The Second Annual
Healthcare Outsourcing Congress

The Premier Conference & Exhibition on Cost-Effective Strategies for Outsourcing IT & Business Processes

March 31-April 1, 2003
Caesars Palace Hotel & Casino
Las Vegas, Nevada

Featuring Speakers From These Leading Healthcare Organizations
Atlanta Medical Center • Baptist Health System • Bay Medical Center • Baylor Health Care System
Botsford Health Care Continuum • Central Connecticut Health Alliance • Harvard Pilgrim Healthcare
Independence Blue Cross • Memorial Medical Center • Mercy Memorial Health System • New York Presbyterian
Health System • Palmetto Health • Physicians Plus Insurance Corporation • Presbyterian Healthcare System
Saint Barnabas Health Care System • Tenet Healthcare • The Queen’s Medical Center • Torrance Hospital IPA
University Hospitals Healthcare System • UPMC Health Plan

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For Outsourcing Customers
See P. 19 For Details

Central Florida, Southeast Texas, Northern & Southern California Chapters

HIPAA Patient Privacy Compliance Guide

Managed Care Week

Report on Patient Privacy
Each year, an increasing number of hospitals, healthcare systems, health plans and physician groups are looking to outsourcing of IT and business processes as a way to reduce costs, increase revenue and provide optimal care.

The Healthcare Outsourcing Congress is the premier healthcare event that focuses exclusively on cost-effective strategies for outsourcing IT and Business Processes (BPO). The Congress will provide balanced, unbiased information and analysis combined with the opportunity to network with the leading executives in healthcare outsourcing. The goal of this national event is to bring together innovative healthcare organizations in order to discuss, debate and analyze healthcare outsourcing models and strategies and to offer insights on what it will take to succeed in an increasing competitive and cost-conscious environment. A prominent feature of the Congress are detailed and practical case studies from leading healthcare organizations from across the U.S. 275+ high-level attendees are expected.

This year's program provides more coverage of business processes outsourcing (BPO) for providers, with a special emphasis on the burgeoning field of revenue cycle management outsourcing. This Second Annual event also includes two intensive post-conference workshops, one for outsourcing customers and, the other for outsourcing vendors and consultants. The customer workshop offers detailed and practical instruction on negotiation, pricing and contracting for outsourcing services. The vendor/consultant workshop delves into marketing and sales strategies for success.

Learn:

- The value proposition of outsourcing
- How to assess the feasibility of outsourcing
- The differences between BPO and IT outsourcing
- How to determine your organization's core competencies
- How to determine which type(s) of outsourcing arrangements are most appropriate for your organization
- How to choose the most appropriate outsourcing supplier
- How to create and implement an effective outsourcing strategy
- How to measure and monitor the progress of an outsourcing relationship
- How to combine staff, project and service-based sourcing into comprehensive solutions
- How to partner for success
- How to create an effective governance model
- How to evaluate pricing models for outsourcing
- Detailed insights on service level agreements
- Contract renewal and negotiation strategies
- How to structure outsourcing agreements to maximize value
- How revenue cycle management outsourcing can improve financial performance
- Appropriate uses of Application Service Providers (ASPs) and Remote Computing Options (RCOs)
- Key considerations in selecting an offshore outsourcing partner
- How outsourcing can facilitate the movement toward consumer-directed health plans
- Important considerations in outsourcing customer relationship management (CRM)
- Models and approaches for outsourcing HIPAA

WHO SHOULD ATTEND THE HEALTHCARE OUTSOURCING CONGRESS

High-level executives from Hospitals, Healthcare Systems, Health Plans, Insurance Companies, TPAs, Large Physician Groups: CEOs, Presidents, CFOs, COOs, CIOs, CTOs, Chief Strategy Officers, Chief Medical Officers, Marketing, Sales & Business Development Executives; Also Outsourcing Vendors, Consultants and Lawyers.

ABOUT THE CONGRESS ORGANIZER

The Center for Business Innovation (TCBI) develops and markets conferences and other educational programs in the U.S. and internationally. TCBI is an independent company and is not part of any consulting firm, investment bank, information technology firm or any other corporate entity. The company is well-positioned to provide objective, balanced information and analysis on a wide range of topics.

TCBI currently focuses on the U.S. healthcare market, with a strong commitment to organizing programs that offer detailed insights on clinical, technological, financial, strategic and regulatory aspects of healthcare. These programs are carefully designed to meet the information needs of executives, scientists and clinicians from hospitals, managed care organizations, physician groups, pharmaceutical / biotechnology companies, medical device companies, information technology vendors and a host of other players in the rapidly evolving healthcare industry.

If you are interested in speaking / sponsorship / exhibition opportunities, or have any questions about our events, please contact Satish Kavirajan, Managing Director, TCBI.

Phone: 310-265-2570 • Fax : 310-265-2963 • Email: sk@tcbi.org

For additional information, please visit www.tcbi.org
KEYNOTE SPEAKERS

Peter Bendor-Samuel, President & CEO, EVEREST GROUP
Steven Heck, President, FIRST CONSULTING GROUP & President, FCG MANAGEMENT SERVICES, LLC.
Larry Bridge, Senior Vice President and General Manager, Payer Services, THE TRIZETTO® GROUP, INC.
Mark R. Anderson, FHIMSS, CEO, AC GROUP, INC.
Eric Weber, Executive Director, Business Advancement, AMERICAN ASSOCIATION OF HEALTH PLANS (AAHP)
Jonathan Kaplan, Health Solutions Practice Leader, CAP GEMINI ERNST & YOUNG
Pam Arlotto, Partner, CHRYSLIS HEALTH STRATEGIES, LLC & Co-Author of ROI: Maximizing the Value of Information Technology (Published by HIMSS)
James M. Doyle, Vice President – Strategic Development, COMPUTER SCIENCES CORPORATION
Robert J. Durej, CONSULTANT & National Chairperson, HIMSS E-HEALTH SPECIAL INTEREST GROUP
Joyce Flory, Consultant, PhD, HEALTH DIRECTIONS & Editor, MEDICINE ON THE NET
Whitney Taylor, Director, EVEREST GROUP
James M. Gabler, Research Director, GARTNER INC.
Janice Young, Vice President & Research Director, GARTNER INC.
Kevin D. Lyles, Partner, JONES DAY
Richard M. Pico, MD, PhD, CMO & CTO, PEROT SYSTEMS HEALTHCARE
James E. Fisher, Senior Manager, PRICewaterHOUSECOOPERS
Richard Helppie, CEO, SUPERIOR CONSULTANT COMPANY, INC.
Elaine Kazerman, Director of Marketing, THE TRIZETTO® GROUP, INC.
Mitch Work, President & CEO, THE WORK GROUP

