

ACHRM Employer Membership Application The Association for Corporate Health Risk Management

The Association for Corporate Health Risk Management (ACHRM) is a unique employer community where employers collaborate with their peers, learn new methods and techniques to reduce their company's health care costs, implement or improve quality healthcare programs, and improve employee well-being and productivity.

ACHRM offers employers virtual opportunities to engage in cutting edge projects and strategic initiatives to develop solutions for containing healthcare costs and better managing their health risk. Periodically ACHRM shall offer educational programs including, roundtables, webinars, and other events.

As a former CFO, COO, and Corporate Risk Manager, I understand the challenges of developing and maintaining a budget while finding more effective strategies to reduce healthcare costs and enhance employee benefits. The Association for Corporate Health Risk Management offers a venue to develop solutions for your health risk management challenges by launching pilots, publishing case studies and articles, introducing best in class solution providers, and creating a collaborative environment with your peers. Currently, we have about 30 committees and strategic initiatives executing our Nine-Pronged 2024-25 Strategic Plan (see below).

As an educator and facilitator, ACHRM's the only national association promoting the benefits of engaging an independent non-insurance carrier third party administrator (TPA), pharmacy benefit managers (PBM), and other resources. Not only does rethinking your firms selffunding methodology benefit your bottom line, employees, but also medical professionals.

If you're tired of feeling helpless and suffering through a 10-50% renewal with no additional benefits, invest \$299 and join your peers making change!

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ACHRM's 2025-2026 14-PRONGED STRATEGIC PLAN

- 1. Educational Events ACHRM will offer both general membership (special guest) and invite only strategic initiatives
- 2. Weightloss Drug Pilot
- 3. Migraine Feasibility Study Kickoff Meeting May 15, 2025
- 4. DPC, Onsite & Shared Site Clinics FOUR Separate Pilots launched on April 1, 2025
- 5. Public Entities: Small, Rural Projects underway: Missouri rural schools, New Mexico, Ohio, among many others (Next Steps vary based upon location)
- 6. Public Entities: States, Large Cities Drug spend management, PBM contract analysis, direct contracting with mfg (eliminating PBM, Broker fees and commissions)
- Oncology Employer DPC Pilots: Develop and Illustrate the Benefits of Preventable Strategies AND Claims Management, Direct Contracting, Employee Engagement, Data Analytics

- 8. Digital Care Single Point Solutions:
 - Identify Best-In-Class Oncology
 - Launch Pilot for Women's Care (Q3-Q4)
- 9. Six Projects In Development:
 - o **340B**
 - Al and Healthcare
 - Relaunch CEO/CFO/CHRO Panels-Roundtables
 - Data Analytics
 - Reenergize Your RBP Strategy
 - Direct Contracting White Paper / Article More advanced version of previous publications to assist both Medical Professionals and Employers

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Why should employers join ACHRM?

Only Employer-Based National Association...

- Offering over a dozen Healthcare Cost Containment Strategies, and employer committees to assess and select best-in-class solution providers.
- Assisting employers with assessing their current healthcare cost containment strategies and facilitating the implementation of new solutions to improve employee outcomes and save healthcare costs for their organization.
- Educating CEOs, CFOs, CHROs, and other professionals responsible for managing their organization's health risk and containing healthcare costs.
- Creating collaborative opportunities to learn from and network with your peers and national thought leaders.
- Providing educational projects and publications such as pilots, white papers, case studies, workshops, roundtables, webinars, and MORE!

Who's joining ACHRM?

- CEOs, CFOs, COOs, HR Directors, Risk/Benefit Managers, Wellness Directors, Medical Directors, Informatics, Safety / Facilities Mangers, and other professionals who are responsible for managing their organization's health risks and healthcare.
- For-profit, not-for-profit, foundations, unions, public entities ranging in size up to 100,000 employees or members.
- Best-in-class, disruptive solution providers, national thought leaders, and leading-edge health insurance and other consultants, who offer ideas, experiences, and strategies to assist us in fulfilling our Mission. (Memberships and sponsorships are only granted on a select basis.)

Application

Please complete all sections below. Sign and return this original application to Melissa Brookes at <u>mbrookes@achrm.org</u> or Bill Lacy <u>wlacy@achrm.org</u> Payments may be made by e-check (ACH) or credit card. ACHRM, LLC 230 Kings Highway East Suite 340 Haddonfield, New Jersey 08033

ACHRM Tax ID# 45-4906991 (W9 available upon request)

Which of the following best describes your health insurance plan?

- □ Fully-insured with a Major Insurance Carrier □ Participation in Captive or Consortium
- □ Self-insured with a Major Insurance Carrier (BCBS, UNITED, CIGNA, AETNA, other)
- □ Self-insured engaging and independent, non-insurance carrier based Third Party Administrator
- Other (please describe ______

INDIVIDUAL EMPLOYER MEMBERSHIP ANNUAL FEE:

\$299 Membership fee. Membership fee will renew automatically on an annual basis. Please select your payment preference below:

- o Single \$299 payment (check or credit card see below)
- o 12 monthly payments of \$29.99 with a convenience fee (credit card payment only)

| Your Name: | | Title: | |
|-------------------------|-----------------------------------|----------------------------|-------|
| Phone: | | Email: | |
| Company / Organization: | | Industry Type | |
| | Physical Address: | | |
| | Billing Address: | | |
| | Number of Employees: | | |
| | Credit Card Type (Circle): Visa 🔶 | MasterCard 🔶 American Expr | ess 🔶 |
| | Card #: | Expiration Date: _ | CVV: |
| | Name as It Appears on Card: | | |
| | Billing Address: | | |
| | Cardholder's Signature: | | Date: |
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AUTHORIZED SIGNATURE/TITLE:

This line must be signed for acceptance of contract.