MyHealthGuide
Newsletter for the Self-Funded Community

MyHealthGuide Newsletter

News for the Self-Funded Community

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TABLE OF CONTENTS

General & Company News

- Healthcare Automation Leader Smart Data Solutions Announces Acquisition of JMS and Associates
- Ringmaster® Technologies and Subsidiary Ringmaster® Rx Launch a Pharmacy Consulting Platform for Self-funded Community
- Amwins Group Benefits Launches Gene Therapy Solutions Program Exclusively Available Through Stealth Partner Group
- Skyward Specialty Leverages Gradient AI to Offer Unique Stop-loss Solution
- HCAA Announces Registration is NOW OPEN for Executive Forum 2023!
- D.W. Van Dyke Announces Results of *Medical Stop Loss Industry Persistency and New Business Survey*
- Verily and Swiss Re Broaden Strategic Relationship
- The Phia Group Announces Webinar: *The Witching Hour for Healthcare Plans*
- SIIA Announces Granular as latest Diamond Member
- HCAA Announces Podcast *Key Trends in Cost Containment Space and How Employers are Going to Benefit*
- Centivo Partners and The Business Health Care Group Announce Event: *Employers as Health Care Change Agents - The Time Is Now*
- EHNAC Releases New 2023 Accreditation Criteria Versions for TPAs and 18 Others

People News

- MedWatch's Sally Ann Polson Recognized with a Special Award for Leadership
- Allied Benefit Systems Announces Rob Valerious as Chief Strategy Officer and Drew Rozmiarek as Chief Revenue Officer
- Smart Data Solutions Announces Shashi Yadiki as Chief Executive Officer
- Boulder Administration Services Names Dror Baruch as the New President & CEO
- Quad M Solutions Announces Appointment of Yakov Kogan as Chief Operating Officer

Market Trends, Studies, Books & Opinions

- Loneliness Can Double Risk of Type 2 Diabetes

Medical News

- Visual Health Linked With Depressive Symptoms

Recurring Resources

- Medical Stop-Loss Providers Ranked by 2021 Annual Premium - Over $26.8 Billion
- ICD-10 stop-loss Trigger Diagnosis Tools
- The Value of Self-Funding
- An Introduction to Self-Funding: What, Who & How

Upcoming Conferences

Job News

Clicking a job listing below will open a webpage with job summary, details and links to additional information (when available). Initial publish date is shown right of listing. Listings are generally published for 1 month. This format helps reduce this Newsletter under the size limits of most email applications.

- Ringmaster® Technologies Open Positions (10/10)
- H.H.C. Group Seeks National Sales Manager (10/3)
- HCSC Blue Cross Blue Shield Open Positions (10/3)
- HM Insurance Group Open Positions (10/3)
- Opportunity Comes with Growth at Välenz® (10/3)
- QBE North America Career Opportunities (9/26)
- Opportunity Comes with Growth at Välenz® (9/12)

Editorial Notes, Disclaimers & Disclosures

General & Company News

Healthcare Automation Leader Smart Data Solutions Announces Acquisition of JMS and Associates

MyHealthGuide Source: Smart Data Solutions, 10/10/2022

Eagan, MN – Smart Data Solutions (SDS), a leading provider of data management, claim routing and workflow solutions to payers, announced the acquisition of Farmington Hills, MI-based JMS and Associates (JMS), a provider of tech-enabled outsourced solutions to TPAs and other healthcare organizations. The acquisition brings new clients and capabilities that will broaden the set of solutions SDS is able to provide to existing and future clients.

Founded in 1975, JMS provides leading healthcare companies across the country with value-added outsourcing solutions that leverage automation and technology-based business processes. JMS provides data capture, claims adjudication and plan building services, all supported by a strong client-centric service delivery model. **Chuck Agrusa**, CEO, **Daniel Feng**, President, and the rest of the JMS team will join SDS post-acquisition.

“We are thrilled to be joining forces with SDS. We have known the organization and its team for a number of years and see great cultural alignment and a shared focus on client success,” said Agrusa. “We look forward to maintaining the same level of focus and dedication to our clients while also working with the broader organization to provide even greater value to SDS’ base of payer clients.”

“SDS is focused on driving sustainable digital transformation for our clients, bringing tangible value through our tech-driven set of solutions,” said **Shashi Yadiki**, CEO of SDS. “The addition of JMS brings a complementary set of high-impact services that can be leveraged to improve a payer’s operational agility and thrive in today’s dynamic health benefits market. We are excited to have Chuck, Dan and the whole JMS team join the SDS family.”

SDS is supported by Parthenon Capital, a leading growth oriented private equity firm focused on building franchise companies in healthcare.

Kirkland & Ellis served as legal counsel to SDS. Kerr Russell served as legal counsel to JMS.

About Smart Data Solutions

As a leader in healthcare automation, Smart Data Solutions’ mission is to make the healthcare market more efficient by leveraging technology to provide effective, high-quality claims processing solutions. SDS brings a comprehensive set of tools and processes to every opportunity, carefully configured to the individual needs of each client. Smart Data Solutions has focused on creating innovative solutions specifically to meet the needs of the healthcare market. Today, more than 400 TPAs, PPOs, HMOs, hospitals, and insurance companies depend on SDS for automation of intake, data capture, and front-end workflows for health insurance and claims administration. Contact Susan Berndt at sberndt@sdata.us and visit sdata.us

Top

Ringmaster® Technologies and Subsidiary Ringmaster® Rx Launch a Pharmacy Consulting Platform for Self-funded Community

MyHealthGuide Source: Ringmaster® Technologies, 10/4/2022

Boca Raton, FL - Ringmaster Technologies®, Inc. (RMT) a leading healthcare software provider in the U.S., and its wholly owned subsidiary, Ringmaster® Rx announced the launch of the first pharmacy consulting, platform to provide cloud-based tools and services for pharmacy experts who serve the self-funded community.

In working with TPAs and Brokers representing self-funded employer groups, Ringmaster learned that clients often had difficulty interpreting and/or comparing PBM responses. Accessing AWP data and evaluating nuance contract terms such as: exclusion language, generic definitions, specialty definitions and limited distribution definitions proved to be outside the scope of what most TPAs and Brokerage firm could handle. This created an opportunity for a technology platform to help align clients and PBMs.

The unique attributes of the Ringmaster Rx platform provide clients a cloud-based data warehouse integrated with a RFP workflow process that solicits, compares and awards pharmacy benefit management (PBM) contracts and programs.

