MyHealthGuide Newsletter

News for the Self-Funded Community

4/4/2022

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

- Liberty Mutual Seeks Underwriting Specialist, Stop Loss - Remote (4/4)
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General & Company News

SIIA Drug Price Task Force Releases Best Practices To Help Manage High-Cost Pharmaceuticals

MyHealthGuide Source: Self-Insurance Institute of America, Inc. (SIIA), 4/1/2022

The Self-Insurance Institute of America, Inc. (SIIA) releases *"Managing High-Cost Pharmaceuticals: Self-Insurance Industry Best Practice Guidance"*, a new comprehensive guide focused on best practices for managing high-cost drugs in excess of $250,000. The complete Drug Price Best Practice Guide is available to **SIIA members here**.

The *SIIA Drug Price Best Practice Guide* was developed by the SIIA High-Cost Drug Task Force. This Task Force is comprised of a diverse group of stakeholders, including brokers, TPA's, stop-loss carriers, and other industry providers, who have been convening regularly since 2020 with the goal of developing a set of best practices to control high-cost drug spend across the self-insured space.

The Guide's interactive format provides a customizable and navigable document for SIIA members to utilize in considering approaches to best manage high-cost drug spend, while ensuring patients have affordable access to the most effective drug treatments available. Important focus areas of the Best Practice Guide include:

- **Plan Document Guidance:** Best practices pertaining to plan document review, prior authorization, steerage, step-therapy and limitations.
- **Roles and Responsibilities:** Understanding and mapping the unique and important roles various entities have in reviewing and controlling high-cost drug spend.
- **Financial Considerations:** Strategies and opportunities available to better manage financial and health outcomes.

The *SIIA Drug Price Best Practice Guide* will be reviewed and updated on a periodic basis to provide members with updated and ongoing resources to better manage drug costs.

SIIA would like to thank members of the Drug Price Task Force for their hard work in the development of this important industry resource:

- **Shaun Peterson**, Voya
- **Doug Bloomquist**, StarLine
- **Stacy Borans, MD**, Advanced Medical Strategies
- **Marien Diaz**, Symetra
- **Richard Fleder**, ELMC Risk Solutions
- **Gerry Gates**, Stealth Partner Group
- **Jeff Gavlick**, Tokio Marine HCC - Stop Loss Group
- **Raj Gulati**, Risk Strategies Company
- **Ken Gumbiner**, Berkshire Hathaway Specialty Insurance
- **Steve Kelly**, Imagine360
- **Mehb Khoja**, Medical Risk Managers
- **Ellen Motolo**, Optum
- **Greg Sullivan**, HM Insurance
- **Harry Tipper**, CaptiveOne Advisors

If you have questions, or would like more information on the *Best Practice Guide*, please contact **Ryan Work** at rwork@siia.org.

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. Visit siia.org.

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ACS Benefit Services Announces Partnership with Allegacy Benefit Solutions

MyHealthGuide Source: ACS Benefit Services, 3/31/2022

Winston-Salem, NC – ACS Benefit Services, a leading third-party administrator in the health benefits marketplace, has announced a new partnership with Allegacy Benefit Solutions, bringing a joint captive insurance solution for North Carolina employer groups.

"At ACS, we continue to break barriers within the employee benefits marketplace. Collaboration drives innovation, and we are delighted to partner with Allegacy Benefit Solutions on a new, joint captive insurance plan for North Carolina employer groups, giving them greater control over their medical spend and maximum flexibility in coverage capacity," said **Kari L. Niblack, Esq**., CEO ACS Benefit Services.

"This partnership allows Allegacy Benefit Solutions to create the best plan design for our clients, all while keeping an eye on helping manage their costs," says **Sharon Yarborough**, Senior Vice President of Sales, Allegacy Benefit Solutions. "ACS Benefit Services matches our commitment to innovation and growth and is the right strategic partner for us. This partnership allows us to support our clients with outstanding service, quality and flexibility."

While benefit costs can be challenging for businesses, often, captive insurance solutions can provide some predictability and consistency, helping employers control their medical spend. Captive insurance provides a great deal of flexibility for employers who want to design a unique benefits plan that is responsive to their employees' needs.