THE HEALTHCARE OUTSOURCING CONGRESS

THE HEALTHCARE OUTSOURCING CONGRESS ADVISORY BOARD

# THE HEALTHCARE OUTSOURCING CONGRESS AGENDA

## DAY ONE: MONDAY, MARCH 31st, 2003

7:15  Registration / Continental Breakfast Sponsored By: ![Trizetto Logo]

8:00  CHAIRPERSONS’ OPENING REMARKS

HEALTHCARE IT OUTSOURCING - IN THE YEAR 2010
Mr. Mark Anderson, Healthcare IT Futurist, will provide a look at healthcare IT outsourcing in the year 2010.
- What will the issues be in 7 years?
- What will healthcare look like?
- What type of services will be outsourced?
- Who will survive and who will thrive?
Mark R. Anderson, FHIMSS, CEO, AC GROUP, INC.

STRATEGIC SOURCING: FLEXIBILITY FOR THE REAL WORLD
What is strategic sourcing?
Why is strategic sourcing growing?
What strategic sourcing can mean to you (providers, payers, vendors)
James M. Gabler, Research Director, GARTNER INC.

8:45  KEYNOTE ADDRESS: THE CURE FOR WHAT AILS YOU
The presentation will address how the healthcare industry can use outsourcing to meet today’s needs in transforming important business processes to maximize business performance and increase competitive advantage while reducing capital investments and costs.

Peter Bendor-Samuel is the author of Turning Lead Into Gold: The Demystification of Outsourcing, a book sharing his insights into the principles of using outsourcing to successfully deliver long term operational and financial benefits. In 2001, Bendor-Samuel received the 2001 Outsourcing World Achievement Award, recognizing his impact on the outsourcing industry. He founded Everest Group, one of the world’s most prominent advisory services developing strategic business solutions that help organizations achieve their business objectives.

Everest has provided advisory services to a wide range of health providers, health plans, and insurance companies including University of Pennsylvania Health System, Clarian Health, University Hospitals of Cleveland, Parkland Health & Hospital System, Anthem Blue Cross and Blue Shield, State Farm, Lincoln Life, Great American Insurance, John Hancock, MLC (Australia), Sanlam (South Africa), Nat West Life (UK).

Peter Bendor-Samuel, President & CEO, EVEREST GROUP
9:15 KEYNOTE ADDRESS: THE EMERGENCE OF HIGH IMPACT SOURCING
In the late 90's, outsourcing experts articulated a belief that project and service-based sourcing were like oil and water. History had indicated that outsourcers used consultants/system integrators as window dressing and consultants showed a profound lack of operate skills. There is a rapidly emerging trend that combines staff, project and service based sourcing into comprehensive solutions designed to share risk by improving key performance metrics of the client business. This presentation will describe a few examples of how this approach is being developed and received by providers, insurers and life science organizations.

Steven Heck is the President of First Consulting Group and President of the FCG outsourcing subsidiary, FCG Management Services, LLC. Steven has been with FCG for thirteen years and has served in a number key operating roles. He is a member of the FCG Board of Directors. In addition, Steven is a Board Member of the Scottsdale Institute. Prior to joining FCG, Steven spent 10 years with Price Waterhouse and was the Managing Partner of their Great Lakes Health Care Practice. He specializes in technology related services to the healthcare industry and has directly served many of FCG's most strategic clientele.

Steven Heck, President, FIRST CONSULTING GROUP & President, FCG MANAGEMENT SERVICES, LLC

9:45 THE VALUE PROPOSITION OF OUTSOURCING IN A CHANGING HEALTHCARE INDUSTRY
With the current environment of change in healthcare, increased competition and economic challenges, outsourcing strategies can help organizations achieve business and profitability goals during these turbulent times. Key drivers of health plan profit and loss will be discussed, along with the impact of outsourcing strategies on primary business cycles. Additionally, areas of an organization that can be impacted by outsourcing will be identified, and outsourcing choices, from information technology outsourcing (ITO) through strategic business process outsourcing (BPO) will be discussed.

Larry Bridge is responsible for the operation and management of TriZetto’s payer solutions organization, including providing clients with a range of IT and Business Process Outsourcing services. During his 18 years in senior management in the healthcare industry, Mr. Bridge led the turnaround of two managed care organizations.

Before joining TriZetto, he launched a start-up company, Novalis Services Corporation, an outsourced health plan management company and application service provider for the payer healthcare marketplace. Bridge served as president of Novalis Services. Previously, he was group president of FHP International, Inc., one of the nation’s largest managed care organizations. Bridge was responsible for FHP operations in Utah, Nevada, New Mexico, Guam and Saipan.

Larry Bridge, Senior Vice President and General Manager, Payer Services, THE TRIZETTO GROUP, INC.

10:15 Refreshments Sponsored By: / Exhibitor Showcase

10:45 OUTSOURCING FEASIBILITY ANALYSIS—IS OUTSOURCING RIGHT FOR YOUR ORGANIZATION?
• Good reasons versus bad reasons to outsource
• Gap analysis - assessing what you have versus what you need
• Aligning outsourcing objectives with your business strategy
• Asset identification and capital planning considerations
• Projecting potential return on investment and tangible/intangible value
• Conducting the final ‘buy versus make’ decision

Pam Arlotto, Partner, CHRYSALIS HEALTH STRATEGIES, LLC
Co-Author of ROI: Maximizing the Value of Information Technology (Published by HIMSS)
Robert J. Durej, CONSULTANT & National Chairperson, HIMSS E-HEALTH SPECIAL INTEREST GROUP

11:00 PANEL DISCUSSION: THE HEALTHCARE OUTSOURCING IMPERATIVE—MANAGING FOR VALUE
• Defining core vs. context
• Four sources of differentiation - value disciplines
• What’s your context? Building your outsourcing strategy
• Challenges of making any outsourcing strategy work
• Mission critical context - outsourcing for leverage

Moderator:
James M. Doyle, Vice President - Strategic Development, COMPUTER SCIENCES CORPORATION

Panelists:
Vicki Tauscher, Principal, ALIGNE, INC.
Mark A. Caron, Senior Vice President & CIO, BLUECROSS BLUESHIELD UNITED OF WISCONSIN
Tricia Cascione, Executive Director Information Technology, CHILDREN'S HOSPITAL LOS ANGELES
Benjamin R. Williams, Senior Vice President & CIO, ST. JOSEPH HEALTH SYSTEM
Lance Kirk, PROJECT DIRECTOR, TPI, INC.