“This combination of automated workflows and data warehouse capabilities gives clients the ability to customize their own panel of preferred PBM’s, generate reports, create sophisticated analytics for their employer groups and perform contract reconciliations and audits on performance. All of which is virtually impossible with today’s manual processes and the lack of access to key data,” stated **Jason Wenzke**, President of Ringmaster Rx. "We believe that this new platform is a huge win for pharmacy benefit consultants, Brokers and Third-Party Administrators (TPA’s) who will use the platform to take advantage of meaningful PBM sourcing solutions, analyze the performance of those contracts and ultimately manage cost for their employer groups by stepping into the ring and utilizing the system.”

“We created Ringmaster Technologies and its subsidiary, Ringmaster Rx, because I believed we could deliver technology to self-funded experts that would improve their operations significantly and those improvements would lead to smarter investments and better health outcomes. Our great success in creating the world's only stop-loss marketplace and automation technology has shown us that the challenges in self-funded pharmacy offerings were also solvable on our technology platform and we are excited to deliver this state-of-the-art capability to our partners,” said **Todd Roberti**, Founder and CEO of Ringmaster Technologies.

About Ringmaster Technologies, Inc.

Ringmaster is a cloud-based healthcare software provider created to simplify and enhance administrative processes by utilizing cutting edge technologies. Ringmaster offers the first fully automated workflow optimization solution that drastically reduces processing time and complexity while minimizing the turnaround time for Stop-Loss quoting, contracting, and policy administration. Additionally, Ringmaster Rx offers a pharmacy consulting platform which provides cloud-based tools and services for Self-Funded Pharmacy Experts. Contact **Leo J. Garneau III**, Chief Marketing Officer, at lgarneau@ringmastertech.com and visit ringmastertech.com

Ringmaster Technologies – Realize the Possibilities – Step into the Ring

Top

Amwins Group Benefits Launches Gene Therapy Solutions Program Exclusively Available Through Stealth Partner Group

MyHealthGuide Source: Amwins Group, 10/10/2022

CHARLOTTE, NC – Amwins Group Benefits released its new Gene Therapy Solutions program exclusively available through **Stealth Partner Group**, an Amwins company. This new solution when coupled with stop-loss coverage, provides a sustainable, revolutionary strategy that prepares employers to face unexpected, high-dollar gene therapy claims with confidence.

“Our goal is to help employer groups navigate the future of gene therapy while providing unrivaled knowledge and expertise to help mitigate their financial risk,” said **Harley Barnes, Jr.**, co-chief executive officer at Stealth Partner Group. “We’re launching the Gene Therapy Solutions program to empower employers as they implement smart, practical and complete risk management programs and strategies for their employees.”

Amwins Gene Therapy Solution offers unique program advantages like easy billing, seamless contract management, portability between carriers, and meaningful first-dollar protection to the employer. The Gene Therapy Solution provides coverage for three Food and Drug Administration (FDA) approved treatments:

- Luxturna treatment for hereditary blindness up to $850,000
- Zolgensma treatment for spinal muscular atrophy (SMA) $2,200,000
- Spinraza treatment for spinal muscular atrophy (SMA) up to $2,200,000

Luxturna is a curative treatment for a rare form of inherited vision loss. Zolgensma is a curative treatment for children under two years of age for SMA conditions that were previously fatal. Spinraza is proven to significantly slow the progression of spinal muscular atrophy in pre-symptomatic infants.

“Developments in gene and cell therapies have the potential to provide life-changing treatments, but also present significant financial risk to self-funded plan sponsors,” said **Josh McGee**, vice president Amwins Accident & Health Underwriters, who is responsible for proprietary program development for Stealth Partner Group. “Our mission is to support our retail partners by providing meaningful solutions that protect employers as they face the ever-evolving and complex gene therapy landscape.”

According to the FDA, there are 22 cellular and gene therapies in the market today of which include 18 cellular treatments and four gene therapy treatments ranging in price from $500,000 to $3,000,000 and seven approved treatments predicted by next year. Costs for these gene therapies are expected to rise beyond $3,000,000 within the next 12-18 months. Amwins anticipates adding coverage for additional treatments as they are approved and available in the market.

To learn more visit: https://www.amwins.com/solutions/group-benefits/self-funded/cost-containment/gene-therapy-solutions

About Amwins Group, Inc.

Amwins is the largest independent wholesale distributor of specialty insurance products in the U.S., dedicated to serving retail insurance agents by providing property and casualty products, specialty group benefit products, and administrative services. Based in Charlotte, NC, the company operates more than 155 offices globally and handles premium placements in excess of $26.4 billion annually. Visit amwins.com

About Stealth Partner Group

Stealth Partner Group, an Amwins Company, was founded in 2009 and has grown to be one of the largest specialized general agencies in the country. The firm partners with brokers, consultants, and third-party administrators (TPAs) to negotiate, implement, and assist in managing medical stop-loss and ancillary benefits with the nation's top-tier carriers. With 15 offices across the U.S., Stealth offers its clients more than 150 years of collective experience in the stop-loss and ancillary insurance marketplace. Visit stealthpartnergroup.com

Top

Skyward Specialty Leverages Gradient AI to Offer Unique Stop-loss Solution

MyHealthGuide Source: Skyward Specialty Insurance Group, Inc., 10/4/2022

Houston, TX and Boston, MA – Skyward Specialty Insurance Group, Inc., a leader in the specialty property and casualty (P&C) market, has partnered with Gradient AI, a leading enterprise software provider of artificial intelligence (AI) solutions in the insurance industry, to power its Accident and Health (A&H) division's latest technology driven stop-loss solution, SkyVantage.

As employer healthcare costs continue to rise, an increasing number of businesses are turning to self-funded health insurance models. However, lack of access to sufficient historical data leaves many companies unable to purchase stop-loss insurance, access necessary protection to self-fund employee benefits and take advantage of the value-added quality and cost containment solutions afforded to self-funded employers. These employers are relegated to the fully insured market to provide health benefits, resulting in double-digit annual increases and plan designs that leave employees functionally uninsured.