About ACS Benefit Services

At ACS Benefit Services, our sole focus is providing the most innovative products and services available in the health benefits marketplace—all backed with the highest level of customer support. Over the past four decades, we are proud to have remained a leading third-party administrator (TPA) by continuously focusing on the future of the industry and creating long-term health plan solutions for our employer groups that consistently deliver improved outcomes. Visit acsbenefitservices.com

About Allegacy Benefit Solutions

Allegacy Benefit Solutions is a wholly-owned CUSO, credit union service organization, of Allegacy Federal Credit Union. Allegacy Benefit Solutions is one of the largest privately owned benefits broker in the southeast and serves clients solutions that may include medical, vision and dental plans as well as disability insurance options, and supplemental coverages such as cancer and accident plans. The team also offers its clients business support roles for compliance, benefits administration and payroll needs, along with a variety of employee wellness assistance. Visits allegacy.org/benefit-solutions

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Nova Awarded 2022 Platinum Bell Seal for Workplace Mental Health from Mental Health America

MyHealthGuide Source: Nova Healthcare Administrators, Inc., 4/1/2022

BUFFALO, NY -- Nova has been awarded the 2022 Platinum Bell Seal for Workplace Mental Health by Mental Health America (MHA). The Bell Seal certification recognizes employers who strive to create mentally healthy workplaces for their employees, with platinum serving as the highest level of distinction.

In order to receive this prestigious designation, Nova underwent a rigorous evaluation of its policies and practices in four areas: workplace culture, benefits, compliance, and wellness programs. Nova received an overall score of 93 out of 100, with a perfect 100 percent for Holistic Wellness at Work.

"As a health care solutions company, health is at the forefront of what we do, and that starts with our own people," said **James Walleshauser**, president, Nova. "We are committed to providing resources, benefits and a work culture that support our associates' overall wellbeing, including their physical, social, and mental health. We are honored to receive the Bell Seal for Workplace Mental Health because it acknowledges our continuous efforts and belief that if we take care of our associates, they will take care of our customers and one another."

Nova's receipt of the Bell Seal for Workplace Mental Health reflects not only the company's commitment to wellbeing from its leadership, but the efforts of its associate-led wellness committee, called Renovations. As part of a focus on mental wellbeing, one of the committee members offers biweekly mindfulness sessions for associates, as well as on-demand sessions. Nova also strives to support associates through flexible working arrangements, regular company-wide meetings and internal communications, as well as various benefits that include mental and behavioral health resources.

To learn more about the Bell Seal for Workplace Mental Health, visit www.mhanational.org/bestemployers.

About Nova Healthcare Administrators, Inc.

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.

About Mental Health America (MHA)

Mental Health America - founded in 1909 - is the nation's leading community-based nonprofit dedicated to addressing the overall mental health of all. MHA has spent decades researching mental health in the workplace, and in 2019, MHA introduced the Bell Seal for Workplace Mental Health to recognize companies and organizations that understand the value of addressing mental health at work and implement policies and practices that support employee wellbeing.

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HCAA Announces Podcast *Important Areas to Focus in 2022 as Healthcare Moves Towards Director Provider Contracting (DPC)*

MyHealthGuide Source: Health Care Administrators Association (HCAA), 3/28/2022

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 **Marty Makary, MD**, Johns Hopkins surgeon and popular keynote speaker at HCAA Conferences.

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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Veritas Allies Industry Education: Long-Term Effects of COVID-19

MyHealthGuide Source: Veritas Allies, LLC, 04/02/2022, veritasallies.com

Portland, OR – Veritas Allies Announces Monthly Education for April 6 @ 9am PST. *Long-Term Effects of COVID-19*. Register Now: **https://www.veritasallies.com/education**

Veritas's leadership has long understood there is a much larger continuum to cost containment than simply deploying a program focused on claims, **David Vizzini**, CEO & Founder comments.

Mickey Warhola, VP of Clinical Management will be discussing the long-term effects of COVID-19 and the impact it may have on employer sponsored health plans.