11:30 Luncheon / Sponsored by: & / Exhibitor Showcase

1:45 PANEL DISCUSSION: CHOOSING WHAT TO OUTSOURCE & SELECTING THE BEST SERVICE PROVIDER
Selecting the best service provider depends upon their expertise in meeting YOUR needs. Is it an ASP RC0, RH0, MSP, BPO or TPA? While the differences between these suppliers may appear subtle, their services and abilities vary widely. The critical success factors for a successful partnership combines flexibility, expertise and an in-depth knowledge your organization’s unique business needs. This presentation will cover the dynamics of engaging in a complex, integrated relationship including:
• Defining clear business objectives
• Choosing what to outsource: gap analysis
• Differences between providers of outsourcing
• Creating selection criteria
• Evaluating scope of services provided
3:45A PANEL DISCUSSION: THE FUNDAMENTALS OF IT OUTSOURCING FOR THE HEALTHCARE PROVIDER

- Feasibility Assessment
- Sourcing drivers, core/non-activities, potential work packages, service delivery options and risks of outsourcing
- Supplier selection
  - Potential service providers, service specifications and SLAs
  - Understanding supplier economics
  - Critical success factors
  - Initial contracting
  - Transition management
- On-going supplier management: outsourcee staffing considerations, reporting SLA management and problem management, contract renewal and negotiation strategies

**Moderator:**
James E. Fisher, Senior Manager, PRICEWATERHOUSECOOPERS

**Panelists:**
Pete Mounts, Vice President, Outsourcing Sales, ECLIPSYS CORPORATION
Benjamin R. Williams, Senior Vice President & CIO, ST. JOSEPH HEALTH SYSTEM
Brooks O’Neil, Senior Principal, TRIPLETREE
George Brenckle, PhD, CIO, UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

4:30A PARTNERING FOR SUCCESS: THE BAPTIST HEALTH SYSTEM AND SIEMENS STORY

Today, healthcare leaders face similar challenges, including escalating cost pressures and competing on quality. Utilizing strategic partnerships can enable healthcare facilities to move ahead of the competition and add value to current operations. In this outsourcing case study, the healthcare facility was able to change the culture of its facility by using IT outsourcing as an enabler and facilitator of the change needed to meet their strategic initiatives.

Key benefits/outcomes that will be discussed in the case study include:
- Predictable IT costs
- Improved end user satisfaction and productivity
- Experienced IT professionals
- Advancement of strategic IT initiatives
- “Best practices” knowledge and implementation methodologies

**Panelists:**
Charles Jones, Senior Vice President & CIO, BAPTIST HEALTH SYSTEM, INC.
Ron Noreen, Site Executive for Baptist Health System, SIEMENS MEDICAL SOLUTIONS HEALTH SERVICES CORPORATION
3:45B

**PANEL DISCUSSION: IT OUTSOURCING FOR PAYERS--AN OVERVIEW**

- Core competencies: how do executives make this determination for their organization and market?
- Commodity assessment: what technical and business functions can be viewed as commodities?
- IT and BP alignment: how do you approach this goal for business units and for the enterprise?
- Modernization: how do you address future state goals using funding and resources gained from ITO and BPO?
- Can your ITO/BPO provider play a role in modernization planning and execution?
- Are there case studies of successful large-scale ITO/BPO for health plans?

**Moderator:**
Richard M. Pico, MD, PhD, CMO & CTO, PEROT SYSTEMS HEALTHCARE

**Panelists:**
Robert Trombly, Deputy CIO, HARVARD PILGRIM HEALTHCARE
Bill Jollie, Vice President & COO, PHYSICIANS PLUS INSURANCE CORPORATION

4:30B

**HEALTHCARE PAYER OUTSOURCING CASE STUDY: STATE OF LOUISIANA**

Since 1977, Unisys has been an outsourcing partner with both state Medicaid programs, and large commercial Healthcare providers such as United Health Group. Over the next five years, Unisys sees the public and private healthcare outsourcing market developing significantly as providers take advantage of the traditional back-office management and IT infrastructure capabilities of outsourcing providers.

The session will cover trends and directions in the Healthcare Payer Claims arena, and will feature a case study on the outsourcing experience in Louisiana. Topics to be addressed include:

- What should healthcare executives look for in a healthcare outsourcing partner?
- What impact is payer systems technology having on the healthcare industry?
- What alliances are being formed between payer systems software developers and technology services organizations?
- How does IT outsourcing’s centralized monitoring and operations characteristics benefit a company’s ability to fine-tune critical interface applications with third parties, such as AARP and physician organizations?

**Janice Young,** Vice President & Research Director, GARTNER, INC.

**Norm Nichols,** Unisys Account Executive, STATE OF LOUISIANA MEDICAID PROGRAM

5:00B

**OUTSOURCING CASE STUDY: CLAIMS PROCESSING OUTSOURCING STRATEGIES FOR ACQUISITIONS, MERGERS, CLAIM SYSTEM CONVERSIONS--AND BEYOND**

This session will cover the strategic decision pathway for outsourced claims processing support through mergers, acquisition and claim system conversions. The case study presented will offer strategy for outsourced processing of run-out claims from an acquired health plan and support through conversion of the business to the Health Plan’s existing system.

Presentation of an On-Shore/Off-Shore claims outsourcing model and the representative cost advantages of both will be discussed.

**Nancy Maze,** Vice President, Medplans Partners

**Daniel Darland,** Partner, Accenture

5:30B

**CASE STUDY: HOW OUTSOURCING HELPED A LARGE BENEFITS PROVIDER STAY ON TOP**

UPMC Health Plan is a growing health benefits provider in Pennsylvania, with more than 277,000 covered lives. It is a subsidiary of UPMC Health System, one of the largest hospital systems and the largest employer in western Pennsylvania with more than 30,000 employees.

UPMC is now entering its third year of a flourishing outsourcing relationship with Antares Management Solutions. Antares provides information technology and business process outsourcing solutions to the health insurance industry and related markets.