Skyward Specialty A&H met this challenge with SkyVantage, which leverages Gradient AI's SAIL medical underwriting solution. As a result, Skyward Specialty can evaluate group health risk at a deeper level by accessing Gradient AI's vast medical dataset and machine learning and then integrating this intelligence with their expertise in the underwriting process. Using the solution, Skyward Specialty leverages these data insights and more precise assessments to offer highly customized and cost- effective solutions for the self-insured market. This allows employers to provide employee benefits more cost-effectively while also enabling many employers to self-insure who may have been unable to do so otherwise.

"SkyVantage heralds a new era for the self-insurance market with an innovative, holistic solution that simply did not exist before," said Byron Way, CEO of Skyward Specialty's A&H division. "Our philosophy is when the employer plan wins, we win. Combining Gradient AI's group health data and advanced machine learning with our highly skilled and experienced stop-loss underwriters makes SkyVantage a true differentiator in the market."

"Skyward Specialty is a company known for leveraging technology to bring disruptive and innovative insurance solutions to market, solving previously unsolvable insurance challenges," said Stan Smith, founder & CEO of Gradient AI. "We're excited that Gradient AI's solution has enabled Skyward Specialty to build on its reputation for offering customized solutions to the self-insured market."

Gradient AI's SAIL solution leverages AI and a vast data set to offer deeper health and medical data and insights than its competitors. In addition, its ability to collaborate with customers to deliver solutions that meet the unique needs of its business model is a key reason Skyward Specialty chose to work with Gradient AI.

About Skyward Specialty

Skyward Specialty is a rapidly growing specialty insurance company, delivering commercial property and casualty products and solutions on a non-admitted and admitted basis. The Company operates through eight underwriting divisions – Accident & Health, Captives, Global Property, Industry Solutions, Professional Lines, Programs, Surety and Transactional E&S.

Skyward Specialty's subsidiary insurance companies consist of Houston Specialty Insurance Company, Imperium Insurance Company, Great Midwest Insurance Company, and Oklahoma Specialty Insurance Company. These insurance companies are rated A- (Excellent) by A.M. Best Company. Contact **Haley Doughty**, Communications and Marketing Manager, at hdoughty@skywardinsurance.com and visit skywardinsurance.com

About Gradient AI

Gradient AI is a leading provider of proven artificial intelligence (AI) solutions for the insurance industry. Its solutions improve loss ratios and profitability by predicting underwriting and claim risks with greater accuracy, as well as reducing quote turnaround times and claim expenses through intelligent automation. Unlike other solutions that use a limited claims and underwriting dataset, Gradient's software-as-a-service (SaaS) platform leverages a vast dataset comprised of tens of millions of policies and claims. It also incorporates numerous other features including economic, health, geographic and demographic information. Customers include some of the most recognized insurance carriers, MGAs, TPAs, risk pools, PEOs and large self-insureds across all major lines of insurance. By using Gradient AI's solutions, insurers of all types achieve a better return on risk. Visit gradientai.com

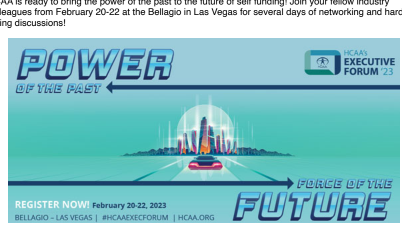
Top

HCAA Announces Registration is NOW OPEN for Executive Forum 2023!

MyHealthGuide Source: The Health Care Administrators Association (HCAA), 10/6/2022

Reserve your seat today and receive the best early-bird rate.
Information and Registration

HCAA is ready to bring the power of the past to the future of self funding! Join your fellow industry colleagues from February 20-22 at the Bellagio in Las Vegas for several days of networking and hard-hitting discussions!



In February, we are bringing to our stage some industry experts to inform and inspire us as we gather our knowledge of the past to help us better explore the future of self funding. Register today and get ready to go above and beyond at this year's Executive Forum!

About HCAA

The Health Care Administrators Association is the nation’s most prominent nonprofit membership trade association supporting the education, networking, resource and advocacy needs of benefit administrators (TPAs), stop loss insurance carriers, managing general underwriters, audit firms, medical managers, technology organizations, pharmacy benefit managers, brokers/agents, human resource managers, plan sponsors and health care consultants. For over 40 years, HCAA has taken a leadership role in transforming the self-funding industry, and increasing the importance of self-funding as an important alternative in the health care delivery systems of our country. Visit HCAA.org.

Top

D.W. Van Dyke Announces Results of *Medical Stop Loss Industry Persistency and New Business Survey*

MyHealthGuide Source: D.W. Van Dyke & Company, 10/7/2022

Joe Sabol, Senior Vice President at D.W. Van Dyke & Co., Inc., announced that results for the recently completed *Medical Stop Loss Industry Persistency and New Business Survey* will be distributed the week of October 10th to the 28 participants (MGUs and Direct Carriers) representing over $9.4B in annualized Stop Loss Premiums. The July 2022 results reflect an uptick in new business written during this period as compared to prior Survey results.

Included in the survey this year, DWVD reprised the question covering expected costs from Cell & Gene Therapies. The results reflect that most participants expect costs associated with Cell & Gene Therapy will be less than 5% of large claims, but also reflect a growing concern that it will be more than 10% of large claims over the next twelve months.

Stop Loss MGUs and Carriers interested in learning more about DWVD’s Industry surveys and services should contact **Joe Sabol** at jsabol@dwvd.com, **Chris Koehler** at ckoehler@dwvd.com or **Michelle Marzella** at mmarzella@dwvd.com.

About D.W. Van Dyke & Company

Founded in 1978, DWVD provides intermediary and advisory support for reinsurance placements, distribution, product development consulting and direct brokering services on behalf of institutional clients. DWVD works throughout the Life, Accident & Health space, most prominently in the stop loss business. DWVD’s customers and markets include Insurance Companies, Reinsurers, TPAs, MEWAs, Cooperatives, MGAs, distribution companies and others. Contact **Walt Roland** at wroland@dwvd.com and visit dwvd.com

Top

Verily and Swiss Re Broaden Strategic Relationship

MyHealthGuide Source: Business Wire, 9/29/2022

SOUTH SAN FRANCISCO, CA -- Verily and Swiss Re announced they have closed a transaction whereby Swiss Re exchanged its investment in Granular Insurance Company (“Granular”) for an equity stake in Verily. Granular is now wholly-owned by Verily.

“During our two-year relationship, we’ve been able to show Swiss Re our vision for how Verily can impact precision health,” said **Andy Conrad**, Chief Executive Officer, Chairman, and Founder of Verily. “We welcome Swiss Re and their expertise to our group of investors who see the potential of Verily to impact the larger healthcare ecosystem.”