About Veritas

Veritas Allies, LLC is the parent company of an integrated consortium of cost-containment companies that deliver innovative programs and technology to the healthcare industry. Veritas provides collaborative solutions for Payors and Providers alike by utilizing in-house resources designed to deliver on the COE concept across each of our companies: EquitasDX, , EquitasHP, ServusCare and MedicusSTAT. Veritas partners with employers, brokers, consultants, third-party administrators, stop-loss, reinsurance carriers, and Providers to maximize clinical and financial outcomes. Contact info@veritasallies.com, 503-610-0080, and visit veritasallies.com

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The Phia Group Announces Podcast: *Planning for Parity: Exploring The Enhanced DOL Enforcement Efforts*

MyHealthGuide Source: The Phia Group, 4/4/2022

Podcast Title: *Planning for Parity: Exploring The Enhanced DOL Enforcement Efforts*

Description: The CAA, passed in part due to the rising mental health issues, added enhanced DOL enforcement mechanisms. Join special guest **Jen Berman** of MZQ, and **Jen McCormick**, as they discuss the DOL's evolving approach on MHPAEA which is moving from a "compliance assistance" model to a "proactive enforcement" model. This approach puts a ton of pressure on plan sponsors – administrative, compliance, logistical – and plans need to be prepared. **Podcast 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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Nova's Shares *Importance of End-of-Life Planning* on this Week's "Under the Coverage" Podcast

MyHealthGuide Source: Nova Healthcare Administrators (Nova), 3/312022

BUFFALO, NY – Having conversations around end-of-life planning is not easy and the paperwork that accompanies them doesn't make it any easier. In this week's episode, "***The Dirt on Health Care Proxy and End of Life Conversations***," our guest shares her unique perspective on the importance of preparing for end-of-life – regardless of your age and state of health.

In the latest episode of "**Under the Coverage**," Nova associate **Teresa Vincent** talks about the documents you'll want to have on hand and why end-of-life conversations are vital to living. In addition to 12 years of experience in various aspects of health insurance, Vincent holds a master's degree in health administration for which she completed award-winning research in end-of-life communication training for medical students. She has also spent time as a volunteer at her local Hospice.

"The thing that I've learned over the last 12 years is that we're not having conversations about the reality of getting to the end of life and making sure that we are focusing on the quality at end of life as opposed to just the quantity of time that we get," she said. "Grief is one of the worst things that we experience as humans. Loss is something that is very hard to navigate. But I think we make it harder because we don't talk about it and because we don't have good ways to prepare ourselves for it."

Vincent covers various topics she recommends people consider and discuss with their loved ones and/or health care providers, including last celebration of life, what defines quality of life to an individual, what curative treatments or life-prolonging measures are acceptable, and the advance directive forms to have in place, such as health care proxy, power of attorney, and HIPAA authorization.

Stream this week's **episode** for more insight and resources on this topic.

How to Listen

New episodes are added weekly and are available on **SoundCloud**, **Stitcher**, **Spotify**, **Apple Podcasts** and **Google Podcasts**, **Amazon Music** and **TuneIn**. NEW: You can now also listen via digital assistants like Alexa, Google and Cortana. Just ask Alexa to, "play the Under the Coverage podcast on Apple Podcasts" (or wherever you get your podcasts).

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. 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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People News

6 Degrees Health Welcomes Dr. Ronald Potts as Chief Medical Officer

MyHealthGuide Source: 6 Degrees Health, 3/30/2022

Hillsboro, OR - 6 Degrees Health is honored to welcome **Dr. Ronald Potts** as Chief Medical Officer. Dr. Potts will be a significant contributor to building structure and expertise to our comprehensive payment integrity solution.

Ronald Potts, MD
Chief Medical Officer
6 Degrees Health

"Dr. Potts is well-known and respected as an industry thought leader with a career spanning multiple facets of healthcare. His extensive background in medicine will greatly compliment the clinical bench strength of 6 Degrees Health. Dr. Potts will supplement our work in clean claim reviews while allowing for exploration of future solutions to the ever-rising cost of healthcare. We are thrilled to welcome someone of Dr. Potts' caliber and look forward to his impact on the success of 6 Degrees Health." – **Katy Brant**, President

Dr. Potts' career has spanned the rise of Emergency Medicine as a recognized specialty in which he was very active beginning in 1973 with practice at Kaiser Permanente hospitals, as clinical director for Kaiser's affiliated Emergency Medicine residency program at the Oregon Health Science University and as President of the Oregon Chapter of the American College of Emergency Physicians. As Chair of the Medical Advisory Board, for the city of Portland and Multnomah County, he led the development of the pre-hospital care system (911) in the tri-county area of Portland, Oregon and helped lead the development of the innovative state-wide trauma system – the second such system in the country.