The presenters will discuss the challenges that UPMC faced in order to continue its impressive growth in Pennsylvania and the solutions Antares provided that ensure UPMC maintains its competitive advantage. Specific initiatives that will be addressed are a customized online...
membership system, database administration services, and business process outsourcing.
Todd Sabath, Director of National Sales, ANTARES MANAGEMENT SOLUTIONS
Ed McCallister, Director, Membership & Billing, UNIVERSITY OF PITTSBURGH MEDICAL CENTER HEALTH PLAN

6:00  DAY ONE CONCLUDES; Networking Cocktail Reception  Sponsored by:  & Exhibitor Showcase

TRACK C

BUSINESS PROCESS OUTSOURCING (BPO) FOR HOSPITALS, HEALTHCARE SYSTEMS & PHYSICIAN GROUPS

3:45C  PANEL DISCUSSION: REVENUE CYCLE MANAGEMENT OUTSOURCING
• What actually is involved in the transformation of a hospital's revenue-management practices?
• How do “transformed” hospitals leverage processes, technologies, relationships and business structures to improve their financial performance?
• What specific parts of revenue cycle management are best outsourced?
• How do you integrate Revenue Cycle Management with technology?
• How do you integrate Revenue Cycle Management with other business processes?
Moderator:
Jonathan Kaplan, Health Solutions Practice Leader, CAP GEMINI ERNST & YOUNG
Panelists:
Devendra Saharia, President, AJUBA INTERNATIONAL
Brian D. Snedecker, Vice President, CREDITEK MEDIFINANCIAL
Steven Ditto, Managing Director of Healthcare, EVEREST GROUP
Paul Zeltwanger, Director, Midwest Healthcare, PRICEWATERHOUSECOOPERS
Michael Bednarz, Business Development Executive, THE HEALTHCARE FINANCIAL GROUP, INC.

4:30C  CASE STUDY: CODING AND UNBILLED MANAGEMENT OUTSOURCING
Memorial Medical Center (MMC), located in Springfield, Illinois, has been working on a cash flow improvement initiative for two years. By partnering with several specialized revenue cycle firms, MMC has experienced significant success. One of the revenue cycle partners is The HealthCare Financial Group, Inc. which provides coding and unbilled management resources. All of these resources are provided through a functional outsourcing partnership. components of the successful partnership:
• Leveraging of hospital IT system with remote access
• Development of specialized tags for unbilled account classification
• Flexible workforce
• Access to consulting resources for specific problems
• Use of an ASP imaging and workflow system for disbursement of uncoded records to remote workforce
• Daily and weekly performance indicator analysis and reporting
• Ongoing dialogue regarding cost effectiveness and improvement opportunities
O.J. Wolanyk, Vice President & Chief Information Officer, MEMORIAL MEDICAL CENTER
Thea Campbell Fleming, RHIA, Vice President of HIM, THE HEALTHCARE FINANCIAL GROUP, INC.

5:00C  CASE STUDY: REVENUE CYCLE MANAGEMENT
Through the focused re-engineering process in the business office and the full deployment of Xactimed’s Revenue Cycle Management software two years ago, Presbyterian Healthcare Systems in New Mexico has enjoyed a dramatic and permanent reduction in accounts receivable (AR) and significant financial improvement. AR days have dropped 50%, and the hospital was able to significantly increase cash in fifteen months. Mr. Lawson will share the story of how this combination of software and process improvement yielded real results, giving the hospital new capital and better revenue visibility. He and Mr. LeGrange will also discuss the unique advantages of Xactimed’s web-based software that helped him not only decrease A.R. days, but also increase the productivity of the staff and improve the workflow of the entire claims process.
H. Gene Lawson, Jr., Vice President & Administrator of Patient Financial Services, PRESBYTERIAN HEALTHCARE SYSTEM
Darin K. LeGrange, President & CEO, XACTIMED

5:30C  CASE STUDY: OUTSOURCING OF MEDICAL TRANSCRIPTION SERVICES
Palmetto Health, a three hospital system in Columbia, South Carolina comprising over 1200 beds, encountered problems with its in-house medical transcription, including turnaround time, physician satisfaction, and the training and hiring/recruiting involved with maintaining an in-house staff. The presentation will cover how outsourcing transcription services to HealthScribe improved turnaround time, increased physician satisfaction and achieved positive reduction in overall AR days.
Tim Thompson, Senior Vice President & CIO, PALMETTO HEALTH

6:00  DAY ONE CONCLUDES; Networking Cocktail Reception  Sponsored by:  & Exhibitor Showcase
DAY TWO: TUESDAY, APRIL 1st, 2003

7:30  Continental Breakfast / Exhibitor Showcase

8:00  CHAIRPERSONS' OPENING REMARKS
David Sloan, Partner, JONES DAY
Mitch Work, President & CEO, THE WORK GROUP

CONCURRENT SESSIONS: TRACK A and TRACK B

Please note that on day two, Track A and Track B sessions both have sessions relevant to hospitals, healthcare systems, physician groups and health plans (both provider organizations and payer organizations). Please refer to the session titles and descriptions in determining whether or not a particular session is appropriate for you.

TRACK A

8:15A  PANEL DISCUSSION: MANAGING YOUR OUTSOURCING RELATIONSHIP
This panel discussion explores the conceptual view of information technology outsourcing and what it is expected to accomplish for a hospital/healthcare organization provided in context with the complex, real-world considerations of a successfully managed outsourcing relationship.
The discussion will focus on the key components of managing your outsourcing relationship including:
• Governance
• Critical success factors
• Common pitfalls in the management of an outsourcing relationship and how to avoid them
• Strategies for obtaining, measuring, and maximizing the expected benefits of an outsourcing relationship
Moderator:
Richard Grehalva, Senior Vice President, SUPERIOR CONSULTANT COMPANY, INC.
Panelists:
Daniel Morgan, CFO, BAY MEDICAL CENTER
Gerson Cooper, President & CEO, BOTSFORD HEALTH CARE CONTINUUM
Richard S. Hiltz, Foundation President & CEO, MERCY MEMORIAL HOSPITAL

9:15A  UNIVERSITY OF PENNSYLVANIA CASE STUDY
George Brenckle, PhD, CIO, UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