Swiss Re is one of the world’s leading providers of reinsurance, insurance and other forms of insurance-based risk transfer and solutions. In 2020, it made a minority investment in Granular, an insurer that provides self-funded employers with a data-based approach to help them manage risks, costs and achieve better outcomes. Swiss Re will no longer be a direct shareholder in Granular, nor directly involved in its operations. Both Granular and Swiss Re remain independently committed to the Employer Stop Loss segment in the United States.

“We are pleased to broaden our strategic relationship with Verily,” said **Christian Mumenthaler**, Chief Executive Officer of Swiss Re. “Our positive experience collaborating with Verily over the last two years has given us confidence in expanding the relationship towards potential new areas of innovation in the life and health space.”

About Verily

Verily is a subsidiary of Alphabet that is using a data-driven, people-first approach to change the way people manage their health and the way healthcare is delivered. Launched from X in 2015, Verily’s purpose is to bring the promise of precision health to everyone, every day. Verily is focused on generating and activating data from a wide variety of sources, including clinical, social, behavioral and the real world, to arrive at the best solutions for a person based on a comprehensive view of the evidence. Verily uses its recognized expertise and capabilities in technology, data science and healthcare to enable the entire healthcare ecosystem to drive better health outcomes. Visit verily.com

Top

The Phia Group Announces Webinar: *The Witching Hour for Healthcare Plans*

MyHealthGuide Source: The Phia Group, 10/7/2022

Webinar: *The Witching Hour for Healthcare Plans*
Date: Thu, Oct 20, 2022 12:00 PM - 1:00 PM CDT
Registration Link

Description: Quite a few treats are in store for those tuning into The Phia Group’s next webinar, one that will cover some tricky topics. From breaking down regulatory changes impacting the healthcare industry (i.e., mental health parity, discretionary authority) to developments concerning plan drafting language, Phia’s roundtable of experts will keep you in the know. Oh, and did we mention that there’s also going to be a discussion of what to expect from a health policy standpoint in next month’s midterm elections?
Registration Link

About The Phia Group

The Phia Group, LLC, headquartered in Canton, Massachusetts, is an experienced provider of health care cost containment techniques offering comprehensive claims recovery, plan document and consulting services designed to control health care costs and protect plan assets. By providing industry leading consultation, plan drafting, subrogation and other cost containment solutions, Contact **Garrick Hunt** at ghunt@phiagroup.com, 781-535-5644 and visit www.PhiaGroup.com.

Top

SIIA Announces Granular as latest Diamond Member

MyHealthGuide Source: The Self-Insurance Institute of America, Inc. (SIIA), 10/3/2022

The Self-Insurance Institute of America, Inc. (SIIA) announced that Granular, Verily’s Precision Risk company has become a Diamond member company. Diamond Membership signifies the highest level of support for SIIA and demonstrates a company’s leadership position within the self-insurance/captive insurance marketplace.

Granular is a precision risk insurer that provides self-funded employers with a data-based approach to help them manage risks, costs and achieve better outcomes. Granular leverages tools and services from Alphabet precision health parent company, Verily and uses an analytics-based underwriting engine to identify unanticipated areas of cost volatility and cover exposures with more dynamic and precise insurance policy provisions.

“By combining health technology solutions with novel insurance and payment models, Granular is better positioned to offer self-funded employers more precision in managing market volatility with meaningful, longer-term financial predictability,” said **Denny Weinberg**, Granular Chief Executive. “We’re pleased to partner with SIIA to help serve the industry as we navigate a new, consumer-driven healthcare marketplace.”

To learn more or request a demonstration of Granular’s Precision Risk model, please contact sales@granularinsurance.com or visit granularinsurance.com

About SIIA

The Self-Insurance Institute of America, Inc. (SIIA) is a member-based association dedicated to protecting and promoting the business interests of companies involved in the self-insurance and captive insurance industry. Members include, self-insurance entities, TPAs, Captive Managers, Excess/Stop-Loss Carriers and other industry service providers. Contact SIIA Membership Director **Jennifer Ivy** at (800) 851-7789, or via e-mail at jivy@siia.org and visit siia.org

Top

HCAA Announces Podcast *Key Trends in Cost Containment Space and How Employers are Going to Benefit*

MyHealthGuide Source: Health Care Administrators Association (HCAA), 9/30/2022

The Health Care Administrators Association (HCAA) announced ***Voices of Self Funding***. Click to view all episodes.

Ramesh Kumar, CEO and Co-Founder of zakipoint Health interviewed **Rob Gelb** from Valenz and **Jeff Bak** from Imagine360.

About the Host

Ramesh Kumar is co-founder and CEO of zakipoint health – a company on a mission to bring transparency, direction and value to healthcare consumers, with a goal to make healthcare affordable for self-insured employers. Ramesh is an expert in the field of technology, data analytics and value based healthcare, and wants to bring these experiences to improve healthcare delivery.

About HCAA

The Health Care Administrators Association is the nation’s most prominent nonprofit membership trade association supporting the education, networking, resource and advocacy needs of benefit administrators (TPAs), stop loss insurance carriers, managing general underwriters, audit firms, medical managers, technology organizations, pharmacy benefit managers, brokers/agents, human resource managers, plan sponsors and health care consultants. For over 40 years, HCAA has taken a leadership role in transforming the self-funding industry, and increasing the importance of self-funding as an important alternative in the health care delivery systems of our country. Visit HCAA.org.

Top

Centivo and The Business Health Care Group Announce Event: *Employers as Health Care Change Agents - The Time Is Now*

MyHealthGuide Source: Centivo, 10/7/2022

Centivo's partner in Wisconsin, The Business Health Care Group (BHCG), will be holding a special *Delivering Value Series* event on Wednesday, November 2, 2022 9 - 10:30 am CT (10 - 11:30 am ET). Entitled *Employers as Health Care Change Agents - The Time Is Now*, this in-person/virtual discussion is highlighted by insights from **Rivka Friedman**, Head of Healthcare Innovation, Morgan Health (the latest investor in Centivo) along with executives from Gist Healthcare, Ascension Wisconsin and Centivo. The discussion will be completely on the record, and will also be recorded/distributed if you register but later find you cannot attend.

To learn more and register (live or virtual) click **here**.

