MyHealthGuide Newsletter for the Self-Funded Community

MyHealthGuide Newsletter

News for the Self-Funded Community

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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 new format was prompted the Newsletter becoming so large that some filters and email systems blocked the delivery.

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General & Company News

Flume Health Raises $30M To Redefine Health Plan Administration

MyHealthGuide Source: Flume Health / PRNewswire, 3/4/2022

NEW YORK -- Flume Health, a Health-Plan-as-a-Service platform that simplifies the design and management of healthcare plans, announced that it raised $30 million in Series A funding led by Optum Ventures. New investor Cigna Ventures and existing investors Crosslink Capital, Route 66 Ventures, Accomplice, Founder Collective, Primary Venture Partners and ERA's Remarkable Ventures Fund also participated in the round, bringing Flume's total raise to $40 million.

Flume is focused on powering digital-first health plans tailored to patients' unique health needs and preferences. Through its digital platform for health plan administration, Flume can empower any established or emerging health insurer or care provider to launch health plans that are tailored to the unique needs of any patient population. Managed and API-enabled, Flume operates as the fully-managed central nervous system for any health plan, allowing for unprecedented ease in novel plan building, point solution integration, and real-time member visibility.

"Flume's focus on simplifying health plan design and management is critical to helping create health plans that truly fit the lifestyle and needs of consumers," said **Jon Sklaroff**, Principal, Optum Ventures. "We believe their health plan administration tool, built on a modern digital architecture, will enable companies to deliver individualized health plans and personalized healthcare at scale."

"Reaching our Series A milestone in just six months is a testament that our investors share our values and believe in Flume's ability to help reinvent the shape and texture of health plans for American healthcare consumers," said **Cedric Kovacs-Johnson**, CEO and founder, Flume Health. "We are excited to help people through plans that meet their unique needs and are tailored to their lifestyle."

The evolution of healthcare plans is underway, with new companies providing an array of valuable options that deliver better care by serving the true needs of micro populations, including specific occupations, medical issues, ethnicities, gender identities, and more. Challenger health plan Firefly Health adopted Flume OS to launch its new health plan, going from concept to fully operational — with ID cards in members' hands — within six months.

Innovative new health plans are being built around specific care models, from direct primary care to chronic disease management programs. Value-based advanced primary care practice Hue Health uses Flume to create custom health plans for self-funded employers. Hue builds health plans around the concept of advanced primary care as the center of all patient care coordination–a "healthcare quarterback." Their highly scalable, value-based network approach enables providers to focus on practicing medicine how they see fit based on what their communities need, spending dramatically less time on billing and administrative services.

"With our combined technical expertise and Flume's deep understanding of the intricate balance between patients, providers, and plans, we can analyze our clients' networks and provide a truly seamless experience to our target client base—self-funded employers—and their employees," said **Jake Kerr**, CEO, Hue Health.

About Flume Health

Flume Health is the first digital platform for health plan administration, replacing traditional TPAs and empowering challengers and established healthcare companies to design and launch powerful next-generation, personalized health plans. A Health-Plan-as-a-Service, Flume eliminates the complexity of designing, managing, and launching personalized healthcare plans. Companies can leverage Flume's Health-Plan-as-a-Service operating system to take on the difficulties of delivering personalized health plans, allowing plan providers to focus on member experience. Visit www.flumehealth.com.

About Optum Ventures

Optum Ventures is the independent venture fund of Optum, a leading information and technology-enabled health services business dedicated to helping make the health system work better for everyone, and part of the UnitedHealth Group. Optum Ventures invests in digital health companies that use data and insights to help improve consumers' access to health care services and how care is delivered and paid for, and that make the healthcare system more reliable and easier to navigate. Visit www.optumventures.com.

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The Phia Group Announces Webinar and Podcast *Healthcare Policy in the State of the Union Address*

MyHealthGuide Source: The Phia Group, 3/2/2022

Podcast Title: *Healthcare Policy in the State of the Union Address*

Description: With one year under his belt, **President Biden** delivered his first State of the Union address, in which he showcased his domestic policy agenda. In this episode of the *Empowering Plans* podcast, **Brady Bizarro** and **Andrew Silverio** break down the important healthcare policy items the president discussed, and as importantly, which ones he did not. **Podcast Link**.

