

MEDIA KIT 2020



A man and a young girl are walking away from the camera in a lush green field. The man, on the right, is wearing a blue and white plaid shirt and blue jeans. The girl, on the left, is wearing a light blue and white striped dress and dark shoes. They are holding hands, and the girl is holding a small plant. The background is a bright, hazy sunset over a field, with the sun low on the horizon, creating a warm, golden glow. The overall mood is peaceful and nostalgic.

Challenging healthcare to do better.

Challenging healthcare to do better.

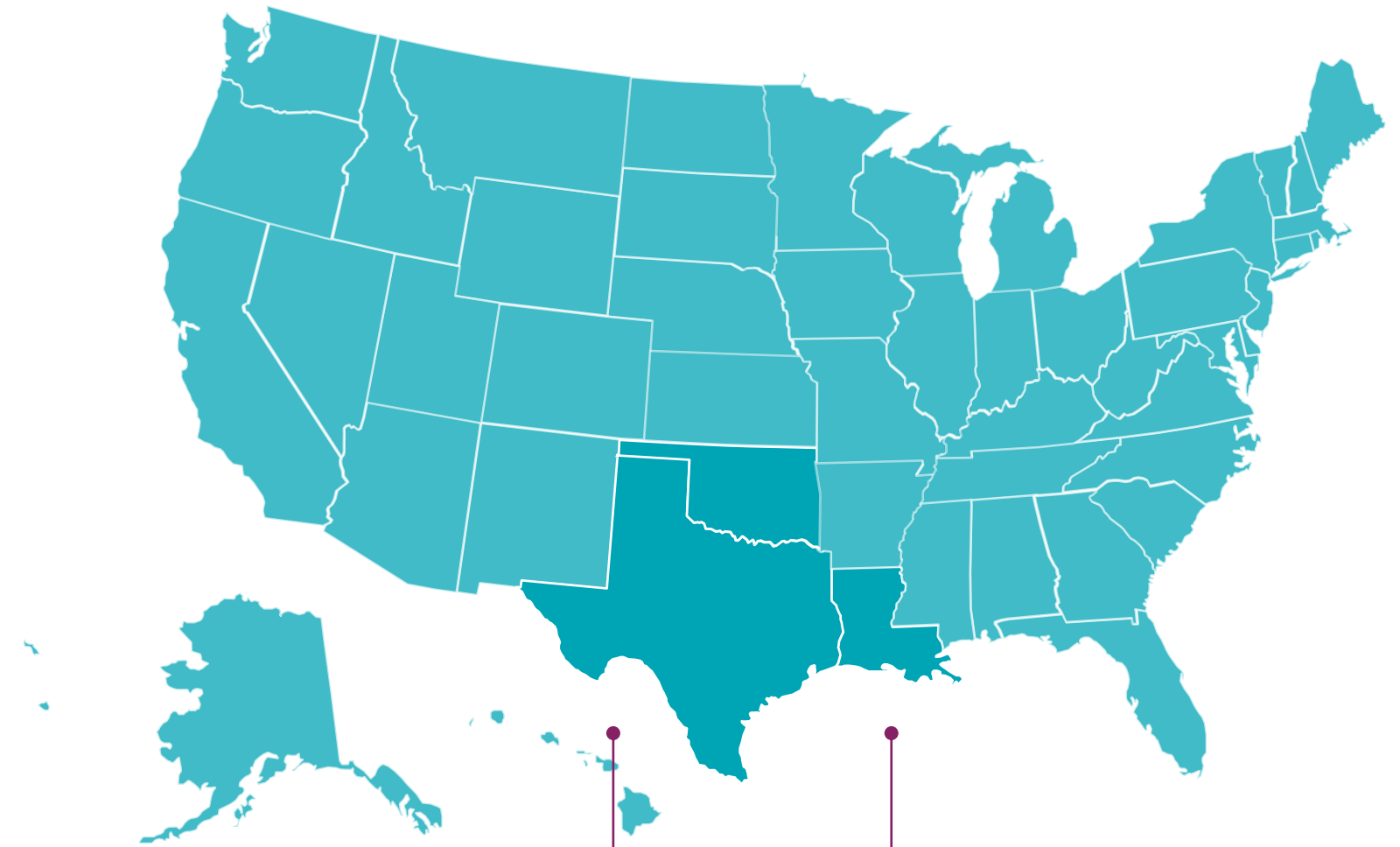
As premiums and out-of-pocket costs continue to rise, forward-thinking employers, benefits managers, and brokers know that current healthcare prices are unsustainable. Healthcare Highways is proud to serve those willing to push beyond the costly confines of major insurer health plans.