Enormous progress is being made in Wisconsin around significant cost savings for self-funded employers and their employees while at the same time maintaining, and often improving, care and access. This progress is already catching the eye of other employers, markets, payer alliances and health systems nationwide. Join us November 2nd and learn why!

About Centivo

Centivo is an innovative health plan for self-funded employers on a mission to bring affordable, high-quality healthcare to the millions of working Americans who struggle to pay their medical bills. Anchored around a primary care based ACO model, Centivo saves employers 15 to 30 percent compared to traditional insurance carriers. Employees also realize significant savings through our free primary care (including virtual), predictable copay and no-deductible benefit plan design. Centivo works with employers ranging in size from 51 employees to Fortune 500 companies. Visit centivo.com

About The Business Health Care Group (BHCG)

BHCG is a coalition of employers working together and speaking with one voice has the leverage to move the market toward a better, more sustainable health care system. The Business Health Care Group (BHCG) is a coalition of large and small, both self-funded and fully insured employers leading change and creating value in the spirit of responsible corporate citizenship.

Top

EHNAC Releases New 2023 Accreditation Criteria Versions for TPAs and 18 Others

MyHealthGuide Source: The Electronic Healthcare Network Accreditation Commission (EHNAC), 9/28/2022

FARMINGTON, CT– **The Electronic Healthcare Network Accreditation Commission** (EHNAC), a non-profit standards development organization and accrediting body for organizations that electronically exchange healthcare data, today announced that it has posted new versions of **program criteria** for its 19 accreditation programs and 3 beta accreditation programs for public review. The open process for adopting criteria will commence on September 28 and end on November 28, 2022.

The new updates by the EHNAC Criteria Committee include addressing capacity planning and utilization monitoring criteria, as well as improvements to some of the criteria within ePAP-EHN. This year’s developments also include improved mapping to the NIST Cybersecurity Framework and various other clarifications and grammatical enhancements.

“The criteria review process is an essential part of EHNAC’s methodology and commitment to transparency, allowing those involved with healthcare data exchange to voice their recommendations and help shape standards-based accreditation within our industry,” said **Lee Barrett**, executive director and CEO of EHNAC. “This year’s criteria updates better our existing programs, while expanding into three emerging programs: Explanation of Provider Payments, CARIN Code of Conduct, and Privacy by Design.”

TPA Accreditation

HNAP-TPA – Healthcare Network Accreditation Program for Third Party Administrators (V4.2)* ACOAP – Accountable Care Organization Accreditation Program (V4.2)*

See **program criteria** for all 19 accreditation programs and 3 beta accreditation programs for public review**,**

About EHNAC

The Electronic Healthcare Network Accreditation Commission (EHNAC) is a voluntary, self-governing standards development organization (SDO) established to develop standard criteria and accredit organizations that electronically exchange healthcare data. These entities include accountable care organizations, data registries, electronic health networks, EPCS vendors, e-prescribing solution providers, financial services firms, health information exchanges, health information service providers, management service organizations, medical billers, outsourced service providers, payers, practice management system vendors, third-party administrators, and trusted networks. The Commission is an authorized HITRUST CSF Assessor, making it the only organization with the ability to provide both EHNAC accreditation and HITRUST CSF certification. Visit ehnac.org

Top

People News

MedWatch's Sally Ann Polson Recognized with a Special Award for Leadership

MyHealthGuide Source: Orlando Sentinel via Yahoo!Entertainment, 9/16/2022

MedWatch President and CEO **Sally Ann Polson** was recognized with a Special Award for Leadership from The Orlando Sentinel Top Workplaces program! Sally-Ann received the award based on survey results of MedWatch employees, receiving the highest overall rating among mid-sized companies.

Sally-Ann Polson
President
MedWatch

The special award recipients were chosen based on standout scores for employee responses to specific survey statements. Employees rate these statements on a seven point Likert scale from strongly disagree to strongly agree.

About MedWatch

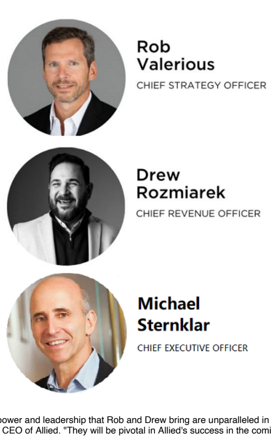
MedWatch is a full-spectrum care management company providing clinical risk management solutions to the self-funded health plan market since 1988. Our programs are built on the philosophy that assertive, professional and personalized healthcare management should meet the clinical needs of clients and their employees while also performing cost containment support of the plan. Visit urmedwatch.com

Top

Allied Benefit Systems Announces Rob Valerious as Chief Strategy Officer and Drew Rozmiarek as Chief Revenue Officer

MyHealthGuide Source: Allied Benefit Systems, 10/3/2022

CHICAGO -- Allied Benefit Systems, LLC, the nation's leading health solutions company, announced that **Rob Valerious** will assume the role of Chief Strategy Officer (CSO), and the appointment of **Andrew (Drew) Rozmiarek** as Chief Revenue Officer, effective October 10, 2022.



"The executive firepower and leadership that Rob and Drew bring are unparalleled in the industry," said **Michael Sternklar**, CEO of Allied. "They will be pivotal in Allied's success in the coming years."

As CSO, Valerious will be responsible for executing a multi-year business strategy to accelerate growth. While continuing to be Allied's voice to the market, he will be focused on strategic partnerships, product development, and medical management services.

"Over the last 33 years, Rob has been the voice and face of Allied to our clients and business partners," said Sternklar, "Under his leadership, our business has – and will continue to - grow and prosper."

With over 22 years of business development and sales management experience, Rozmiarek will lead Allied's sales, client management, and underwriting teams, with end-to-end responsibility for new and existing client growth. "I have long admired Allied for their stellar reputation for quality service and innovative medical management products," said Rozmiarek, "I am thrilled to join the Allied Team and contribute to the company's continued success." Rozmiarek most recently served as Senior Vice President of National Sales for Health Plans Inc. (HPI).

"Drew's success as a growth leader is impressive, but he will bring more than that to the organization," said Sternklar. "He has a passion for customers, admirable leadership skills, and inexhaustible drive. I have complete confidence that he will be enormously impactful."

