunities as well as continue to offer credit balance services at the fund level.

Acquired by Ingenix* in 2009, AIM now has enhanced resources and technology; allowing us to offer Out of Network Fee Negotiations and Direct Connect.

Credit Balance Resolution

AIM's solution supplements NLA initiatives by identifying opportunities that simply cannot be seen without access to provider data.

• AIM uncovers and resolves credit balances at more than 1,700 provider facilities nationwide.

• Our reviews routinely uncover opportunities for prevention of future overpayments

• AIM provides confidential, quarterly benchmarking summaries that compare a payer's performance against the industry as a whole

DirectConnect

DirectConnect is a web-based platform that serves as a universal portal to help payers and providers communicate more effectively, automate workflow, and drive the resolution process. DirectConnect technology can:

• Automatically and systematically drive the resolution process for both organizations

• Securely communicate seamlessly and in real-time

• Streamline resolution process and reduces recovery turnaround time

Out of Network Fee Negotiation

Fee Negotiation Services can help you save on medical claims payments outside of traditional contracted providers, including non-network or non-participating providers, as well as on ER admissions, acute care, skilled nursing, and home health cases. Our fee negotiation services provide:

•Cooperative strategy with transparent claim resolution that yields signed agreements

• Skilled, experienced negotiators working directly with providers

• Eliminate costly claim adjustments for greater plan savings

To learn more about how these services can help you reduce cost please contact David Rosenfeld.

OPTUM™

**AIM and Ingenix are now OptumInsight, part of Optum™ - a leading health services business.*

CONTACT:
David Rosenfeld
Phone: (985) 249-1836
Email: drosenfeld@aimhealth.com

AMERICAN INSTITUTE FOR PREVENTIVE MEDICINE

The American Institute for Preventive Medicine is one of the first five companies to be URAC Accredited for Comprehensive Wellness. For 27 years, it has provided wellness, self-care, and disease management programs and publications that are economical, informative, and motivating. They have been proven to reduce health care costs and absenteeism; thereby producing a significant Return on Investment (ROI). In 22 independent studies, their self care books have demonstrated an average savings of $70.85 per employee in 9 months. The Institute has worked with over 13,000 companies, hospitals, MCOs, unions, government agencies, and schools. Contact us today to learn about our ROI guarantee.

CONTACT:
Brett Powell, CWPC
Regional Vice President

30445 Northwestern Hwy.
Suite 350
Farmington Hills, MI 48334

Phone: (248) 539-1800 ext. 231
Toll Free: (800) 345-2476
Fax: (248) 539-1808
Email: bpowell@healthylife.com
Website: www.healthylife.com

CAREINGTON INTERNATIONAL CORPORATION

Careington
Promoting Health and Well-Being

The Careington Dental Network is one of the fastest growing independently owned dental networks in the nation.

Designed by two dentists in 1979, Careington International Corporation has owned and managed dental networks for more than 30 years and has recently contracted with DenteMax, another quality dental network provider, to create a combined national PPO dental network with significant presence. This combined network is known as the Maximum Care Network.

The Maximum Care Network consists of over 195,000 credentialed dental access points contracted to provide dental services at reduced rates nationwide. The network combines the outstanding network management skills of two great organizations and results in average aggregate discounts of 5% to 50% below the 80th percentile of Reasonable and Customary charges on routine and major dental procedures.

The Maximum Care Network is available to insurance carries, TPAs, self-funded plans, Medicare Advantage dental plans, small and large employer groups and individual consumers. With this combined network, members are able take advantage of savings offered by leaders in the dental care industry.

Careington incorporates flexible administrative options and affordable access fees into all of its dental PPO networks, making it easy and economical to use the Maximum Care Dental PPO Network to help meet your customer's needs and provide the access points and dental discounts they deserve.

To learn how you can create a competitive advantage by incorporating the Maximum Care Network, please contact Careington's Senior Vice President of Strategic Partnerships, Greg Rudisill, by email to: gregr@careington.com or by phone (800) 441-0380 ext. 2102.

About Careington: Careington International Corporation is a Discount Medical Plan Organization and PPO Dental Network Administrator that provides access to quality dental, health care and lifestyle services at reduced rates. The company provides a range of membership programs that deliver significant savings to more than seven million members nationwide.