Healthcare Highways is an American healthcare company that develops and distributes best-in-class products, services, and solutions to companies and individuals including: health plans, high performance provider networks, pharmacy benefit management, population health management, and benefit plan administration. Founded in 2010, HCH provides mid-sized and large employers in Texas, Oklahoma, and Louisiana a better way to offer their employees quality health care benefits. We are the only commercial Health Plan in Texas that offers a value-based, care-coordinated clinical model built on a state-wide, high-performance network that delivers sustainable, long-term savings with transparent, rapid access to plan data. Our health plan delivers an average cost savings of 26% on Total Cost of Care, and long-term value to more than 505K members.*

We deliver measurable healthcare value to employers, members and providers by driving innovation, inviting collaboration, rewarding quality care, and delivering customer-centric solutions.

CONTACT

Questions? Interview requests? Information requests?
mediarelations@healthcarehighways.com



Average cost of savings on Total Cost of Care*

26%

505K+

long-term value to more than 505K members.

*This percentage is unique to the state of Texas.



The Team.

Drive Integrity
Candor
Collaboration
Ingenuity Drive
Integrity
Drive Integrity
Candor
Collaboration
Ingenuity Drive

Michael G. Wilson

CEO, Founder



Michael G. Wilson
Chief Executive Officer, Founder

Mr. Wilson has over 34 years of experience in healthcare, third-party administration, consulting, and managed care. He began his career with the Equitable Life Assurance Society of New York, and then co-founded Equitable Plan Services, Inc., a third-party administrator located in Oklahoma City, Oklahoma. He went on to found PPO Oklahoma, Corporate Health Plans of America, Inc. (CHPA), and later Texas True Choice, Inc. (TTC), which became one of the largest PPO networks in Texas, before acquiring Century Healthcare, LLC, a limited-benefit health plan, which is now the market leader in limited-benefit plans, MEC, and MVP.

“

"Through our total cost of care focus our savings are double what the major health plans can offer self-insured employers. More importantly, Healthcare Highways ensures quality care for its members. This is how we are challenging healthcare to do better."

- Michael Wilson, Founder & CEO, Healthcare Highways



Alan Scoggins
President

Mr. Scoggins' expansive career includes more than 35 years of experience in all facets of healthcare, finance, and operations management. Prior to joining Healthcare Highways as President, he served four years as Vice President of Government Products & Services for MultiPlan, three years as Vice President of Sales & Account Management for Viant Health Payment Solutions, and ten years as President of Texas True Choice.

“We started at ground zero, building health plans that offer value for all parties: members, providers, and employers. We create proprietary, patient-centric networks of healthcare providers selected for their history of efficiency and high quality of care.”

- Alan, Scoggins, President, Healthcare Highways



Creagh Milford DO, MPH, FACOI
Chief Medical Officer

A National Academies of Medicine Fellow, Creagh Milford DO, MPH, FACOI has held senior executive positions with FullWell, Mercy Health, Massachusetts General Physician Organization, Massachusetts General Hospital, and Partners Healthcare. He holds a Doctor of Osteopathy from the Chicago College of Osteopathic Medicine, and a master's degree in Health Management and Policy from the Harvard School of Public Health, where he continues to guest lecture. He also held positions with the Centers for Medicare and Medicaid Services and the Department of Health and Human Services.