About Allied Benefit Systems, LLC

Allied is a national healthcare solutions company providing professional administrative, medical management, and compliance services to over 10,000 self-insured employers. Founded in 1980, Allied has grown to be one of the largest, independent third-party administrators in the United States. Visit alliedbenefit.com

Top

Smart Data Solutions Announces Shashi Yadiki as Chief Executive Officer

MyHealthGuide Source: Smart Data Solutions (SDS), 10/6/2022

Eagan, MN – Smart Data Solutions (SDS), a leading provider of data management, claim routing and workflow solutions to health plans and TPAs, announced that **Shashi Yadiki** has joined the company as its new Chief Executive Officer. A proven leader in healthcare services and technology, Yadiki brings over 20 years of experience scaling tech-enabled and data-driven healthcare businesses.

Most recently, Yadiki served as President of the Health Plan and Life Sciences business for NTT DATA, helping healthcare organizations execute against their digital transformation objectives. Prior to NTT DATA, Yadiki held leadership roles at Dell Services and Wipro Technologies. Yadiki is a graduate of the Indian Institute of Management, Bangalore and the University of Mysore. Yadiki joins SDS as the CEO and a member of the Board of Directors.

“**John Prange** and I started SDS more than 20 years ago to help health plan and TPA clients improve the efficiency of their claims management process,” said **Pat Bollom**, SDS’s co-founder. “We are thrilled to have Shashi join SDS to build on this mission and lead the company in its next chapter. Shashi’s track record of delivering exceptional growth, deep understanding of the operational challenges faced by healthcare organizations, and an appreciation for the role automation and advanced technologies can play in driving tangible client impacts make him uniquely qualified to lead the business.”

“I’m very excited to be joining SDS, a trusted partner to a number of the nation’s leading health plans and TPAs. SDS is uniquely positioned to be a transformative partner for clients to simplify and automate healthcare processes built on an impressive track record of delivering results. I look forward to driving more innovation and value for our clients,” said Yadiki. “On behalf of SDS, I’d also like to recognize Pat and John’s many contributions leading the company from its early days to an industry leader in claims workflow automation. I look forward to their continued involvement in SDS going forward as members of the Board of Directors and shareholders.”

SDS is supported by Parthenon Capital, a leading growth oriented private equity firm focused on building franchise companies in healthcare.

About Smart Data Solutions

AAs a leader in healthcare automation, Smart Data Solutions’ mission is to make the healthcare market more efficient by leveraging technology to provide effective, high-quality claims processing solutions. SDS brings a comprehensive set of tools and processes to every opportunity, carefully configured to the individual needs of each client. Smart Data Solutions has focused on creating innovative solutions specifically to meet the needs of the healthcare market. Today, more than 400 TPAs, PPOs, HMOs, hospitals, and insurance companies depend on SDS for automation of intake, data capture, and front-end workflows for health insurance and claims administration. Contact **Susan Berndt** at sberndt@sdata.us and visit sdata.us

Top

Boulder Administration Services Names Dror Baruch as the New President & CEO

MyHealthGuide Source: Boulder Administration Services via PRWeb, 10/6/2022

BBOULDER, MT -- Boulder Administration Services, a boutique third party administrator (TPA) that provides administration services for employee benefits nationwide, announced that **Dror Baruch** has been appointed as the new President and CEO of the company. Dror succeeds husband and wife team **Bruce and Jackie Wagner**, fully assuming his new responsibilities as of October 1, 2022.

Dror has worked in third party administration for over 11 years and has deep experience serving clients and designing quality and value into benefit plans. From his most recent roles at Cedar Gate Technologies and Deerwalk, he brings knowledge around helping brokers and self-funded employers optimally manage health plans with a data-driven approach utilizing healthcare analytics tools. Throughout his career, he has stayed at the forefront of the latest market trends, including developments in value-based care and provider contracting, and has successfully managed over 20 TPA and broker client accounts. He has also held leadership roles at two different TPAs, serving as a member of the executive team, developing national and state initiatives for healthcare improvement, and promoting price transparency, provider quality, and member engagement.

Bruce and Jackie Wagner, who will continue on in a consulting capacity expressed, “We are thankful to our clients for their continued business throughout the years. From our experience working with Dror, we are confident this will be a smooth transition with the level of dedication and expertise he brings. We are happy to transition Dror into his new role, with peace of mind knowing the clients and customer service will remain a top priority.”

Dror stated, “Bruce, Jackie, and I will work together to ensure clients experience the same level of service as we coordinate this transition in leadership and ownership. I’ll use these first days to gather information from my team, clients, and members to learn how we can improve and make adjustments where needed. We are committed to maintaining a seamless, high level of service for our valued existing clients while looking forward to growing our business. Our overall goal is to enhance our ability to better serve clients and members while remaining responsive to a dynamic marketplace.”

About Boulder Administration Services

Headquartered in Boulder, Montana, with offices in Kalispell, Montana, and Seattle, Washington, Boulder Administration Services is a boutique third party administrator (TPA) that provides administration services for employee benefits nationwide. We help employers administer self-funded medical plans, cafeteria plans/HRAs, dental and vision coverage, and COBRA continuation coverage. Combining state-of-the-art technology with personable, hands-on support, we deliver a high-touch service experience with maximum transparency and flexibility for our clients’ benefits plans, accurate claims processing, and detailed reporting. Visit boulderadmin.com

Top

Quad M Solutions Announces Appointment of Yakov Kogan as Chief Operating Officer

MyHealthGuide Source: Quad M Solutions Inc.(OTC: MMMM), 10/6/2022

Garland, TX -- Quad M Solutions, Inc. a staffing company providing modern health care solution benefits is pleased to announce the appointment of **Yakov Kogan, PhD, MBA** as Chief Operating Officer (COO) effective immediately.

Dr. Kogan comes to Quad M with two decades of experience in organizational design, building and

management of world-class cross-functional teams. He has co-founded and served as COO and CEO of several biotechnology and management consulting companies.

Through his leadership these companies grew from initial business concepts to established and successful ventures, secured multiple rounds of private and public financing (totaling over $200M), went public on NASDAQ stock exchange (CBLI), garnered R&D and service contracts with Fortune 100 companies worth tens of millions of dollars, and procured major federal and state contract and grant funding. He is intimately familiar with day-to-day and strategic corporate planning, management, and execution.

About Quad M Solutions, Inc.