9:45  Refreshments / Exhibitor Showcase

10:00A  PANEL DISCUSSION: APPLICATION SERVICE PROVIDERS (ASPs) & REMOTE COMPUTING OPTIONS (RCOs) -- ARE THEY RIGHT FOR YOU?
• How do health care providers perceive ASPs and RCOs?
• Definitions of ASPs and RCOs
• What's the unique value of ASPs and RCOs?
• What is driving ASP / RCO consideration?
• What ASP / RCO service and financing issues are most important to healthcare buyers?
• What are some of the benefits of ASPs and RCOs?
• Where do you think ASPs / RCOs will work? Where might they not work so well?
• What ASP / RCO features are rated as very important to customers?
• When should you consider an ASP / RCO?
• Where is the ASP / RCO economic value?
• What are the barriers to adoption of ASPs / RCOs?
• What are some of the important questions to ask an ASP / RCO vendor?
• How do you decide which is more appropriate for your organization: an ASP or an RCO?
Moderator:
Seth R. Frank, Vice President, A.G. EDWARDS & SONS, INC.
Panelists:
Robert Watson, President & CEO, CONCUTITY, INC. (formerly EHEALTHCONTRACTS)
Joel Weinberg, Vice President, MERIDIAN HEALTH CARE MANAGEMENT
Karl Haeffs, Senior Director, Oracle Outsourcing, ORACLE
John Kijewski, Group Vice-President of Technology Services, SIEMENS MEDICAL SOLUTIONS HEALTH SERVICES CORPORATION
CASE STUDY: REVOLUTIONIZING PROCESS IMPROVEMENT THROUGH APPLICATION IMPLEMENTATION: THE PCX STORY
- How innovative outsourcing partnerships can assist in transforming healthcare
- What are the clinical, business and technical issues related to clinical processes?
- Where we came from, and how we got there
- Why CPOE?
- Patient Care Expert (PCX) case study
Doug Jones, CIO, CEDARS-SINAI HEALTH SYSTEM
Richard M. Pico, MD, PhD, CMO & CTO, PEROT SYSTEMS HEALTHCARE

PANEL DISCUSSION: BUSINESS PROCESS OUTSOURCING (BPO) FOR PROVIDERS
- Differences between BPO and IT outsourcing
- Which processes should be considered?
- Why would you want to outsource a business process?
- Is BPO right for your organization?
- Is there value to offshore outsourcing?
- Can outsourcing be free?
- What is the difference between service level and service value agreements?
- How do you know whether your BPO will be successful?
Moderator:
Zan F. Calhoun, Director, Healthcare Consulting, Western U.S., BEARINGPOINT
Panelists:
Troy Williams, Vice President, Business Development, CONCUTY, INC. (formerly EHEALTHCONTRACTS)
James M. Gabler, Research Director, GARTNER, INC.
Cynthia Nustad, Vice President, Product Development, OAO HEALTHCARE SOLUTIONS, INC.

SERVICE LEVEL AGREEMENTS AND MAXIMIZING THE POTENTIAL OF IT SERVICES
Service Level Agreements: You have to have them, or do you? A detailed look at service levels in theory and practice, including: determining if service levels are right for your institution; how to select and set service levels; alternatives to service levels; the role of bonuses and penalties. Also a look at how these can impact turning IT services from simple infrastructure support to a mechanism for change and revenue enhancement for the institution.
John Thomas, Partner, SQUIRE, SANDERS & DEMPSEY LLP

STRUCTURING OUTSOURCING AGREEMENTS TO CREATE VALUE
The outsourcing service provider has sold your company of the value of outsourcing and you have been tasked with documenting and negotiating the deal. How do you structure the outsourcing agreement so that the value proposition is actually attained? What are the key provisions? This session will discuss the fundamentals.
Todd Furniss, JD, COO, EVEREST GROUP
John Funk, Partner & Outsourcing Practice Chair, JONES DAY
Kevin Lyles, Partner, JONES DAY

PANEL DISCUSSION: OFFSHORE OUTSOURCING
This panel discussion will present successful offshore outsourcing case studies presented by healthcare organizations and IT vendors from around the world. Specific questions to be addressed in this session include:
- What is the size of the offshore outsourcing market? The expected trends?
- What are the benefits of offshore outsourcing? What are the pitfalls?
- What are the five key questions to ask before you outsource offshore?
- What functions should and shouldn’t be outsourced?
- What are the geopolitical considerations in offshore outsourcing? Changes since 9/11?
- Who are the early adopters in healthcare offshore outsourcing?
Moderator:
Mitch Work, President & CEO, THE WORK GROUP
Panelists:
Jon Hofer, Vice President, AETNA
Maynard McAlpin, Director of e-Commerce, CAREFIRST BLUECROSS BLUESHIELD
Simmi P. Singh, Healthcare Practice Leader, COGNIZANT TECHNOLOGY SOLUTIONS
Richard W. Osborne, Senior Vice President, EPAM SYSTEMS
Rick Shoup, PhD, Vice President Healthcare Solutions, INFOSYS TECHNOLOGIES LTD.
Anand S. Pathak, Partner, JONES DAY
Dr. Paul Fielding, Vice President of Business Process Analysis, JP MORGAN CHASE
Karun Phillip, Chairman & CEO, TRANQUILMONEY, INC.

PANAL DISCUSSION: OFFSHORE OUTSOURCING (CONTINUED)

9:45 Refreshments / Exhibitor Showcase
10:00B PANEL DISCUSSION: E-BUSINESS STRATEGIES FOR PAYERS—HOW OUTSOURCING CAN FACILITATE THE MOVEMENT TOWARD CONSUMER-DIRECTED HEALTH PLANS

• Why a health plan's core business model must support the consumer-directed health plan business model
• Attributes of the consumer-driven health plan business model, including restructured operations, business processes and new technologies
• Market evolution of the consumer-directed health plan
• How outsourcing can be a strategy for speed to market
• Early deployment models with various outsourcing strategies
• Case study of outsourcing supporting consumer-directed health plan evolution—key learnings

Moderator:
Janice Young, Vice President and Research Director, GARTNER, INC.

Panelists:
Dan Colacino, Executive Vice President, Marketing, CAPITAL DISTRICT PHYSICIANS HEALTH PLAN (CDPHP)
Barb Russo, Senior Vice President, Sales & Marketing, SYNERTECH SYSTEMS
Jim Donnelly, Vice President of Product Strategy, THE TRIZETTO® GROUP, INC.

11:00B PANEL DISCUSSION: BUSINESS PROCESS OUTSOURCING (BPO) FOR PAYERS

• BPO: What is and how is it different from conventional IT outsourcing?
• Who should look at BPO as a solution?
• Is there a consistent model to be followed?
• Identifying core processes to be retained versus processes to consider for outsourcing
• What are the critical decision factors?
• How to evaluate proposed solutions
• Business processes that are currently being outsourced
• Measuring and managing a BPO arrangement
• What does the future hold?