“Care coordination forms a conduit for continuous communication between the patient and provider, ensuring access to timely and accurate information that informs progress or possible modifications that need to be made to the patient's treatment plan.”

“Medicine today has become ‘on demand’. The age of doctor paternalism in medicine has sunset.”

- Creagh Milford DO, MPH, FACOI Chief Medical Officer



Marc Pinney
Chief Operating Officer

Chief Operations Officer, Healthcare Highways Mr. Pinney's extensive career began as a sales representative and later Vice President of Sales for Gallagher Benefit Administrators. A Senior Benefits Consultant at Holmes Murphy & Associates after that, he then brought his deep expertise to Healthcare Highways, now serving as Chief Operating Officer.

“If you’re a self-insured employer, know this: while companies might get a discount on unit costs, if the insurance carrier isn’t insisting its network of providers manage utilization, the net costs could be even more.”

“Conflict of interest and product cannibalization prevent the major health plans that exist today from delivering value-based care that consistently improves employee health outcomes while reducing total cost of care.”

- Marc Pinney, Chief Operating Officer



Mike Ryan
Executive Vice President of Sales,
Account Management and Marketing

Mr. Ryan brings more than 25 years of experience in employee benefits and healthcare to his role as Executive VP at Healthcare Highways. A graduate of Niagara University with a major in Accounting, he first worked in audit and tax departments for a large national accounting firm, earning his CPA designation. Later he was responsible for the sales, marketing, customer services, and financial budgets for a 14-state territory of UniCare, a separately incorporated can capitalized subsidiary of WellPoint Anthem. He currently leads sales, account management, and marketing efforts for Healthcare Highways. Previously, he served as President of Century Healthcare.

“Purchasing benefit health plans requires collaboration—it’s a team effort of the C-suite, HR, and a consultant working to demand transparency in data, relationship, and return on investment.”

- Mike Ryan, Executive Vice President of Sales



Brian Wallach
Executive VP, Provider Networks

Mr. Wallach has more than twenty-five years of provider network management experience. His extensive experience and knowledge of provider network management comes from diverse roles such as planning and building provider networks at a start-up company like Oscar Health to managing Cigna Healthcare’s 90,000+ provider network in 18 states located throughout the southeastern U.S. to being responsible for network assessment, building and maintenance of the provider network around the globe for Cigna International. Mr. Wallach holds a Juris Doctor degree in Healthcare Law from the University of Houston.

“High-performance networks reward physicians for delivering efficient, outcome-driven care that results in improved patient health outcomes.”

- Brian Wallach, Executive Vice President, Provider Networks



Chris Wilson
Senior VP, Business Development

Mr. Wilson brought his experiences founding brokerage firm CJW & associates, LLC and serving as Senior Producer for Arthur J. Gallagher to the role of Vice President of Sales for Healthcare Highways. Now Senior Vice President of Health Plans of Healthcare Highways, Inc. his dedication to excellence has proven invaluable.

“The benefits market is racing towards health plans built upon data transparency and measurable, long-term returns versus discounts. This re-alignment of client-consultant interests could be the single most important change in the health plan delivery space.”

“Employers seeking to maintain their profit margins while upholding their obligations to employee health must break with established models and embrace innovative strategies that increase efficiency and promote provider accountability.”

- Chris Wilson, Senior Vice President, Business Development



The Board.

Michael G. Wilson

Chief Executive Officer, Founder

Mr. Wilson has over 34 years of experience in healthcare, third-party administration, consulting, and managed care. He began his career with the Equitable Life Assurance Society of New York, and then co-founded Equitable Plan Services, Inc., a third-party administrator located in Oklahoma City, Oklahoma. He went on to found PPO Oklahoma, Corporate Health Plans of America, Inc. (CHPA), and later Texas True Choice, Inc. (TTC), which became one of the largest PPO networks in Texas, before acquiring Century Healthcare, LLC, a limited-benefit health plan, which is now the market leader in limited-benefit plans, MEC, and MVP. He was a 5-time All American Gymnast at the University of Oklahoma and NCAA Champion in floor exercise in 1979. Mr. Wilson was also a member of the World Cup and World Championship teams in 1978 and 1979, earning a spot on the 1980 Men's Olympic Gymnastics team.