Dr. Potts has served executive roles including Medical Director, Quality at Kaiser Permanente for the past 13 years in which he oversaw contracted transplant facilities and programs in both solid organ and blood and marrow transplantation. Within the Kaiser Permanente Medical Groups he was also Executive Medical Director for two of Kaiser's 8 regions and retired from KP Northwest as Medical Director of Quality and Systems which involved quality systems development and management, population health management, health services research, physician education, leadership development, legal medicine, and other related healthcare improvement endeavors. Most recently he left the role of Chief Medical Officer for Interlink Health Services, where he spent 15 years developing innovative programs in solid organ and stem cell transplantation for that transplant network organization as well as for Interlink's CancerCARE® initiative.

He currently serves on several committees including the National Marrow Donor Program, the American Society for Transplant and Cell Therapy and the Center for International Blood and Marrow Transplant Research. He is a member of the Live Donor and Ethics Communities of Practice of the American Society of Transplantation and is a team member of several Massachusetts Institute of Technology's Center for Biomedical Innovation projects on financing of high-cost durable therapies and development of real-world learning platforms.

Dr. Potts can be reached at ron.potts@6degreeshealth.com

About 6 Degrees Health

6 Degrees Health is built to bring equity and fairness back into the healthcare reimbursement equation. Industry-leading MediVI technology supports our cost containment solutions with objective, transparent, and defensible data. 6 Degrees Health's solutions include everything from provider market analyses, reasonable value claim reports, ad hoc claims negotiations, evergreening provider contracts, and referenced- based pricing. Our veteran cost containment team partners with health plans and their channel partners to deliver unparalleled cost containment results. Visit www.6degreeshealth.com

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Marc Backon joins Centivo as Chief Operating Officer

MyHealthGuide Source: Centivo, 3/29/2022

Buffalo, NY – Centivo, a new type of health plan for self-funded employers anchored around leading providers of value-based care, announced the addition of **Marc Backon** as the firm's Chief Operating Officer (COO), a new position. As COO, Marc will have responsibility for commercial efforts as well as execution and delivery on behalf of clients, members and providers.

Marc Backon
Chief Operating Officer
Centivo

Marc is a highly regarded healthcare executive with a proven track record of success at national and regional health plans as well as startups. He reports to **Ashok Subramanian**, CEO.

"As Centivo continues on its journey of welcoming more clients, expanding into new markets and streamlining its operations and processes, we identified the need for a strong, experienced healthcare executive that could help guide us into the future," said Ashok. "We are thrilled that we have found such a leader in Marc and look forward to leveraging his healthcare industry knowledge and skills as our new COO."

"I couldn't be more excited and proud to join Centivo and be part of delivering on its mission of restoring healthcare affordability for American workers," said Marc. "I look forward to working with my new Centivo colleagues, employers, brokers and the provider community to further accelerate Centivo's innovative product and network solutions to the employer-sponsored health plan market."

Prior to joining Centivo, Marc was President of Tufts Health Plan's commercial division. At Tufts, Marc demonstrated consistent success in driving growth and efficiency while improving the access, care coordination and the affordability of healthcare. The Plan was recognized as one of only four in the country to achieve a 5-star rating from the National Committee for Quality Assurance (NCQA). Prior to his role at Tufts, Marc held senior leadership roles at Aetna, Capital Blue Cross and Deloitte Consulting. Marc holds a Bachelor of Arts degree in economics from Hamilton College.

About Centivo

Centivo is a new type of health plan anchored around leading providers of value-based care. Centivo saves self-funded employers 15 percent or more compared to traditional insurance carriers and is easy to use for employers and employees. Our mission is to bring more affordable, high-quality healthcare to the millions of working Americans who struggle to pay their healthcare bills. With Centivo, employers can offer their employees affordable and predictable costs, a high-tech member experience, exceptional service, and a range of benefit options including both proprietary primary care-centered ACO models as well as traditional networks. Visit centivo.com or follow us @Centivo on LinkedIn or @CentivoHealth on Twitter.