Moderator:
Gary S. Venner, Senior Vice President, TECHNOLOGY & BUSINESS INTEGRATORS

Panelists:
Mark Carney, Managing Director, ACS, INC.
Michael Alper, President & CEO, MERIDIAN HEALTH CARE MANAGEMENT
Cliff Justice, Senior Vice President, NEOIT
Karl Haeffs, Senior Director, Oracle Outsourcing, ORACLE
Bruce Pollock, Director Information Technology, WEST CORPORATION

11:45B CASE STUDY: THE SUCCESSFUL OUTSOURCING OF A PARA-STATEL HEALTH FUND TO THE PRIVATE SECTOR IN SOUTH AFRICA

Patrick Jonsson, Head Franchise Development, METROPOLITAN HEALTH GROUP

12:15B OUTSOURCING AS AN ENABLER FOR CLINICAL AND OPERATIONAL EXCELLENCE

Hospitals today face unprecedented challenges around patient safety, quality of care, decreasing reimbursements, labor shortages and regulatory requirements. This session will explore how IT Outsourcing can serve as a platform for hospitals to use technology to advance clinical, operational, and financial excellence. There will be an emphasis on creative funding mechanisms to minimize the capital and recurring costs of this approach.

Mitchell Morris, MD, Vice President, FIRST CONSULTING GROUP

12:45B CASE STUDY: REMEDIATING A HEALTHCARE CLEARINGHOUSE FOR HIPAA PRIVACY

Representatives from OAO Healthcare Solutions (OAOHS) will provide an overview of their system solution to meet the federal privacy rule, including lessons learned from creating, implementing and maintaining a privacy management process. A case study presentation will provide a clear understanding of the steps that need to be taken to develop a framework for privacy and how to apply the rules to system design in order to ensure successful integration of privacy compliance into a healthcare organizations’ existing systems. OAOHS’ Outsourcing Division operates as a healthcare clearinghouse and, under the Health Insurance Portability and Accountability Act (HIPAA), is considered a covered entity.

Cynthia Nustad, Vice President, Product Development, OAO HEALTHCARE SOLUTIONS, INC.
Dee Warrington, Privacy Officer, OAO HEALTHCARE SOLUTIONS, INC.

1:15 CONGRESS CONCLUDES; Luncheon for Attendees of Optional Post-Congress Workshops & Focus Groups

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The confluence of many factors make outsourcing in the 21st Century more complex than ever before. Increasingly, healthcare companies recognize the imperative to focus on core competencies, reduce costs and enhance competitive advantage by outsourcing non-core functions to third party experts. At the same time, regulatory requirements (such as HIPAA), vendor instability and concerns of the operational risk of outsourcing, including offshore opportunities, require careful structuring of outsourcing transactions to enable realization of value.

This intensive workshop will cover the building blocks for contracting for outsourcing services in 2003, with detailed and practical instruction on:

- Service description
- Service levels and enforcement mechanisms
- Pricing structures
- Risk assessment and mitigation
- Negotiation strategies and tactics

The workshop will feature interactive classroom-style instruction while encouraging interaction among the participants and the instructors.

**Workshop Instructors:**

Mark R. Anderson, FHIMSS, CEO, AC GROUP, INC., is one of the nation’s premier healthcare IT research futurists. He is one of the leading national speakers on healthcare and has spoken at > 300 conferences and meetings since 2000. He has spent the last 30+ years focusing on Healthcare – not just technology questions, but strategic, policy, and organizational considerations. He tracks industry trends, conducts member surveys and case studies, assesses best practices, and performs benchmarking studies. He also assists vendors in their Business Strategies, Market and Customer Strategies, Competitive Analysis, and Product Profiling.

James E. Fisher, Senior Manager, PRICEWATERHOUSECOOPERS, is a Senior Manager and National Leader for PricewaterhouseCoopers’ Information Technology Business Management (ITBM) service line and is also the Central/Midwest IT Market Leader. Mr. Fisher has significant experience in Strategic Information Systems Planning, IT Operational Performance Improvement, Strategic Sourcing, and large-scale Program Management. Throughout his career Mr. Fisher has lead many innovative, technology-enabled process and organization change efforts designed to improve IT, operations, and care delivery. Mr. Fisher also developed PwC’s Digital Hospital service offering, which combines all aspects of comprehensive technology, process, and people change efforts to drive clinical, financial, and administrative process improvement.

John Thomas, Partner, SQUIRE, SANDERS & DEMPSYE, LLP, has more than 12 years of experience representing corporate and healthcare clients in a variety of sophisticated business transactions. He has represented hospitals nationwide in the negotiation of information technology outsourcing contracts as well as the implementation of new technology. He also represents buyers and providers of outsourcing services outside of the healthcare and information technology industries.
Today's healthcare buyers scrutinize technology services providers more rigorously, demand more proof of value, and take longer to decide than ever before. Accelerating the sales cycles requires meeting every concern with compelling evidence of value, return on investment and performance. The focus of the workshop will be how to sell products and services more effectively in the competitive healthcare marketplace.

Specifics will include:
- Leading healthcare industry trends impacting growth and positioning
- Creating a unique value proposition in the outsourcing marketplace
- Creating a sales model based on market positioning
- Understanding the “C” Level Sale
- Launching a new or innovative offering in the marketplace
- Proving ROI and incorporating it into the sales process
- Understanding various channels: other vendors, GPOs, IDNs, etc.
- Adding value to existing customer relationships

Workshop Instructors:
Pam Arlotto, Partner, CHRYSALIS HEALTH STRATEGIES, LLC. Pam has a twenty-three year track record in healthcare. She works with healthcare solutions providers to develop break-through strategies for serving the healthcare industry. She has advised numerous companies in this field, ranging from start-ups, to emerging firms, to giants of the industry as they hone their message, tailor their offering to the buyer's specific needs, interpret value messages in language that healthcare buyers can understand, and provide direction in product development to meet the unique needs of the healthcare marketplace. She is a Past President of HIMSS, a Board Member of the Dupree Center of Entrepreneurship at Georgia Tech, and a Board Member of the Technology Association of Georgia. She co-authored the book, *ROI: Maximizing the Value of Healthcare Information Technology*. (Published by HIMSS)

Bob Durej, CONSULTANT is a nationally known healthcare management consultant whose practice focuses on obtaining return on investment from information technology (IT) and e-health. Bob has over 30 years of industry knowledge and experience helping healthcare organizations leverage IT to create strategic business advantage - improving their productivity, quality, market competitiveness, and profitability. He has an extensive healthcare management consulting background that includes positions with: a Big 5 professional services firm; IT solutions firms; and his own consulting practice. In addition, he has held senior healthcare management positions including Vice President/Hospital Group, Tenet Healthcare Corporation and Chief Information Officer, Mount Sinai Medical Center. Bob holds Bachelor and Master of Science degrees in Management from Rensselaer Polytechnic Institute, Troy, NY. He is a Fellow in the Healthcare Information and Management Systems Society (HIMSS) where he has been the National President and the Southern California Chapter President. Currently he is the national Chairperson of HIMSS’ E-health Special Interest Group.