Bart Conner

Conner has built an impressive business and philanthropic career focused on his passions, leading to among many things: the TV production company Perfect 10 Productions and the Bart Conner Gymnastics Academy in Norman, Oklahoma--one of the largest and best-equipped gymnastics centers in the United States. Conner and his wife, Nadia Comaneci, host the Bart & Nadia Sports Experience, a health and wellness event offering free health screenings and interactive fitness challenges, to promote "ownership" of our health and wellness status, every February at the Cox Arena and Convention Center in Oklahoma City, OK.

Dan Thomas

Starting his career as a CPA at KPMG, he spent several years with Medical Care International, Inc., a national surgical center company, before becoming the COO, President and later the CEO of Concentra, Inc. Mr. Thomas grew Concentra from \$15 to \$620 million in revenues before joining Viant, a leading healthcare cost-management company that served the nation's largest health insurance companies, third-party administrators, government agencies, and employers. After Viant was sold for \$900 million, Mr. Thomas brought his expertise to Provista expanding its growth through strategic acquisitions for six years as its president and CEO before it was sold.

Doug French

Doug French has more than 30 years' experience as a distinguished healthcare executive. A Fellow in the American College of Healthcare Executives he has published and spoken extensively on healthcare ventures, innovation, and IT. Formerly Mr. French served St. Louis-based Ascension Health--the largest nonprofit system in the United States with an operating revenue of \$18 billion--as president and chief executive officer, bringing growth to more than 70 facilities operating in 36 markets and 20 states.

Emmitt Smith

Emmitt Smith is a professional football icon, with 15 years in the National Football League, and many records that still stand today, three Super Bowl appearances, membership in the Pro Football Hall of Fame, and a career as a football analyst for the NFL Network and ESPN. Currently, he runs ESmith Legacy, EJ Smith Construction, ESmith Reality Partners, ESmith Capital partners, and Prova group, Inc. and is a Certified Commercial Investment Member (CCIM), REALTOR® and author.

Joe Cunningham

Joe Cunningham is board certified in Internal medicine, quality assurance, and peer review. He is a founding partner and managing director of Santé Ventures, an Austin-based life science and healthcare venture capital company. Previously, Dr. Cunningham was the former Chief Medical Officer of Providence Health System, and executive director of the 300-physician-strong Providence Health Alliance, a venture partner of Austin Ventures and vice chairman of the Ascension Health Ventures investment committee. Currently, he serves on advisory boards for both United Healthcare and Health Care Services Corporation (BC/BS).

Scott Wood

Scott Wood is a nationally recognized insurance industry expert with 30 years of experience in: insurance company operations, administration, marketing, strategic planning, risk management, product development, reinsurance, marketing, and alternative funding, including self-funded plans. Mr. Wood is president of Insurance Program & Risk Management (IPRM), which boasts a record of increasing profits for insurance companies, claims administrators, reinsurers, and MGUs. Previously, Mr. Wood held concurrent positions as CEO and chief operating officer while at Independence Holding Co. (NYSE: IHC). He was also CEO of Insurers Administrative Corp. (IAC), a TPA of health insurance programs, before joining Healthcare Highways' Board of Directors. Mr. Wood is also principal and CEO of Benefit Commerce Group (BCG), an employee-benefits consulting firm.