Webinar Title: *Recognizing Risks, Reaping Rewards… Industry Responses to Costly Threats, and How Plans Must Prepare*

Description: Since 2020, the pandemic and health care regulations have dominated the air waves. The issues that existed prior to 2020 haven't vanished, however, and they continue to fly under the radar. In 2022, we anticipate these issues – such as costly medical procedures, devices, and specialty drugs – will be causing serious headaches for plan administrators. Adding to the perfect storm, stop- loss carriers are looking to protect themselves from what they believe will be a series of expensive years in health care. Join The Phia Group as we expose these risks, explain what to look for, and provide some best practices to deal with them. **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.

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HCAA Shares a Recap from Day One Morning Sessions at Executive Forum 2022

MyHealthGuide Source: The Health Care Administrators Association, 3/4/2022

ST. LOUIS – The Health Care Administrators Association (HCAA), a leader in education, networking, resources and advocacy for the self-funding industry, shared some of the speaker highlights from the first day of Executive Forum 2022.

Held in late February 2022 at the Bellagio in Las Vegas, the morning sessions featured prominent experts in their field. Keynote **Dr. Marty Makary** presented *"Health Care Resilience"* as the first session. Dr. Makary is a New York Times bestselling author and John Hopkins surgeon and professor of health policy.

In the session, Dr. Makary described how COVID has changed the way Americans live their lives and the way they like to get their health care. A leading voice for transparency in health care, Dr. Makary reviewed the best innovators disrupting the field today while highlighting the movement to re-design health care including a new science of healthy living. After walking the audience through guidance on how new payment designs and advocacy efforts have changed the future of health care, Dr. Makary lifted the curtain on the latest COVID insights, sharing behind-the-scenes anecdotes on government policy decisions and treatment statistics.

Following the keynote, **Rafael Peleaz Aguilar**, VP and CISO, of Pan-American Life Group and **Ramesh Kumar**, co-founder and CEO of zakipointHealth and host and creator of HCAA's podcasts, *Voices of Self-Funding* had a compelling debate in their session, *"Should You Be Worried About Cybersecurity?"*

In a world of remote work and digital transformation, organizations are facing a massive and unrelenting rise in cybersecurity threats and must avoid becoming the next company on the front page of the newspaper. The audience learned that healthcare organizations are an inviting target for financially motivated threat actors because their broad attack surfaces make it relatively easy for cybercriminals to find vulnerabilities and monetize their exploits. Mr. Aguilar and Mr. Kumar investigated the ins and outs of the next horizon of health care cybersecurity threats. Also, they shared their expertise on non-technical best practices to decrease an organization's security risk profile – even making cybersecurity a business enabler when integrated into a company's value proposition.

For more information on HCAA's Executive Forum and the upcoming TPA Summit, **click here**.

About HCAA

The HCAA is the premier nonprofit trade association elevating third-party administrators (TPAs) and other stakeholders from across the self-funding industry. Throughout our over 40-year history, we've remained committed to improving the quality, sustainability, and value of this essential sector on behalf of our members, while forging a path for tomorrow's health care benefit administrators. Visit www.hcaa.org and connect with us at @HCAAinfo, HCAA LinkedIn and HCAA YouTube.

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Nova's Latest *"Under the Coverage"* Episode Shares Insights on How Insurances Companies Handle Medical Claims

MyHealthGuide Source: Nova Healthcare Administrators (Nova), 3/3/2022

BUFFALO, NY – Ever wonder why your provider asks if you have "other insurance" or why your claim was denied because you didn't obtain authorization for medical services from your insurance company? Hear from one of Nova's claims adjudicators who explains this and more in our latest podcast, "**Prior Authorizations and COBeasts**."

This week's episode of *"Under the Coverage"* focuses on the complex world of medical claims. Topics covered include prior authorizations – or the need to receive approval from your health insurance company for a medical service prior to a procedure – as well as Coordination of Benefits or COB, which involves sorting out who is paying when you have more than one insurance plan. While claims adjudicators are responsible for ensuring medical services are billed and paid correctly behind the scenes, there are actions you can take as a health care consumer to help that process go smoothly and to be sure you're paying the correct amount for care.