Sample Savings

Description	* Regular Cost	** Plan Cost	Savings
Adult Cleaning	$114	$60	48%
Child Cleaning	$79	$43	45%
Routine Checkup	$64	$30	53%
Four Bitewing X-rays	$74	$39	47%
Composite (White) Filling	$175	$97	44%
Crown (porcelain fused to noble metal)	$1,301	$740	43%
Complete Upper Denture	$1,763	$968	45%
Molar Root Canal	$1,270	$710	44%
Extraction (single tooth)	$219	$100	55%

** Regular cost is based on the average of the 80th percentile usual and customary rates as detailed in the Ingenix Report for 2010 in Los Angeles, Orlando, Chicago and New York City.*

*** These fees represent the average of **Care**ington's Maximum Care Series fee schedule in Los Angeles, Orlando, Chicago and New York City.*

Prices subject to change

About DenteMax: DenteMax was founded in 1985 in Michigan. DenteMax eventually expanded into Ohio and California, and gradually throughout the entire United States to become the nation's largest leasable dental PPO network.

This is a PPO plan. This is not a discount plan.

Third party administrators will pay for covered services according to the plan design. All applicable co-pays, deductibles or co-insurance, outlined by the plan design, are to be paid directly to the dental office at the time service is rendered. Please ask the dentist or office staff to explain all charges before treatment begins.

CONTACT:
Greg Rudisill
SVP of Strategic Partnerships

Phone: (800) 441-0380 ext. 2102
Email: gregr@careington.com

DIATRI

DiaTri, an Endorsed Partner of the NLA, offers a FREE program to NLA Member Coalitions and their Member Funds that saves thousands of dollars on Advanced Imaging Studies such as MRIs, CTs, and P.E.T. Scans through its National Network of 3800 facilities.

How Much is DiaTri Saving the NLA?

Today, this NLA program is generating over **70% savings or $1,255.65 Per Test!***

To estimate your savings:

10% of Total Covered Lives = Total # of Advanced Imaging Tests per year.

For Example:

10,000 lives = 1,000 tests x $1,255.65 savings per test = $1,255,650 in Annual Savings

Cost to achieve these savings = $0.00

How Does the Process Work?

The Member and/or ordering physician calls toll free to DiaTri to schedule their procedure.

DiaTri's verifies eligibility and its **Member Concierge Service** then locates the most convenient facility near the Member that can perform the test and Schedules the appointment.

What is DiaTri's Concierge Service?

A process that the DiaTri/NLA Dedicated Scheduling Team follows to ensure a positive Member experience.

Using Geo-Coded software, locate convenient choices near the Member's home and work.

Member pre-screening ensures that the chosen facility can accommodate any special needs of the Member.

Provide directions to the facility and Test Preparation information.

Contact Ordering Physician with date of the test so that a timely follow-up appointment can be scheduled.

Reminder Call to Member the night before the scheduled test.

Follow-up call to the Facility to confirm the Member arrived and the procedure was completed.

How Do We Get Started?

DiaTri will supply ID Cards and Member Education at No Charge.

**NLA rates are only available to NLA Member Coalitions and Funds.*

CONTACT:
Scott Fuqua
President

Phone: (708) 415-7094
Email: Sfuqua@DiaTri.net
Website: www.diatri.net

EPIC HEARING HEALTHCARE

What happens when I get a hearing exam?

This is a question that I will regularly ask audiences when I am speaking and the majority of them are usually uncertain as to the answer. So what does happen? At the beginning of a hearing exam, the audiologist will typically look into your ears with an instrument called an Otoscope - it helps the audiologist to see deep into the ear to determine if there are any abnormalities in the ear canal or eardrum. The audiologist will then perform a case history to determine whether past ailments or family history may have an impact on your ears and ability to hear.