Stan Dennis

Co-founder

Stan Dennis brings a diverse, 30-year background in healthcare, healthcare services, and payer-services systems. Mr. Dennis also serves as an operating partner with Welsh Carson Anderson and Stowe (WCAS), a leading healthcare private equity firm. Formerly he served as the president and COO of NaviHealth, a former WCAS portfolio company, that grew to serve nearly 2 million health plan members through more than 75 partner hospitals and physician groups. He also served as executive vice president of Optum, adding more than \$10 billion in revenue at UnitedHealth Group. His tenure also includes C-suite roles at Texas Health Resources, Allina Health System, PhyCor, and Anthem.

Patricia A. Maryland, Dr.PH

Patricia served as EVP of Ascension and President and CEO of Ascension Healthcare for more than 20 years before stepping down in June 2019. Dr. Maryland has extensive experience in strategic planning, patient care operations, finance, clinical program development and evaluation. She was named to The 100 Most Influential People in Healthcare in 2018 and 2017, one of the Top 25 COOs in Healthcare in 2017, one of the Top 25 Women in Healthcare in 2019, 2018, 2017, 2016 and 2015 by the publication Modern Healthcare, Woman of the Year in 2014 by the Healthcare Businesswomen's Association, and one of Modern Healthcare's Top 25 Minority Executives in Healthcare also in 2019, 2018, 2017, 2016, 2015 and 2014.

Mike McCabe

As an original founder and current Chief Executive Officer of WebTPA Employer Services, Mike McCabe brings 30+ years of managed healthcare consulting and leadership experience to the HCH Board. After earning his MBA from Southern Methodist University, Mike began his professional career with the Coopers & Lybrand consulting firm in the Actuarial, Benefits and Compensation Practice where he handled building, negotiating, managing and auditing all facets of employer benefit offerings. Channeling his experience as a consultant along with an entrepreneurial insight into the healthcare industry, he identified a need in the market for a flexible benefits administrator able to meet the dynamic needs of large employers, and WebTPA was born. He has grown the company from a start-up in the mid-1990s serving local Texas hospitals to a multi-state enterprise of 500+ employees and more than \$65 million in annual revenue.



Our Solutions

Healthcare Solutions Geographic Availability

- Healthcare Highways Health Plan embeds PBM and care coordination solutions within a high-performance network.
- As businesses within the Healthcare Highways enterprise, these companies may sell direct to employers, health plans, and providers as stand-alone or bundled solutions.
- HCHAdvantage will launch in its first market – Dallas/Ft.Worth – on 1/1/2020.