"My best advice would be if you get something in the mail from any provider, regardless of what kind of service they provide, and it's a pretty hefty amount and you're questioning it… just give your health insurance company a call," recommends this week's guest.

Under the Coverage features people who spend their working days focused on health benefits and health care, sharing their insider tips on information they wish every health care consumer knew. New episodes are added weekly and are available on **SoundCloud**, **Stitcher**, **Spotify**, **Apple Podcasts** and **Google Podcasts**. Episodes are 15 minutes or less.

Have an idea for a future episode or a question you'd like answered? Find Under the Coverage on Twitter **@UndrTheCoverage** or email **podcast@novahealthcare.com**.

About Nova

Founded in 1982 and headquartered in Buffalo, NY, Nova is one of the largest third-party administrators of self-funded employee benefit programs in the nation, providing the health care solutions our clients need in the way they need them. And we go far beyond the basics. We are creative problem solvers who build custom solutions. Nova provides a unique, comprehensive array of services, including medical, dental, vision, COBRA, reimbursement account administration, and private-labeled solutions. Nova also offers award-winning, in-house, integrated medical management programs. We are the stewards of our clients' benefit plans, offering best-in-class partnerships, customized solutions, and personalized service. Contact **Breann Petro** at bpetro@novahealthcare.com and visit www.novahealthcare.com.

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HCAA Announces Podcast *How Mental Programs Can Help Employers and Employees*

MyHealthGuide Source: Health Care Administrators Association (HCAA), 2/28/2022

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

Ramesh Kumar, CEO and Co-Founder of zakipoint Health interviewed **Julie Mueller**, President & CEO, **Customer Design Benefits**.

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.

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People News

HM Insurance Group Announces Kimberly Morse as New Sales Director for Phoenix and Southern California Markets

MyHealthGuide Source: HM Insurance Group, 3/4/2022

PITTSBURGH – **Kimberly Morse** joined HM Insurance Group (HM) as director, Phoenix and Southern California Regional Sales. In this role, she will work to grow and maintain the HM Stop Loss book of business in the company's Phoenix Regional Sales territory, which serves Arizona, Colorado, New Mexico, Utah and Nevada, as well as the company's Southern California Regional Sales territory, which serves the Los Angeles and San Diego markets and other Southern California counties.

Morse most recently served as regional vice president of stop loss sales for Western Skies MGU's Western division. Prior to that, she worked as a senior sales executive at Sun Life Financial for almost 11 years, marketing stop loss products since 2014. Additionally, Morse gained significant sales and relationship management experience at Aetna, Aon and other industry leaders.

With more than 25 years of experience in insurance sales, Morse brings a great deal of knowledge to HM, particularly her familiarity with the California and West Coast markets. She has a Bachelor of Arts degree in Psychology from California State University, Fullerton.

About HM Insurance Group

HM Insurance Group (HM) provides insurance and reinsurance coverage to protect businesses from the financial risk associated with catastrophic health care costs. A recognized leader in Employer Stop Loss, the company delivers protection for a range of group sizes. HM also offers managed care solutions, including Provider Excess Loss insurance and Health Plan Reinsurance. HM Life Insurance Company, HM Life Insurance Company of New York and Highmark Casualty Insurance Company are all rated "A" (Excellent) by AM Best Company. Through its insurance companies, HM Insurance Group holds insurance licenses in 50 states and the District of Columbia and maintains sales offices across the country. Visit hmig.com.

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Market Trends Studies, Books & Opinions

WellNet Releases 2022 Second Annual Self-Insured Survey

MyHealthGuide Source: WellNet Healthcare, 3/3/2022

WellNet officially released the 2022 Second Annual Self-Insured Survey after weeks of data collection. To download a complimentary survey report (following registration), please **click here**.

The data represents a broad section of 550 brokers and consultants from across the nation with experience in both the fully insured and self-funded marketplace.

With these new findings, advisors and business leaders can work to optimize the healthcare experience, drive better engagement and control costs for people and their families.