Quad M Solutions, Inc., is a public holding company that offers self-funded health plans, staffing services, HR-human resources, payroll services, retirement, supplemental and workers compensation insurance to small and mid-sized group employers. We strive to provide those employers and individuals the right tools to be able to manage and control all the facets in their healthcare experience and their eventual health outcomes. Prevention, wellness, and cures have become part of our corporate mission to individuals who want to manage and control their short and long-term healthcare needs.

Our self-insured programs are consumer-driven and technology-leveraged and, by itself, self-insurance is affordable, transparent, and responsive to the healthcare and retirement needs of employees who are looking for higher quality benefits, integrated health information and better medical provider access and outcomes. Visit QuadMSolutions.com

Top

Market Trends Studies, Books & Opinions

Loneliness Can Double Risk of Type 2 Diabetes

MyHealthGuide Source: **Julia Bonavitacola**, American Journal of Managed Care (AJMC), 10/5/2022

Loneliness may be a factor that increases the risk of type 2 diabetes but is not mediated by depression or insomnia, according to new study findings.

AA study published in *Clinical Child Psychology and Psychiatry* found that loneliness could be a factor that increases the risk of type 2 diabetes, and the relationship is not mediated by depression or insomnia. The result supports the inclusion of loneliness in future clinical guidelines.

Past literature has demonstrated an association between psychological stress and type 2 diabetes. Loneliness, which reflects a state of distress linked to perceived lacking quantity and quality of social relationships compared with the quantity and quality wanted, would fall under this psychological stress category. This study aimed to identify the effect of loneliness on type 2 diabetes.

Data for this study were taken from the Trøndelag Health Study (HUNT study) conducted in Norway. The surveys HUNT2 (1995-1997), HUNT3 (2006-2008), and HUNT4 (2017-2019) were used. There was a total of 34,902 participants who provided data for all 3 surveys. Participants with self-reported type 1 diabetes or who met the criteria for type 2 diabetes and people who had a metabolic disorder were excluded from the study.

Loneliness was measured by asking the participants if they had felt lonely in the last 2 weeks, with responses of "no", "a little", "a good amount", and "very much" as response options. Anxiety and depression were measured with the Hospital Anxiety and Depression Scale. Insomnia was measured using the sleep questionnaire included in the HUNT3 survey.

Study findings

- There were 24,024 participants who were included in the analyses, of whom 1179 (4.9%) developed type 2 diabetes during the study period of 1995 to 2019.
- Participants with type 2 diabetes were most often men (59.3%) and had a higher mean age (47.9 years vs 43.3 years) compared with those without type 2 diabetes.
- Patients with type 2 diabetes were more often married (73.1% vs 67.5%) and had the lowest education level (34.8% vs 23.3%).
- Various degrees of loneliness were reported by 12.6% of the participants.
  - Participants who reported higher levels of loneliness had higher odds of type 2 diabetes (adjusted odds ratio [OR], 1.13; 95% CI, 1.00-1.26).
  - Participants who had responded to the loneliness survey with "very much" had 2 times the risk of type 2 diabetes in a 20-year follow-up found in HUNT4 (adjusted OR, 2.19; 95% CI, 1.16-4.15).

Symptoms of depression were not a mediator for the effect of loneliness on type 2 diabetes after adjusting for sex, age, and education. Sleep-onset insomnia and terminal insomnia were also not found to be a mediator for the effect.

There were some limitations to this study. The large cohort and follow-up makes it so that depressive symptoms cannot be completely ruled out as a mediator between loneliness and type 2 diabetes. Depression was reported 10 years after loneliness and 10 years before type 2 diabetes. Depression can be episodic compared with loneliness, which may make it hard to relate them. Insomnia could also be considered episodic in this way.

The researchers concluded that a 20-year follow-up survey found that a 2-fold increased risk of type 2 diabetes was associated with a high degree of loneliness.

Reference

Henriksen RE, Nilsen RM, Strandberg RB. *Loneliness increases the risk of type 2 diabetes: a 20 year follow-up—results* from the HUNT study. Diabetologia. Published online September 28, 2022. doi:10.1007/s00125-022-05791-6

Top

Medical News

Visual Health Linked With Depressive Symptoms

MyHealthGuide Source: **Xiayin Zhang, PhD**, et al., JAMA Network, 10/6/2022

In this cohort study of 114,583 participants from the UK Biobank Study, poorer visual acuity was associated with depressive symptoms measured by Patient Health Questionnaire score across the full spectrum. In addition, poorer visual acuity exacerbated the linear associations between Patient Health Questionnaire score and extracellular water diffusion in the fornix (cres) and/or stria terminalis.

These findings suggest that visual health is associated with depressive symptoms and altered brain neurobiology and that health care practitioners should consider these outcomes when performing routine mental health screening.

Study findings

- Of the 114,583 participants from the UK Biobank Study, 62,401 (54.5%) were women, and the mean (SD) age was 56.8 (8.1) years (range, 39-72 years).
- A 1-line worse visual acuity (0.1 LogMAR increase) was associated with 5% higher odds of depression (odds ratio, 1.05 [95% CI, 1.04-1.07]) after adjustment for age, sex, race and ethnicity,
- Townsend index, educational qualifications, smoking, alcohol consumption, obesity, physical activity, history of hypertension, diabetes, hyperlipidemia, and family history of depression.
- Of the 7844 participants eligible for MRI analysis, there were linear associations between PHQ score and the left volume of gray matter in supracalcarine cortex (coefficient, 7.61 [95% CI, 3.90-11.31]) and mean isotropic volume fraction (ISOVF) in the right fornix (cres) and/or stria terminalis (coefficient, 0.003 [95% CI, 0.001-0.004]) after correction for multiple comparison.
- In addition, their association could be moderated by visual acuity, whereby increased PHQ score was associated with higher ISOVF levels only among those with poorer visual acuity (P = .02 for interaction).

Top

Recurring Resources

Medical Stop-Loss Providers Ranked by 2021 Annual Premium - Over $26.8 Billion

Source: MyHealthGuide, 6/30/2022

The *Medical Stop-Loss Provider Ranking* has been updated based on 2021 Annual Premium. In addition, Rankings from prior years are incorporated into a single table. Click below to view full listing with premium: *The Medical Stop-Loss Provider Ranking*

View full listing of stop loss carriers

- The top 87 stop loss providers are ranked.
- The *Medical Stop-Loss Provider Ranking* table data reflect Direct Earned Premium from the "Accident and Health Policy Experience Exhibit" ("Supplemental Pages, Insurance Expense Exhibit" section) of publicly available Statutory Reports filed annually by each insurance carrier.