Optional Focus Groups

(Optional from Optional Workshops)

Two focus groups, each 90 minutes in duration, are currently planned.

Focus groups will be held simultaneously between 2:15 and 3:45 pm on April 1, 2003.

Format: A vendor can obtain exclusive feedback on current and future product and service offerings from potential customers (5-6 customers per focus group). The focus groups are not part of any sponsorship package, and therefore must be purchased separately. TCBI will create a focus group customized to meet your company's needs, recruiting focus group members that meet the specifications (job title, type of organization, etc.) of the vendor. We are also seeking outsourcing customers / potential customers to participate in the focus groups (financial compensation and/or a complimentary pass to the event will be provided). For additional information, please contact TCBI: Ph: 310-265-2570 Email: sk@tcbi.org
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• strategic and implementation consulting.

TriZetto® is focused on three healthcare markets: payers, benefit administrators and physician groups, where it serves more than 550 customers.

As the largest provider of off-the-shelf software for payers, TriZetto®’s proprietary administrative software serves customers representing approximately 40 percent of the U.S. insured population. Facets® is the leading administrative software for payers. QicLink™ is the leading application for benefits administrators.

TriZetto® is the largest hosted applications provider dedicated exclusively to healthcare. The company offers solutions from more than 40 software vendors (as well as its own proprietary software offerings) and has relationships with more than 50 other technology partners. For a predictable monthly fee, customers can access best-of-class applications without the upfront and ongoing expense of owning, upgrading and maintaining their own systems.

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TriZetto® is the leader in healthcare outsourcing. The company’s business process outsourcing (BPO) services provide customers with technology and staffing support for healthcare business transactions. TriZetto®’s information technology outsourcing (ITO) services may involve managing the customer’s entire IT infrastructure.

Headquartered in Newport Beach, Calif., TriZetto® can be reached at (949) 719-2200 or www.trizetto.com

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With more than 65,000 employees, CSC provides innovative solutions for customers around the world by applying leading technologies and CSC’s own advanced capabilities. These include systems design and integration; IT and business process outsourcing; application software development; Web and application hosting; and management consulting. Headquartered in El Segundo, Calif., CSC reported revenue of $11.4 billion for the 12 months ended Sept. 27, 2002.

For more information, visit the company’s Web site at www.csc.com
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Continually at the forefront of healthcare information technology innovation since our establishment in 1984, Superior Consultant Company provides outsourcing, information technology, and management consulting services and solutions to the healthcare industry. The depth of our outsourcing and business process improvement services differentiate us from all other healthcare companies. We have:
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Unisys has been a leader in providing information solutions and operations-support services to the healthcare industry for more than 25 years. We’ve demonstrated our technical and administrative capabilities and understanding of the U.S. Medicaid program by handling nearly 200 million claims per year, managing the system and administrative outsourcing services that help serve the Medicaid needs of 4.2 million U.S. recipients in five states — Kentucky, Louisiana, Massachusetts, New Jersey and Oklahoma.

Today, Unisys offers these administrative outsourcing features to both the commercial and government enterprise. Unisys offers administrative outsourcing services using the nation’s leading, large-scale, technologically advanced, insurance claims-processing solution for Microsoft Windows environments — QMACS®, from Quality Care Solutions, Inc. (QCSI). Together, Unisys and QCSI are delivering the essential components needed to adapt quickly to regulatory and marketplace changes, to significantly accelerate payment cycles and dramatically reduce costs. Unisys and the QMACS application offer the performance and reliability needed by even the largest healthcare payer organization.

Visit booth #203 at the Healthcare Outsourcing Congress to learn more about how Unisys can help commercial healthcare providers, and state health care agencies integrate technology, workflow and new business processes to achieve mission critical agency objectives and better serve program participants.

West Corporation is a leading provider of integrated customer contact solutions focused on helping Fortune 1000 companies acquire, manage, retain and grow their customer relationships.

West’s customized solutions include large volume transactions, interactive voice response, Web-enabled customer contact solutions and business-to-business marketing services. The company’s operational strengths and proprietary technology enables it to develop long-term partnerships with its clients and drive greater value from each customer interaction.

Managed healthcare companies rely on West to provide outsourced live agent support and customer care to their members and providers. Application types include member eligibility, benefits information, PCP changes, ID card request and claim status. West has also developed and implemented integrated interactive voice response (IVR) and advanced speech recognition (ASR) solutions that provide automated call resolution, call routing and other programs that help healthcare companies save money and improve customer service.

Founded in 1986 and headquartered in Omaha, Nebraska, West has a team of approximately 24,000 employees, with 35 contact centers and eight interactive automated voice and data processing centers across North America and India.
CareTech Solutions provides expert services in virtually every facet of information technology management, from implementing emerging technologies to supporting day-to-day IT operations. Our client relationships are strategic business partnerships that ensure our clients' investment in information technology results in a measurable contribution to their organization's health and growth.

Our Service offerings include:
- Lower costs; higher cash flows
- Enhanced business office productivity due to higher skilled and motivated workforce
- Ability to staff large projects very quickly
- Lower costs; higher cash flows

Our Service offerings include:
- Front-end Data Entry/ Eligibility Verification
- Medical coding
- Billing
- A/R management
- Pre-collection/ collection
- Credit Balance Resolution

Antares offers numerous Information Technology Outsourcing (ITO) and Business Process Outsourcing (BPO) solutions. We provide state-of-the-art services to assist you in reducing costs and risk, while providing a competitive advantage. And, we do so in a seamless manner, ensuring it's business as usual for you. Antares services are available on a contracting or consulting basis and are customized to your specific needs. Put the power of Antares to work for you.

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Cap Gemini Ernst & Young is one of the largest management and IT consulting firms in the world. As a leading professional services firm to the health industry, Cap Gemini's Health Consulting practice offers the breadth and depth of capabilities necessary to provide healthcare organizations with an integrated, full-service approach to redesign their continuum of care. Cap Gemini is pioneering a trend towards transformational outsourcing for large hospital systems, enabling a hospital to link clinical, financial and other information across departments and functions, and leverage IT solutions throughout its enterprise. For information on our services, research and publications visit www.us.cgey.com/health.