Examples of Questions included in the Survey

- Are there any new discoveries over the past 22 months that you learned about your clients?
- What percent of your C-Suite executive clients are more engaged in the health plan decisions this year vs last year?
- What percentage of your clients and prospects proactively ask about alternative or self-funded solutions?
- What method of funding do you believe is in the best interest of your customer's long-term strategy?
- How much potential savings do your clients typically need to see (vs their fully insured premiums) before they'll consider changing to self-funding?
- I believe working with the BUCAH's (Blues, United, Cigna, Aetna, Humana, etc.) is best for my clients because of the name recognition and safety of working with a large national insurance carrier.
- What was the deciding factor in your clients choosing a self funded strategy in 2021?
- What are the top concerns of your C-Suite customers or prospects when making decisions for their group health plan?
- What percentage of your clients would offer free primary care visits to members if they could?
- What strategic health care priorities do your clients have over the next 3 years?
- If guiding members to higher quality/lower cost providers positively impacts healthcare costs, why do you think it's slow for employers and employees to adopt these strategies?
- What capabilities /option(s) are minimum requirements for your health plan administrator/TPA?
- If your clients have shifted to self-funding or adopted alternative strategies, how often are the desired outcomes implemented/achieved?
- How many months prior to renewal do you begin speaking with your clients about alternative options to improve the health plan and the member experience?

About WellNet

WellNet builds and optimizes smarter self-funded health plans for companies across the nation with 100 to 5,000 employees. Taking risk and leveraging our patented technology stack, we fix the unaffordable healthcare mess with ongoing education, stronger advocacy, and aligned incentives to combat the vested interests of traditional health insurance carriers. Our unique ability is doing whatever it takes – at the right pace – to lower the cost of healthcare and improve the experience for companies and their people. Contact **Megan Chiarello**, Vice President of Marketing, at mchiarello@wellnet.com, 800-808-4014, email partner@wellnet.com and visit wellnet.com.

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Surgery Center of Oklahoma Website Posts Healthcare Procedures and Prices Like Amazon or McDonalds

MyHealthGuide Source: **Will Maddox**, D Magazine, Originally titled, *"Where North Texans Go to Shop for Surgery"*, 3/4/2022

Excerpts

What if you could buy healthcare like you buy anything else? If you know you need a knee replacement, imagine going to a website, picking an operation, and seeing the price, just like you do on Amazon or McDonald's. Case closed.

In Oklahoma City, at the Surgery Center of Oklahoma, **Dr. G. Keith Smith's** business model almost seems too simple. The all-cash business doesn't take any private or public insurance, doesn't negotiate on price, and has no reams of paperwork to fill out to figure out the financial arrangements. Patients sometimes take a while to be convinced, but after more than 20 years in business, the word is spreading about this model of financing healthcare.

"The most common reaction is a too good to be true skepticism," Smith says. "Oftentimes, patients have shopped around, and they've been quoted some price that's four, six, or eight times what we have listed online. The whole idea that you get what you pay for is in their mind."

Smith is an anesthesiologist who spent the early years of his career working with health systems but became disillusioned about the relationship between health systems, insurance companies, payers, and patients. The way he saw it, physicians and patients both operated in the best interest of each other, but the hospitals did not. Rather than a free market, he calls the healthcare system a cartel.

"When patients were financially brutalized, it was almost without exception at the hands of a hospital, oftentimes a not-for-profit institution," Smith says. "I realized I was basically an accessory to a crime, aiding and abetting this situation. The only way as an anesthesiologist that I could do anything about that was to own and control my own facility."

In 1997, Smith and his colleague **Dr. Steven Lantier** walked away from a successful practice to found the Surgery Center of Oklahoma, and it has been a success ever since. Their all-inclusive prices were often less than patients would pay after meeting their deductible and paying the remainder using coinsurance. The clear cash price attracted people from all over the country, and self-funded employers and health sharing ministries found the system enticing.

Dr. Keith Smith and Dr. Steven Lantier
Surgery Center of Oklahoma

In areas around the country where healthcare costs are especially high, employers would often incentivize their employees who needed surgery to come to SCOK, paying for their flight and hotel stay along the way. It was cheaper for employers to pay for a surgery at SCOK and all the travel than using their insurance and an in-network provider in their region.

Smith embraces the free market and says the surgery costs are like a bell curve. Most cases are standard, there are a few that are more complicated and costly to the center. The center sets prices accordingly, using an algorithm to determine the price of every surgery. If the surgery ends up costing the center more than the patient has agreed to pay, the center eats that cost. Over time, costs are adjusted to ensure the center remains profitable yet competitive.