Products and Services

Networks



Full-service health plans for ASO clients

Pharmacy benefit management

Care navigation and coordination

Healthcare claim repricing, data aggregation, analytics

Care navigation and coordination

Statewide Medicare Advantage network

Statewide high-value network in Louisiana

Statewide high performance network

Statewide broad network in Oklahoma

Statewide high-value network

Texas



Oklahoma



Louisiana



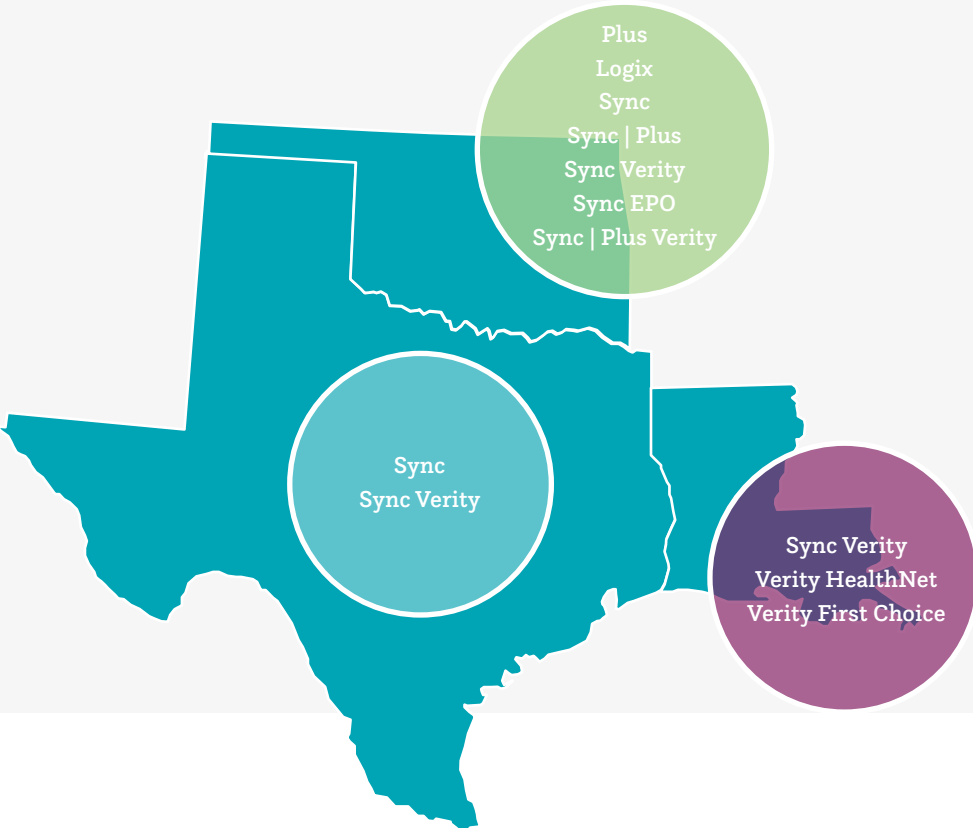
Nationwide



Network. A network is the group of physicians, hospitals, ancillary and other providers who have contracted with your health insurer to provide in-network services.

High-Performance Network: A curated network of service providers with a demonstrated track record of improved patient health outcomes and practice efficiencies, aligned with our mission to offer high-quality care at a lower total unit cost.

Health Plan: A self-insured group health plan (or a 'self-funded' plan as it is also called) is one in which the employer assumes the financial risk for providing health care benefits to its employees. In practical terms, self-insured employers pay for each out of pocket claim as they are incurred instead of paying a fixed premium to an insurance carrier, which is known as a fully-insured plan. Typically, a self-insured employer will set up a special trust fund to earmark money (corporate and employee contributions) to pay incurred claims.



HCH Sync

Our care-coordination embedded solution that delivers cost saving through direct financial alignment with providers incentivized to increase efficiency and improved health outcomes.



HCH Plus

Our broad network; Offers a wide selection of hospitals and service providers. Can be tiered with Healthcare Highways Sync for even greater affordability and coverage.



HCH Sync | Plus

A two-tiered network offering two coverage, cost, and network configuration options.



HCH Logix

A high-value network that lowers the total cost of care through exceptional, directly negotiated discounts.



Verity HealthNet

Louisiana-based, high-performance network providing self-funded small, medium, and large employers high value provider networks.



Verity First Choice

Louisiana-based, high-performance network that provides long-term value through strategic benefit design and efficient tiering and provider steerage.



HCH Sync Verity

Our Louisiana high-value network offers the lowest unit cost on the market by curating providers willing to offer lower prices while maintaining their quality commitment.



HCH Sync | Plus Verity

Our Louisiana high-performance network offers the lowest unit cost on the market by curating providers willing to offer lower prices while maintaining their quality commitment.

The background features a dynamic watercolor-style splash of colors. On the left, there are deep purple and blue tones, which transition into a vibrant magenta and pink on the right. The colors are layered and textured, with some areas appearing more saturated than others, creating a sense of movement and depth.

Resources.

LOGO USAGE

Identity

The Healthcare Highways logo consists of a logomark and logotype. When using the combination of both, do not separate the two components or stack them. Ensure there is room for a horizontal placement with exacting spacing as shown here. See the next page for information on the clear space required around the logo.

When legibility of the combined logomark and logotype may be compromised due to limited space, it is recommended the logotype alone be used. Typical applications include presentation footnotes, social media avatar/profile images and small-scale promotional materials.