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J. Dale Ragone, Vice President, National Health Operate Solution Leader Email: dale.ragone@cgey.com

CareTech Solutions is a recognized leader in healthcare information technology outsourcing. We provide healthcare organizations with flexible solutions that translate to improved performance, reduced costs, regulatory compliance and measurable improvements in patient and clinician satisfaction. CareTech's customized solutions are designed to help our clients take advantage of new opportunities, meet their unique challenges and focus on areas critical to their strategic success.

CareTech Solutions provides expert services in virtually every facet of information technology management, from implementing emerging technologies to supporting day-to-day IT operations. Our client relationships are strategic business partnerships that ensure our clients' investment in information technology results in a measurable contribution to their organization's health and growth.

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AHC provides superior healthcare A/R management services to hospitals nationwide to reduce their A/R inventory and increase cash flow. AHC specializes in resolving problem claims, issues with difficult payers, early-out A/R outsourcing, motor vehicle accident and Workers' Compensation accounts, and assisting uninsured patients obtain state medical assistance coverage.

AHC is able to provide high quality service by hiring attorneys, who both work and supervise all accounts and use their legal expertise to achieve prompt, successful claim resolutions. Additionally, AHC prides itself on early intervention, low claim-to-representation ratios (5-10 times lower than most business office staff levels), and aggressive action.

J. Dale Ragone, Vice President, National Health Operate Solution Leader Email: dale.ragone@cgey.com
Cap Gemini Ernst & Young 750 Seventh Avenue - New York, Chicago, Dallas, and Los Angeles, and has been publicly traded on NASDAQ since 1992 (HMSY).

Accordis 2100 McKinney Avenue, Suite 1801 - Dallas, Texas 75201 Telephone: 214-922-0100 www.accordisinc.com John Rainey, Corporate Vice President

Founded in 1974, Accordis (formerly the Provider Services Group of Health Management Systems) provides business office outsourcing services to healthcare providers nationwide. Through these services, our clients enjoy increased revenues, accelerated cash, and reduced operating and administrative costs. Accordis is able to assume entire responsibility for business office functions or provide “Day One” outpatient and self-pay programs. In addition, we offer a full complement of accounts receivable management services to help providers achieve their financial goals. Accordis has offices in New York, Chicago, Dallas, and Los Angeles, and has been publicly traded on NASDAQ since 1992 (HMSY).

ACS Healthcare Solutions
(p) 800.845.5530 (f) 214.584.5084 healthcare solutions@acs-inc.com www.acs-inc.com Mark Carney, Managing Director

ACS is a premier provider of Business Process Outsourcing, Systems Integration, and Information Technology solutions to commercial and government clients worldwide. A global, Fortune 1000 company comprised of nearly 40,000 employees, ACS delivers superior solutions to thousands of clients. Within healthcare, ACS provides professional and technology services to over 600 clients, including large payer and financing organizations, hospitals and delivery systems, life sciences companies, government agencies, and consumers. ACS offers solutions that enable healthcare clients within all market segments to expand into new territories, take advantage of innovative technology developments, and adapt to meet their customers, changing demands.

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Ajuba (www.ajubanet.net) is a premier provider of Revenue Cycle Management services to US Healthcare Providers on an offshore basis. While client management and business development in handled out of our Michigan office, services are performed in our state-of-the-art facility in Chennai, India. Our value proposition includes:

- Ability to staff large projects very quickly
- Enhanced business office productivity due to higher skilled and motivated workforce
- Lower costs; higher cash flows

Our Service offerings include:
- Front-end Data Entry/ Eligibility Verification
- Medical coding
- Billing
- A/R management
- Pre-collection/ collection
- Credit Balance Resolution

Aligne, Inc. is a team of technology leaders who combine unsurpassed experience with innovative strategies to help organizations deliver business value through technology. This IT technology management firm of 40 experienced practitioners is based in Wayne, PA with locations in Detroit, Chicago, San Francisco and Raleigh. Aligne assists our clients with their IT challenges via the following service offerings:
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The company has sales offices in the Boston area, serving New England, New York City serving the New York metropolitan area and Princeton serving the Mid-Atlantic States. Also, CCI has support staff located in both New Delhi and Mumbai, India who work with our Vendor Partners and assure our Customers of meeting service level commitments for both short-term projects and long-term engagements.

CCI, headquartered in Princeton, NJ, was founded in October 2001 by Ricky Surie and Amardeep Assar. The company has a team of highly competent, dedicated and professional employees and advisors who have both worked with and experienced the many facets of the business process outsourcing industry. The focus of the company is to provide the Customer a Total Solution to its BPO requirements by providing a holistic approach, thus assuring attention to every detail, including the smooth transition of human capital where needed.

The company has sales offices in the Boston area, serving New England, New York City serving the New York metropolitan area and Princeton serving the Mid-Atlantic States. Also, CCI has support staff located in both New Delhi and Mumbai, India who work with our Vendor Partners and assure our Customers of meeting service level commitments for both short-term projects and long-term engagements.

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Nancy Maze, Vice President, Sales and Marketing Telephone: 620/ 223-8217 nmaze@medplans.com

MedPlans Partners has developed efficient workflow processes and a sophisticated technology infrastructure. By overseeing managed care organizations and risk-contracted provider organizations, Meridian faces the same challenges that its clients face. Out of this experience have come the administrative solutions and internally developed technology. PRIM Eridian™ and PRIM Eridian DIRECT™ - systems proven to work. Meridian has the expertise, systems and people to seamlessly take over a client's critical functions, including claims processing, eligibility verification, or complete turnkey management. Today, clients can leverage Meridian's know-how to lower their administrative costs, employ ASP solutions, reduce staffing ratios, and significantly improve customer service.

Joel Weinberg Telephone: 818/ 673-6201 Email: joel.weinberg@mhcm.com

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Joel Weinberg Telephone: 818/ 673-6201 Email: joel.weinberg@mhcm.com

Metropolitan Health Group (MHG) is the healthcare business of New Africa Capital (NAC). MHG is a dynamic, electronically advanced company specializing in healthcare administration and IT solutions for corporate and retail schemes, both in South Africa and internationally.

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• Emerge for intermediaries to assist with client administration.
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PAYMENTS:

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To secure accommodations, attendees must make reservations directly through the Caesars Palace Room Reservations Department at (800) 634-6661. To receive the group rate, please mention “TCBI Outsourcing” when making reservations. All reservations must be made no later than Sunday, March 9th, 2003. As space is limited, we recommend that you make your reservations as soon as possible. Any individual cancellation within 72 hours of the date of arrival will be billed for one night room and tax.

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