The business is cash-only, but the price is still often lower than what patients can get through their insurance. Insurance companies negotiate with hospitals on the prices they will pay, but the original cost figure the hospital sets is often disconnected from reality because they know they will be discounting it significantly through insurance negotiations. That is how a surgery that SCOK says costs $5,000 is $30,000 if you ask a hospital. Insurance companies make more money from negotiating a larger discount.

Turquoise Health's transparency tool says that a knee replacement will cost more than $30,000 for cash pay at Baylor Surgical Hospital Las Colinas. At SCOK, the posted cash cost is $15,499. It is unlikely that insured patients will pay $30,000 at Baylor Las Colinas, but patients have found SCOK to be a better deal after insurance is factored in. Other places in Dallas like the Dallas Medical Center have a lower cash price than SCOK, but insurance networks and referral patterns often impact where patients get the surgery, and many don't shop at all.

These days, Smith is happy to meet with providers about launching their own version of transparent surgery centers, and copycats are slowly catching on. Smith noted WellBridge Surgical in Indiana, disrupting the region's healthcare with upfront and transparent pricing similar to SCOK. "There is so much room for honest good guys in this marketplace that I have no fear that the business at the Surgery Center of Oklahoma is going to be affected hardly at all if there were 100 more facilities like mine appear tomorrow," he says.

For facilities like this to proliferate, Smith says employers are going to have to wake up and take more control of where their dollars are being spent on healthcare. But old traditions die hard, and it is difficult for employers to establish new payment models, broker relationships, and outside-the-box thinking. But rising healthcare costs are pushing more and more employers to look for a different way, and Smith is hopeful.

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Legal News

ERISA Can Modify Attorney-Client Privilege

MyHealthGuide Source: **Paul A. Friedman**, Jackson Lewis P.C., National Law Review, 2/18/2022

A most basic precept of the law is the attorney-client privilege. A litigant being able to speak freely and completely with his or her counsel without the fear of the conversation being revealed has been a cornerstone of American jurisprudence.

Although the concept of the attorney-client privilege is recognized in ERISA matters, it is modified by the fiduciary exception. Most communications between fund counsel and a fund are directed to a plan administrator with rarely any communication directed to participants and/or beneficiaries. However, it is those participants and the beneficiaries who are the clients. The fiduciaries and administrators are not the "client" personally but only in their representative roles.

In addition, the subject matter of the communication determines the privilege and if disclosure to plan participants and beneficiaries (the "client") is required. The subject matter dealing with a fiduciary function is neither privileged nor protected from disclosure to participants and beneficiaries. Fiduciary functions include plan management or administration. In contrast, communications relating to settlor functions (including plan design, amendments, or modification) do not require disclosure to participants or beneficiaries.

Specific procedures should be established by fund counsel to minimize errors involving communications with fund administrators or trustees. If a participant or beneficiary files a lawsuit and the cause of action involves a fiduciary function, communications between the plan administrator and other fiduciaries and counsel may have to be disclosed in litigation.

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Texas District Court Vacates Portions of No Surprises Act Rule Related to Arbitration

MyHealthGuide Source: **Ellee Cochran**, et al., Husch Blackwell, 2/24/2022

On February 23, 2022, **Judge Jeremy Kernodle** of the Eastern District of Texas ruled that certain parts of the Interim Final Rule Part II (the Rule) implementing the *No Surprises Act* (the Act) are invalid.

Specifically, the provisions of the Rule governing the methodology for how arbitrators determine the amount of payments insurers and self-funded health plans (collectively, insurers) will make to nonparticipating (also known as out-of-network) providers for certain services. The lawsuit was brought by the Texas Medical Association and three of its physician members against the federal agencies that promulgated the Rule. This lawsuit is one of several around the country challenging the Rule.

Broadly speaking, the Act prohibits insurers from charging members more than in-network cost sharing amounts in certain situations, as well as prohibits out-of-network providers from balance billing patients for certain medical services. The scope of the Act includes:

1. Emergency services (including ancillary services and post-stabilization services),
2. Nonemergency services furnished by nonparticipating providers at participating facilities, and
3. Air ambulance services

The Act also set up an independent dispute resolution (IDR) process by which out-of-network providers and insurers are required to arbitrate the payment rates for emergency services provided by a nonparticipating provider, nonemergency services furnished by nonparticipating providers at participating facilities, and air ambulance services. The Health and Human Services, Department of Labor, Treasury Department, and Office of Personnel Management (the Departments) jointly issued two rules implementing the Act. The Departments issued the Interim Final Rule Part II on September 30, 2021, and its provisions went into effect on January 1, 2022.