The logomark should never be used independently of the logotype. The logomark and logotype should never be included in body copy.

LOGO ANATOMY



DO NOT replicate the Healthcare Highways logo. Contact Corporate Marketing for approved logo files.

LOGO CLEAR SPACE

Identity

When applying the Healthcare Highways logo -- whether using the combination logomark and logotype or logotype alone -- be certain to allow for the specified amount of clear space. The logo should have a clear perimeter no less than the height of the Healthcare "H" in the logotype.

The minimum logo size of the combination logomark and logotype is 1.5".

The minimum logo size of the logotype used alone is .5".

LOGO ANATOMY

Minimum clear space = the height of the HCH "H".



MINIMUM LOGO SIZE

Logo should not appear smaller than 1.5"

When used alone, the logotype minimum size is .5"



DO NOT replicate the Healthcare Highways logo. Contact Corporate Marketing for approved logo files.

LOGO COLOR VARIATIONS

Identity

The combination logomark and logotype and the independent logotype may each be used in four versions:

- Preferred two-color standard
- Preferred two-color reversed
- One-color reversed in white only
- One-color black only for simple photocopy, patient/customer forms, etc.

COLOR VARIATION EXAMPLES



Two-color standard



Two-color reversed



One-color reversed



One-color black

INCORRECT LOGO USAGE

Identity

The following examples demonstrate how NOT to use the Healthcare Highways logo as it relates to a number of elements, including color, scale, font, size and placement. These rules are designed to preserve the company's brand identity. The logo should never appear as a part of another graphic element or wordmark, and should never be altered or reproduced in terms of content, fonts or other elements. Use only approved files as provided by the Healthcare Highways marketing and communications team.



Healthcare Highways is spurring a shift in conversations and demand by stimulating competition in the market, energizing collaboration in the medical community and challenging people to rethink what defines value in a health plan.

Do not use graphic or image versions of the logo when Healthcare Highways appears in text.

INCORRECT GRAPHIC USAGE EXAMPLES



Do not reposition or remove the ® mark.



Do not rotate or display the logo on an angle



Do not alter the logo colors.



Do not alter the green color of the arch in the logo.



Do not alter or change the logo fonts.



Do not alter the position of the logo elements.



Do not distort or improperly scale the logo.



Do not place the logo on non-branded patterns or colors.

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Don't miss our contributor's insight on Harvard's Primary Care Blog, D CEO Healthcare, and our blog!

[click here](#)

P2P+E: Understanding the employer role in an improved Patient-to-primary care physician relationship
Author: Chief Medical Officer | Creagh Milford DO, MPH FACOI

[click here](#)

Illusion of Choice in Healthcare Negotiations Part One | Two | Three
Author: Chief Operating Officer | Marc Pinney

[click here](#)

The High-performance Network : Old, Made New (Again)
Author: Executive Vice President, Provider Networks | Brian Wallach

History.

Healthcare Highways incorporated in 2010 with an early mission to build high performance networks for hospital systems in the state of Texas.

By late 2012, having been approached by several broker/ consultants and large employers in Oklahoma, Healthcare Highways modified their mission to include the creation of commercial high-performance networks across a three-state region encompassing Oklahoma, Louisiana, and Texas.

By early 2014, Healthcare Highways expanded their focus beyond high performance networks to solve for additional solution gaps challenging employers. They acquired both Oklahoma Health Network and Century Healthcare and started Healthcare Highways Rx.

The following year, Verity HealthNet in Louisiana joined the Healthcare Highways family of companies, and HCH Deductible Relief was launched.

In early 2017, Healthcare Highways Health Plan was formally incorporated, leveraging the integration opportunities of the businesses across the enterprise into a fully capable health plan built on a high-performance network.

And at the start of 2018, care coordination under the Careways label expanded the family of brands once more. Today, Healthcare Highways is a health plan backed by a high-performance network that delivers quality care, cost savings and sustainable value.