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Market Trends Studies, Books & Opinions

Employers Have Ultimate Responsible for Care Price Transparency Rules

MyHealthGuide Source: **Stephen Miller, CEBS**, SHRM, 4/1/2022

While much of the "heavy lifting" report price information for in-network costs will be done by health insurance carriers for fully insured plans, by third-party administrators (TPAs) for self-funded plans, and by pharmacy benefit managers (PBMs) for carved-out prescription drug benefits, **employers are ultimately responsible for ensuring that this information is ready and available**, said **Jay Kirschbaum**, benefits compliance director and senior vice president at World Insurance Associates, based in Washington, D.C.

The new price transparency requirements stem from the *Consolidated Appropriations Act*, 2021, which included the *No Surprises Act*, and a series of implementing regulations issued jointly by the U.S. Departments of Labor (DOL), Health and Human Services and the Treasury.

While many of the price transparency disclosures were originally set to take effect at the start of 2022, the three agencies delayed enforcement until later this year.

Key Disclosures

The key requirement, Kirschbaum noted, is for employer plans to make medical costs paid under the plan available to participants and beneficiaries (excluding the small number of health plans that are still "grandfathered" under the Affordable Care Act). Pricing materials to be disclosed include the following:

- **Advanced explanations of benefits (EOBs)** providing good-faith estimates of the out-of-pocket costs for scheduled in-network medical services, to be transmitted electronically on request so participants can understand the costs they're going to incur ahead of time. "If insurers or TPAs can provide this information after the fact, they can provide it in advance," Kirschbaum said.
- **An online price comparison tool** to enable participants to compare cost-sharing amounts for specific in-network providers, on the following schedule: For plan years starting on or after Jan. 1, 2023, employers must post the prices for 500 commonly "shoppable" services listed in the regulations, such as office visits, cancer screenings, MRIs and joint-replacement surgeries. For plan years starting on or after Jan. 1, 2024, employers must post the prices for all other items and services covered by the plan.
- **Extensive drug cost information** derived from participant claims, to be reported in aggregate to federal regulators.
- **Plan pricing disclosures on a publicly accessible website** showing in-network rates, out-of-network allowed costs and prescription drug prices under the plan formulary.

Because this information will be viewable by the public, job candidates and employees "can compare what your plan charges with other employers' plans," which could influence their choices about accepting job offers or staying with their employers, Kirschbaum said.

Overseeing Carriers, TPAs and PBMs

Kirschbaum pointed out that employers that sponsor group health plans are fiduciaries under the Employee Retirement Income Security Act (ERISA) with respect to these plans and participants enrolled in them, just as they are for the retirement plans they sponsor.

Regarding the new price transparency disclosures, "don't think you're off the hook because it will all be handled by insurance carriers or TPAs," he warned. "As fiduciaries, it's employers who are ultimately responsible under these laws and regulations."

While employers don't have the details of health procedure and plan costs, "you need to make sure your vendors are paying attention and complying with these rules," Kirschbaum said.

He advised employers to amend their administrative-services-only (ASO) agreements to clearly state that their insurance carriers or TPAs will take all necessary actions to comply with the transparency rules on the employer's behalf. He recommended using comprehensive language that refers to all pricing disclosure requirements—even though carriers or TPAs might prefer listing specific actions—to ensure that something isn't overlooked.

"Push your vendors to say that they're going to take care of this," Kirschbaum advised.

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Legal News

PBM: The 8th Circuit Rules and More States Issue Regulations

MyHealthGuide Source: **Bridgette Keller, Hassan Shaikh**, Mintz, 3/29/2022

Case: Pharmaceutical Care Management Association (PCMA) v. Wehbi

As states move forward with their 2022 legislative sessions in earnest, we have been examining whether the above *Wehbi* decision has had any initial effects on PBM-focused legislation. This roundup provides a brief recap of the significance of Wehbi, summarizes the Eighth Circuit's opinion and holding, and highlights some state measures that have been proposed or passed during the flurry of PBM-focused legislation we have already seen in 2022.