In this IDR process, providers and insurers each submit a proposed payment amount and explanation to an arbitrator. The arbitrator must choose, in a "baseball style arbitration," the final payment amount for the out-of-network services. Under both the Act and the Rule, the arbitrators will consider numerous factors in determining the out-of-network rate, including what is called the Qualified Payment Amount (QPA). The QPA is, essentially, the median rate the insurer would have paid for the item or service if it was provided by an in-network provider or facility. In deciding the final payment amount an insurer is required to pay for the item or service being arbitrated, the Rule requires the arbitrator to presume the QPA is the correct amount unless the provider presents credible information otherwise.

Court Ruling

- The court held that the Rule's presumption that the QPA is the correct amount and the requirement for the arbitrator to give more weight to the QPA over other permissible factors conflicted with the "unambiguous terms of the Act."
- The court vacated that portion of the Rule.
- According to the opinion, the court directs arbitrators to defer to the Act's express language regarding the various factors to be considered in making their decisions in arbitrations, which are set to begin in March.
- The court also determined that the Departments improperly bypassed the notice and comment period under the Administrative Procedure Act when implementing the Rule. Part II of the Interim Final Rule is remanded to the Departments for review and reconsideration.

This ruling is generally applicable, meaning that the portion of the Rule regarding QPA presumption and weighting is vacated throughout the country.

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Medical News

Long COVID: The COVID Heart—One Year After SARS-CoV-2 Infection, Patients Have an Array of Increased Cardiovascular Risks

MyHealthGuide Source: **Jennifer Abbasi**, JAMA Network, NatureMedicine, 3/2/2022

The cardiovascular complications of acute coronavirus disease 2019 (COVID-19) are well described, but the post-acute cardiovascular manifestations of COVID-19 have not yet been comprehensively characterized.

Here we used national healthcare databases from the US Department of Veterans Affairs to build a cohort of 153,760 individuals with COVID-19, as well as two sets of control cohorts with 5,637,647 (contemporary controls) and 5,859,411 (historical controls) individuals, to estimate risks and 1-year burdens of a set of pre-specified incident cardiovascular outcomes.

First 30-days following COVID-19 infection

We show that, beyond the first 30 days after infection, individuals with COVID-19 are at increased risk of incident cardiovascular disease spanning several categories, including cerebrovascular disorders, dysrhythmias, ischemic and non-ischemic heart disease, pericarditis, myocarditis, heart failure and thromboembolic disease. These risks and burdens were evident even among individuals who were not hospitalized during the acute phase of the infection and increased in a graded fashion according to the care setting during the acute phase (non-hospitalized, hospitalized and admitted to intensive care).

First Year following infection

Our results provide evidence that the risk and 1-year burden of cardiovascular disease in survivors of acute COVID-19 are substantial. Care pathways of those surviving the acute episode of COVID-19 should include attention to cardiovascular health and disease.

An analysis in NatureMedicine of data from nearly 154 000 US veterans with SARS-CoV-2 infection provides a grim preliminary answer to the question: What are COVID-19's long-term cardiovascular outcomes?

Study findings

Patients with COVID-19 were at increased risk of a broad range of cardiovascular disorders including cerebrovascular disorders, dysrhythmias, ischemic and non–ischemic heart disease, pericarditis, myocarditis, heart failure, and thromboembolic disease.