Stop Loss Premium Growth

Stop Loss premium based on 2021 annual premium is **$26,883,898** (thousands), a 79.2% over 2016 annual premium of $15,004,224 (thousands) for a compounded annual rate of 12.4%.

Top 10 and 20 Percent of Total 2020 Market

There is further consolidation of stop loss premium among the top 10 and 20 stop loss carriers when compared to prior year.

- Top 10 stop loss providers ($19.1 Billion) compose 71.2 % of the total market ($26.9 Billion)
- Top 20 stop loss providers ($23.3 Billion) compose 86.7 % of the total market ($26.9 Billion)

Changes for 2021

In the new 2021 ranking compared to 2020, there were

- 23 providers that did not change their ranking position,
- 49 providers moved up in the ranking,
- 15 providers moved down in the ranking,
- 0 providers are new to the ranking, and
- 5 providers dropped out of the listing.

Top 20 and Ranking Changes

The top 20 stop loss providers based on 2021 annual stop loss premium:

1. Cigna
2. UnitedHealth Group
3. Sun Life Financial Inc.
4. CVS Health Corp.
5. Anthem
6. Tokio Marine HCC
7. HCSC
8. Voya Financial Inc.
9. HM Insurance
10. Symetra
11. Humana
12. Blue Cross Blue Shield of SC
13. QBE
14. W. R. Berkley Corp
15. Fairfax Financial (C&F Ins)
16. Swiss Re
17. Western & Southern Financial
18. Blue Cross Blue Shield of MI
19. Nationwide
20. Wellmark

Top

Upcoming Conferences

October 9-11, 2022
SIA National Conference & Expo presented by The Self-Insurance Institute of America (SIIA). The world's largest self-insurance/captive insurance industry event will be back with its traditional, fully in-person format. JW Marriott Desert Ridge Resort & Spa, Phoenix, AZ. **Registration**.

October 18, 2022 - *11:00 am PST*
"Stop Loss Pricing in Traditional and Alternative Risk Financing Strategies" October Fireside Chat presented by 6 Degrees Health. Features **Joshua McGee**, *Vice President of Specialty Programs* at Amwins A&H Underwriters. Pricing strategies in a dynamic and increasingly unpredictable stop loss market requires employers and consultants to take an "all of the above" approach to market options. During this Fireside Chat we will highlight stop loss options available in the market and define some best practices and creative approaches related to underwriting, contract terms, and strategic approach. **Click Here to Register**

October 20, 2022 - *12:00 PM - 1:00 PM CDT*
The Witching Hour for Healthcare Plans presented by The Phia Group. Quite a few treats are in store for those tuning into The Phia Group's next webinar, one that will cover some tricky topics. From breaking down regulatory changes impacting the healthcare industry (i.e., mental health parity, discretionary authority) to developments concerning plan drafting language, Phia's roundtable of experts will keep you in the know. Oh, and did we mention that there's also going to be a discussion of what to expect from a health policy standpoint in next month's midterm elections? **Registration Link**

October 25-28, 2022
WLT Software Announces 2022 Annual Client Conference: *Havana Nights*. WLT looks forward to hosting Clients, Partners, and Sponsors during four days of education, networking, and Havana Fun! Our conference is the perfect opportunity to gather together to share all the new capabilities and functionalities of our systems, attend system training, one-on-one sessions, meet with WLT Software staff and partners, and provide feedback during the Client Roundtable. Sponsorship opportunities are available. For more information or to register, contact **Joe Torina** at jtorina@wltsoftware.com or 727-282-1325.

November 2, 2022 - *10:30 am CT (10 - 11:30 am ET)*
Employers as Health Care Change Agents - The Time is Now presented by Centivo's and partner in Wisconsin, The Business Health Care Group (BHCG). This in-person/virtual discussion is highlighted by insights from **Rivka Friedman**, Head of Healthcare Innovation, Morgan Health (the latest investor in Centivo) along with executives from Gist Healthcare, Ascension Wisconsin and Centivo. The discussion will be completely on the record, and will also be recorded/distributed if you register but later find you cannot attend. To learn more and register (live or virtual) click **here**.

November 7-9, 2022
22nd Population Health Colloquium, a hybrid onsite conference and Internet event presented by Media Partners: Harvard Health Policy Review, Health Affairs, Inside Health Policy, Accountable Care News, Medical Home News, Population Health News and Population Health Journal. Keynote by **Andrew M. Slavitt, MBA**, General Partner, Town Hall Ventures & Chair, United States of Care. Loews Philadelphia Hotel, Philadelphia, PA. **Information and Registration**

Top

January 23-24, 2023
2023 Onsite Employee Health Clinics Summit. The Leading Forum on Building & Expanding On-Site Health Clinics – Incorporating Strategies that Reduce Costs, Ensure Employee Satisfaction and Positively Impact Patient Behavior. Hilton Scottsdale Resort & Villas, Scottsdale, AZ. **Information and registration**

July 17-18, 2023 - In person
HCA's *TPA Summit 2023 presented by Health Care Administrators Association*. Hyatt Regency, Dallas, TX. **Information**

February 20-22, 2023
HCAA Executive Forum 2023 presented by Health Care Administrators Association. Bellagio Las Vegas. Contact **Susan Crolla** and **Information**

February 27-28, 2023
SIA Price Transparency Forum presented by Self-Insurance Institute of America. Kansas City Marriott. **siia.org**

March 29-31, 2023
SIA Spring Forum presented by Self-Insurance Institute of America. JW Marriott Grand Lakes, Orlando, FL. **siia.org**

April 11-12, 2023
Future Leader Forum presented by Self-Insurance Institute of America. Westin Indianapolis. **siia.org**

July 17-19, 2023
HCAA TPA Summit 2023 presented by Health Care Administrators Association. Hyatt Regency Dallas. Contact **Susan Crolla**

Top

February 19-21, 2024
HCAA Executive Forum 2024 presented by Health Care Administrators Association. Bellagio Las Vegas. Contact **Susan Crolla**

July 15-17, 2024
HCAA TPA Summit 2024 presented by Health Care Administrators Association. Hyatt Regency St. Louis at the Arch. Contact **Susan Crolla**

Top

February 10-12, 2025
HCAA Executive Forum 2025 presented by Health Care Administrators Association. Bellagio Las Vegas. Contact **Susan Crolla**

Top

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Top

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