The next step is for the audiologist to place you in a quiet sound proof room (this room will ensure that outside noises will not interfere with test results), to conduct what are referred to as pure tone tests. You will be asked to place a set of headphones over your ears, and the headphones will deliver a series of tones into your ears. A device called an audiometer electronically generates these "pure tones" which vary in tone and volume. This test helps the audiologist to determine the threshold at which a patient hears different frequencies. Each ear is tested individually. You will indicate when you hear a tone by raising your hand or pushing a button. Following the Pure Tone testing the professional will conduct additional tests related to your middle ear as well as a speech recognition test.

continued on page 9

Epic Hearing, continued from page 8

The audiometric results of these hearing tests are recorded in a chart called an audiogram. This will indicate which ear you hear better in; what frequencies you are having difficulty with; and how mild or severe your hearing loss is. Getting a hearing examination can determine the magnitude at which you may be experiencing difficulty hearing, and can even help prevent further loss.

About the EPIC Hearing Service Plans

Through EPIC's national network of Ear Physicians and Audiologists, the EPIC Hearing Service Plans give coalition members and their families access to quality hearing care and brand name hearing instruments at reduced prices. Hearing Service Plan options include: Insured Hearing Plan (Rates are reduced for Coalition Members) and an ASO Savings Plan (can coordinate with existing hearing benefits when applicable).

All Hearing Service Plan Options Include:

Fixed pricing nationwide representing savings of **40-60% off MSRP** on manufacturer brand hearing instruments and accessories.

On call member support.

Three year extended warranty on all hearing aids, complementary free one year supply of batteries.

Standard monthly, quarterly, and annual utilization reports.

CONTACT:
Mike Reha
Director of Sales/Marketing
Email: mreha@epichearing.com

Dru Coleman
Sales Representative
Email: dcoleman@epichearing.com

Phone: (877) 606-3742

GBG ACTUARIAL CONSULTING

GBG ACTUARIAL CONSULTING

GBG Actuarial Consulting is an independent full-service employee benefits company and works with the NLAHCC as a Stop Loss vendor consultants. GBG provides NLAHCC members with competitive rates and comprehensive contracts. The mission of GBG Actuarial Consulting is to build trust and faith while evaluating service and negotiating the optimal plan design and pricing. The company is structured to provide a full array of group employee benefit consulting and brokerage services. Since January 2004, NLAHCC members have received preferential rates and reduced fees for:

- Specific Stop Loss insurance.
- Aggregate Stop Loss insurance.
- Fiduciary Liability As an independent insurance broker, GBG Actuarial Consulting.
- Represents over 25 insurance companies.
- Uses an objective approach in reviewing the Stop Loss market and analyzing plan options.
- Ensures best pricing and comprehensive coverage.
- Funds are often provided with savings of 10% to 30%.
- Monitors claims to predict future increases and potential large losses.
- Provides ongoing customer service.
- Work as partners with the Fund's management teams.

CONTACT:
William Gately
Senior Consultant

15 Simms Court
Suite 101
Newton, MA 02465

Phone: (617) 581-6500
Fax: (617) 581-6369
Email: b.gately@gbgconsulting.com
Website: www.gbgconsulting.com

NATIONAL RECLAIM

What will National ReClaim's MAP do for my Self-Insured Plan?

Members are covered under Medicare for many different reasons beyond turning age 65. National ReClaim works closely with the Self-Insured Plan to make sure the appropriate resources are covering your members.

What value will my Self-Insured Plan receive from National ReClaim's MAP?

Financially, the hard dollar recovery returned immediately to the Self-Insured Plan is approximately 3% of the total annual medical spend. As well, a future savings of 3 to 5 times the initial recovery is realized over the next 5 years. Financial benefits also apply to Members themselves in the form of cost savings. Additionally, the client Self-Insured Plan will receive non-financial benefits both in education and administration.

How do I know that my Self-Insured Plan will benefit from National ReClaim's MAP?

If your Self-Insured Plan provides medical benefits to Pre-65 retirees, and is self-Self-Insured Planed (not necessarily self-administered), then National Re-Claim WILL find monies due you.

What does National ReClaim mean by "no risk"?

Our "no risk" model applies to all aspects of the project. This means there is zero financial commitment required for project implementation and most importantly, there is very little overhead and absolutely no demand on the Self-Insured Plan's resources through project completion. With our pure contingency

fee model, if our assessment is not successful, you pay nothing.