Wehbi

The Eighth Circuit was reconsidering arguments in *Wehbi*. This case challenged two North Dakota laws that regulate a variety of PBM activities on the grounds that the laws were preempted by ERISA and the Medicare statute. North Dakota argued that the laws do not have any bearing on ERISA plans or their administration – that they are substantially similar to the Arkansas statute considered in *Rutledge* – and are therefore allowable.

Wehbi presented the Eighth Circuit with a unique opportunity to set course for how federal courts should apply the Supreme Court's narrowed scope of ERISA preemption set forth in *Rutledge*. However, *Rutledge* failed to provide a clear legal standard for lower courts to apply when considering ERISA preemption challenges and *Wehbi* was expected to provide guidance to other courts for how to navigate such murky waters. The *Wehbi* decision would either catalyze already growing nationwide efforts to regulate PBMs and other health plan service providers via state legislation, or serve as a contemporary safeguard against such state measures moving forward.

***Wehbi* will support states in their efforts to regulate PBMs**

It appears that *Wehbi* will support states in their efforts to regulate PBM practices. In mid-November, while most state legislatures' 2021 regular sessions were adjourned, the Eighth Circuit found that (i) none of the challenged provisions were preempted by ERISA because they do not have an impermissible "connection with or reference to an ERISA plan" and (ii) a handful of miscellaneous provisions were preempted by Medicare Part D standards, only as they apply to Medicare Part D plans. The Eighth Circuit found that the challenged provisions constitute "a noncentral 'matter of plan administration' with de minimis economic effects and impact on the uniformity of plan administration across states."

Select State Legislation Ramping up

Since states convened their 2022 legislative sessions, we have seen a marked uptick in proposed and passed PBM-specific legislation. In fact, as we approach the end of the first quarter, we found that at least 20 states have either taken initial steps to implement, or modify, state laws to increase PBM regulation. These initiatives appear to target various PBM practices; though, as we noted during Session 4 of our 6th Annual Pharmacy and Pharmaceutical Industry Summit, they most often aim to (i) increase pharmacy price transparency, (ii) regulate pharmacy reimbursement amounts, and (iii) set parameters for contracts between PBMs and plans or pharmacies.

Here is a sampling of state legislation relating to these PBM practices and that has been proposed or passed in 2022:

State	Measure	Status
Iowa	HF 2384 proposes to regulate a number of PBM practices related to pharmacy and patient price transparency.	Passed; pending Senate action
Michigan	HB 4348 requires PBMs, among other things, to register and obtain a license. The new law also sets out several requirements related to contracts between PBMs and pharmacies.	Passed; goes into effect on January 1, 2024
New York	S3762, SB7837/A1396, A8388 enact a number of new requirements for PBMs, including registration and licensure and limitations on certain PBM activities.	Passed; goes into effect on March 31, 2022
Vermont	SB 238 proposed comprehensive regulation requiring PBMs to obtain licensure and comply with requirements related to a number of different PBM activities.	Pending; introduced January 12, 2022
Wyoming	SB 36 proposed to regulate PBMs by requiring licensure and regulating certain PBM activities and contractual terms with pharmacies	Failed in Committee March 8, 2022

We anticipate state legislatures to continue to increase PBM regulation, and Mintz will continue to monitor and report on relevant legislative activity.

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Medical News

Cereal, Vegetable, and Fruit Fiber Associated with Lower Cardiovascular Disease Risk

MyHealthGuide Source: **Rupak Shivakoti, PhD**, et al., 3/31/2022, JAMA Network

In this cohort study of 4125 patients, higher total fiber and cereal fiber intakes were associated with lower inflammation. Inflammation mediated approximately one-sixth of the observed inverse association of cereal fiber with cardiovascular disease.

To evaluate the associations of total fiber intake and source (ie, cereal, vegetable, and fruit fiber intake) with inflammation and to evaluate whether inflammation mediates the inverse association between dietary fiber intake and cardiovascular disease (CVD).