At the 12-month mark, compared with the contemporary control group, **for every 1000 people**, COVID-19 was **associated with an extra**:

- 45.29 incidents of any prespecified cardiovascular outcome
- 23.48 incidents of major adverse cardiovascular events (MACEs), including myocardial infarction, stroke, and all-cause mortality
- 19.86 incidents of dysrhythmias, including 10.74 incidents of atrial fibrillation
- 12.72 incidents of other cardiovascular disorders including 11.61 incidents of heart failure and 3.56 incidents of nonischemic cardiomyopathy
- 9.88 incidents of thromboembolic disorders, including 5.47 incidents of pulmonary embolism and 4.18 incidents of deep vein thrombosis
- 7.28 incidents of ischemic heart disease including 5.35 incidents of acute coronary disease, 2.91 incidents of myocardial infarction, and 2.5 incidents of angina
- 5.48 incidents of cerebrovascular disorders, including 4.03 incidents of stroke
- 1.23 incidents of inflammatory disease of the heart or pericardium, including 0.98 incidents of pericarditis and 0.31 incidents of myocarditis

Patients with more severe disease—determined by whether they recuperated at home, were hospitalized, or were admitted to the intensive care unit—had higher risks. But the risks were evident even among those who were not hospitalized with COVID-19. Other subgroup analysis found increased risks regardless of age, race, sex, obesity, smoking, hypertension, diabetes, chronic kidney disease, hyperlipidemia, and preexisting cardiovascular disease.

The study's overall findings were consistent when outcomes were compared between patients with COVID-19 and the control group of prepandemic patients.

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Recurring Resources

Medical Stop-Loss Providers Ranked by 2020 Annual Premium - Over $25.6 Billion

Source: MyHealthGuide, 9/18/2021

The *Medical Stop-Loss Provider Ranking* has been updated based on 2020 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 89 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 2020 annual premium is $25,645,704 (thousands), a 69% over 2016 annual premium of $15,004,224 (thousands) for a compounded annual rate of 14.0%. Stop Loss premium totals by year:

- 2020 - $25,645,704 (thousands)
- 2019 - $23,588,932
- 2018 - $19,849,233
- 2017 - $16,451,079
- 2016 - $15,004,224

Top 10 and 20 Percent of Total 2020 Market

- Top 10 stop loss providers ($17.3 Billion) compose 67.4 % of the total market ($25.6 Billion)
- Top 20 stop loss providers ($21.5 Billion) compose 83.8 % of the total market ($25.6 Billion)

Top 20 and Ranking Changes

The top 20 stop loss providers based on 2020 annual premium:

1. Cigna
2. UnitedHealth Group
3. Sun Life Financial
4. CVS Health Corp
5. Anthem
6. Tokio Marine HCC
7. HCSC
8. Voya Financial Inc.
9. Symetra
10. HM Insurance
11. Humana
12. Companion Life/Blue Cross Blue Shield of SC
13. Swiss Re
14. QBE
15. Fairfax Financial (CF Ins)
16. Western & Southern Financial
17. W. R. Berkley Corp.
18. Blue Cross Blue Shield of MI
19. Allstate Corp (acquired National General 1/2021)
20. Nationwide

In the new 2020 ranking compared to 2019, there were

- 14 providers that did not change their ranking position,
- 55 providers moved up in the ranking,
- 20 providers moved down in the ranking,
- 12 providers are new the ranking, and
- 3 providers dropped out of the ranking.

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Upcoming Conferences

March 30-31, 2022
SPBA's Spring meeting announcement presented by Society of Professional Benefit Administrators (SPBA). For SPBA members and self-funded/self-administered group health plans. Renaissance Washington, DC Downtown Hotel. Information: **Info@spbatpa.org**.

March 30-April 1, 2022
SIIA Spring Forum presented by The Self-Insurance Institute of America (SIIA). The SIIA Spring Forum is expected to be the largest gathering of senior-level self-insurance industry professionals for the first half of 2022. Industry expertise and perspectives will be shared through targeted educational sessions, group discussions, and a unique "focus group" participation opportunity. This will be combined with multiple networking functions along with a table-top exhibitor program to help you make important connections. New for this year, we have incorporated "business hours" into the program to make it convenient for attendees to schedule/participate in important meetings. JW Marriott Grande Lakes, Orlando, FL. **Information**.

April 11-12, 2022
SIIA Future Leaders Forum presented by The Self-Insurance Institute of America (SIIA). If you are a younger (under 40) self-insurance/captive insurance industry professional, this is a must-attend for you. Developed by the SIIA Future Leaders Committee, this forum will feature educational content targeted for younger professionals with multiple networking opportunities to help you make important connections with those in your age group. The Westin Indianapolis, Indianapolis, IN. **Information**.