What sets National ReClaim apart from other "benefit recovery" firms?

National ReClaim understands Medicare. Using our 15+ years of experience we navigate the complexities of Medicare to find your money and bring it home. Our unique focus on Medicare, our experience, and our "no cost, no risk" model set us apart from other general recovery firms. Additionally, when you partner with us, you have a partner for life. Medicare question? Call us anytime, anywhere!

What exactly is required of my Self-Insured Plan to participate?

The only items necessary from the Self-Insured Plan to enable success is a Business Associates Agreement, Services Agreement, and Subscriber Eligibility and Claims Data.

Our Claims Administration takes care of our coordination efforts, why would we need National ReClaim?

Claims systems are designed to pay claims and prevent errors. Most Administrators have specialized units for coordination and recovery. However, these will never be able to provide the additional Medicare entitlement information that we can. Our service begins where in-house prevention and recovery efforts end.

CONTACT:

Stacey Stabenow
Vice President of Operations

Phone: (888) 929-7800
Email: sstabenow@nationalreclaim.com
Website: www.nationalreclaim.com

Wayne Salverda, WisconsinRx and NLA Director Rubbelke

Michael Parks, CHCC and Bill Gately, GBG

EXECUTIVE COMMITTEE MEMBERS

Robert Tessier
President
Connecticut Coalition of Taft-Hartley Funds

Louis Malzone
Executive Vice President
Massachusetts Coalition of Taft-Hartley Funds, Inc.

Michael Parks
Executive Vice President
California Public Employee Health Care Coalition

Kristina Gaughan
Secretary
Midwest Employee Benefit Funds Coalition

Linda Vincent
Treasurer
Affiliated Health Funds

Edward Geisler
Immediate Past President
Health Care Payers Coalition of New Jersey

Douglas Rubbelke
Executive Director
National Labor Alliance of Health Care Coalitions

Michael J. Asher
Consulting Legal Counsel
Sullivan, Ward Asher & Patton, P.C

James E. Conlon Jr. FSA, MAAA
Principal & Consulting Actuary
Milliman

2010 Coalition Directors Meeting

NLAHCC COALITION MEMBERSHIP LIST

NORTHEAST REGION

Benexcel Consortium, Inc.

Connecticut Coalition of Taft-Hartley Health Funds, Inc.

Delaware Valley Health Care Coalition

Health Care Cost Containment Corporation

Health Care Payers Coalition of NJ

Labor Health Alliance

Massachusetts Coalition of Taft-Hartley Funds, Inc.

New York Labor Health Care Alliance

SEIU Affiliated Trust Funds

MIDWEST REGION

AEPC (AFL-CIO Employer Purchasing Coalition)

Labor/Management Health Care Coalition of the Upper Midwest

Midwest Employee Benefit Funds Coalition

Northwestern Ohio Administrators, Inc.

Ohio Valley Health Care Alliance

WisconsinRx and National CooperativeRx

WEST REGION

Affiliated Health Funds

California Health Care Coalition

California Public Employer/Employee Trust Fund

Health Care Cost Management Corporation of Alaska

Nevada Heath Care

Rocky Mountain Health Care Coalition

Western Health Care Coalition, Inc.

CANADA

Atlantic Canada Health Care Coalition Society

National Labor Alliance of Health Care Coalitions

PO Box 231443
942 Main St.
Hartford, CT 06123

Presorted
Standard Mail
U.S. POSTAGE
PAID
Twin Cities, MN
Permit # 8314

Please visit our website at www.nlahcc.org

If you would prefer to access this newsletter electronically please visit our website.

Contact us:

Robert Tessier
NLA President

PO BOX 231443
942 Main St.
Hartford, CT 06123
Phone: (860) 249-6100
Email: btessier@ctcoalition.org

National Labor Alliance of Health Care Coalitions

"Quality and Value Based Benefits"

Doug Rubbelke
NLA Executive Director
1970 Oakcrest Ave, Suite 119
Roseville, MN 55113
Phone: (651) 379-2405
Cell: (651) 398-4039
Fax: (651) 379-2407
Email: drubbelke@lmhcc.org