Study findings

- Of 4125 individuals, 0.1% (n = 3) were Asian or Pacific Islander, 4.4% (n = 183) were Black, 0.3% (n = 12) were Native American, 95.0% (n = 3918) were White, and 0.2% (n = 9) were classified as other.
- Among these 4125 individuals (2473 women [60%]; mean [SD] age, 72.6 [5.5] years; 183 Black individuals [4.4%]; and 3942 individuals of other races and ethnicities [95.6%] [ie, race and ethnicity other than Black, self-classified by participant]), **an increase in total fiber intake of 5 g/d was associated with significantly lower concentrations of C-reactive protein (adjusted mean difference, –0.05 SD**; 95% CI, –0.08 to –0.01 SD; P = .007) and interleukin 1 receptor antagonist (adjusted mean difference, –0.04 SD; 95% CI, –0.07 to –0.01 SD; P < .02) but with higher concentrations of soluble CD163 (adjusted mean difference, 0.05 SD; 95% CI, 0.02-0.09 SD; P = .005).
- Among fiber sources, only cereal fiber was consistently associated with lower inflammation. Similarly, cereal fiber intake was associated with lower CVD incidence (adjusted hazard ratio, 0.90; 95% CI, 0.81-1.00; 1941 incident cases).
- The proportion of the observed association of cereal fiber with CVD mediated by inflammatory markers ranged from 1.5% for interleukin 18 to 14.2% for C-reactive protein, and 16.1% for their primary principal component.

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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

- 12 providers are new the ranking, and
- 3 providers dropped out of the ranking.

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Upcoming Conferences

April 6, 2022 - *9am PST*
Long-Term Effects of COVID-19 presented by Veritas Allies. Veritas's leadership has long understood there is a much larger continuum to cost containment than simply deploying a program focused on claims, **David Vizzini**, CEO & Founder comments. **Mickey Warhola**, VP of Clinical Management will be discussing the long-term effects of COVID-19 and the impact it may have on employer sponsored health plans. Registration: **https://www.veritasallies.com/education**

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 - *9 AM to 1 PM*
"The Future of Business & Benefits" is hosted by True Captive Insurance and presented by J.P. Farley and Athletico Physical Therapy, and sponsored by Vālenz®, NavMD and 6 Degrees Health. The event is scheduled for at Busch Stadium. **Joel Goldberg**, television host and in-game reporter for the Kansas City Royals, will deliver the keynote address. With facilitation by **Kiera Hanselman**, employee benefit expert and employer advocate, the event will spotlight companies that have leveraged self-funded solutions for greater cost savings and improved member experience. Presenters include **David Voorhees**, Founder and Chief Executive Officer of True Captive Insurance; **Adam Berkowitz**, Founder and President of Simpara; **Rachel Strauss**, Director of Strategic Development of EHIM; and **Dr. Jeffrey Davis**, Founder of Link Primary Care. Register: truecaptive.com/st-louis-registration/

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 19, 2022 - *11:00 am PT*
Fireside Chat Topic: *"The Journey from Serving Big Carriers' Needs to Serving One's Community and Transforming Healthcare"* presented by 6 Degrees Health. In this Fireside Chat, **Adam Berkowitz** will discuss why they started a new agency along with the serendipity of joining **Dave Chase's** Health Rosetta's first cohort — a conversation about key issues that gained traction early on, as well as missteps and failures. These early experiences paved the way for what they are building today and the demand they generate. They have leaned into partnerships with Health Rosetta and 6 Degrees Health to enable more durable programs for our community. **Click Here to Register**

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 26-27 2022
14th Annual Healthcare Revolution Conference Continues to Assist Self-Funded Employers in Reducing Costs, Improving Outcomes, and Reinventing Care Delivery (formerly the Employer Healthcare & Benefits Congress). In today's landscape of unprecedented price increases in healthcare, total instability, and The Great Resignation, employers can't let corporate wellness and culture go neglected. **Information and Registration**

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**.

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 7-9, 2022
The Direct Primary Care Innovation Conference presented LIVE by Hint. The industry's first big DPC event of the year! Attend to elevate your innovative DPC practice, gather insights, foster relationships and learn about new technology to achieve better outcomes for our industry. Join hundreds of DPC innovators and clinicians at Hint Summit 2022! Denver, CO. **Information and Registration**.

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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