April 12, 2022 - *10:00 am – 11:00 am CT*
Behavioral Health Services and Innovations presented by National Association of Worksite Health Centers (NAWHC). Speakers: **Michael Thompson**, Pres. & CEO, National Alliance of Healthcare Purchaser Coalitions and **Anne Hopkins**,, Director, People & Operations, Benefits and Wellness, CHG Healthcare. **Registration**.

April 25-27, 2022
AAPAN Innovations Retreat .This intimate event will act as a forum for candid discussion on issues impacting our industry and provide innovative solutions to address them. The event will focus on a mixture of topics that support our three core areas: advocacy, collaboration and administrative simplification. Reservation and registration details will be provided in the coming weeks, but for now, save the date so you can take part of this important event. Grand Hyatt Tampa Bay**. Information**.

April 28-29, 2022 - *In person only*
Texas Association of Benefit Administrators' (TABA) Spring Conference –" Leading the Way". TABA is also offering a second track – *"Self-Funding Basics*" for Agents, Brokers, and Account Managers. Westin Galleria Dallas. For more information – www.tabaconference.com.

May 4-6, 2022 - In person
Smart Data Solutions Customer Symposium. This events connects and facilitate conversations between Payers and Network Partners surrounding industry challenges and ways to efficiently address them. Topics include integration of Machine Learning and Artificial Intelligence into workflow processes, new mandates surrounding the No Surprises Act, Medical Record Analysis, FHIR, Prior Authorizations, and more! Hosted by Smart Data's Co-CEOs, **Pat Bollom** and **John Prange**.. Call 651.894.6400 and visit **www.sdata.us**.

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May 16-18, 2022
SIIA Corporate Growth Forum presented by The Self-Insurance Institute of America (SIIA). This new SIIA event has been designed to help SIIA members better understand growth strategies made possible by corporate financial transactions (mergers, acquisitions, capitalizations, etc.). In addition to targeted educational content, attendees will have the opportunity to connect with representatives of private equity firms and related advisors and network with owners/senior executives of other SIIA member companies. Greenville, South Carolina. **Register**

May 18-19, 2022
Roundstone 7th annual Medical Captive Forum (MCF), entitled, "*Thrive Together*." We're excited to be back in person in the city we love - Cleveland, Ohio. And we are just as excited to deliver an informative and educational event to help you stay on top of important health insurance and healthcare trends, and implement wellness and cost saving strategies for healthier, happier employees. When our businesses thrive, we all do. This event is designed for our customers, our trusted network of benefits advisors, our solution provider partners, and executives responsible for employee health benefits at small and mid-size companies across the nation **RSVP here to pre-register**.

June 23-24, 2022
2022 Onsite Employee Health Clinics Forum. Leading Strategies to Build & Expand Worksite Clinics: Reduce Medical Expenses, Ensure/Maintain a Competitive Benefits Strategy and Achieve a High-Performing & Healthy Workforce. The Drake Hotel • Chicago, IL. **Information and Registration**.

July 18-19, 2022 - In person
HCAA's *TPA Summit 2022* presented by Health Care Administrators Association, Hyatt Regency St. Louis at The Arch, St. Louis, MO. **Information**

August 24-26, 2022
2022 MASI Annual Fall Conference presented by Mississippi Association of Self-Insurers. We are pleased to open a call for proposals for presentations at the 2022 MASI Annual Fall Conference. If you have a proposal for an educational session, or if you have a topic you would like presented at the 2022 Fall Conference, please contact **Wendy Powell** at wendyp@masiweb.org. The deadline to submit ideas is Monday, January 3, 2022. The planning committee will consider all ideas and will use these to form the agenda for the 2022 Annual MASI Fall Conference! Beau Rivage Resort and Casino, Biloxi, MS. **Registration**.

September 8-9, 2022
NAWHC 10th Annual Forum: Creating and Expanding Worksite Health Clinics presented by the National Association of Worksite Health Centers. Topics: The direction of employer centers in post-COVID-19 world; Planning and design of worksite health centers; Operations, staffing and management of worksite health centers; Legal and regulatory aspects of worksite health centers; The impact of COVID-19 on center services; Measuring the health center performance; Increasing utilization and engagement; Pharmacy services; and Digital services. DoubleTree by Hilton Hotel in downtown Nashville. **Information and registration**.

October 11-13, 2022
SIIA 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**.

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

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