MyHealthGuide
Weekly Industry Update
Issue 2 - 10/12/2012

Published daily by MyHealthGuide, LLC (www.MyHealthGuide.com), this Newsletter is a service of MyHealthGuide, LLC and is intended for the benefit of its clients, partners, and friends. We welcome your feedback, comments, and suggestions for future issues. Please contact us at info@MyHealthGuide.com.

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Upcoming Conferences

Job Board

Offering Long-term leases with open or exchange and all-in-one options, ideal for practice or additional space. Ideal for Medical Practitioners, Dentists, Chiropractors, Spa, Salon, Fitness Center, Wellness Center, Pharmacy, Medical Equipment Provider, Medical Equipment Supplier, Medical Equipment Manufacturer, Medical Equipment Distributor, Medical Equipment Reseller, Medical Equipment Leasing Company, Medical Equipment Financing Company, Medical Equipment Broker, Medical Equipment Consultant, Medical Equipment Lease Broker, Medical Equipment Financial Broker, Medical Equipment Financial Consultant, Medical Equipment Financial Lease Broker, Medical Equipment Financial Lease Consultant, Medical Equipment Financial Lease Consultant, Medical Equipment Financial Lease Broker

- Fourteen states had one health insurer with a share of 50% or more of the commercial health insurance market.
- The 10 largest health insurers in the U.S. at the national-level by market share were:
  1. UnitedHealth Group (19%),
  2. Anthem (12%),
  3. Aetna (11%),
  4. Cigna (10%),
  5. Kaiser (7%),
  6. Health Care Service Corp. (6%),
  7. Blue Cross Blue Shield of Michigan (3%),
  8. Blue Cross Blue Shield of Florida (2%),
  9. Blue Shield of California (2%), and
  10. Centene (2%).

Competition in Health Insurance

A Comprehensive Study of U.S. Markets is a vital element of AMA's continued antitrust advocacy to protect patients and physicians from competitive harm. Health insurance market concentration will continue to be a vital issue of public policy for the AMA, the federalism of medicine, and the nation's physicians and patients. Content from the 2020 updated study is available for download from the AMA's Competition in Health Insurance Research website.

About the AMA

The AMA is the physicians' powerful ally in patient care. As the only medical association that convenes 180+ state and specialty medical societies and other critical stakeholders, the AMA represents physicians with a unified voice to all key players in health care. The AMA leverages its strength by removing the obstacles that interfere with patient care, leading the charge to prevent chronic disease and confront public health crises and driving the future of medicine to tackle the biggest challenges in health care. Contact **Robert J. Wills**, AMA Media & Editorial, at robert.wills@ama-assn.org and visit ama-assn.org.

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Legal News

New Regulations on Surprise Medical Billing IDR Process Issued

MyHealthGuide Source: Health Care Administrators Association (HCAA), 10/1/2021

Second Round of IFR Released by U.S. Departments

On September 30, the U.S. departments of Health and Human Services, Labor, and Treasury released the second round of interim final regulations (IFR) implementing the billing and dispute resolution provisions in the Consolidated Appropriations Act, 2021 (CAA).

The new IFR focuses primarily on the independent dispute resolution (IDR) process that providers will be able to use to seek additional payment amounts from plans for out-of-network emergency services and services provided by out-of-network providers in in-network settings (i.e., situations where in the past consumers would have received "surprise bills" before surprise bills were prohibited by the CAA).

The agencies also released two fact sheets on the rule:

- Fact Sheet on the Requirements Related to Surprise Billing II IFR with comment period
- Fact Sheet on the Biden-Harris Administration's Actions to Prevent Surprise Billing

The agencies also issued separate guidance on the fees related to the IDR process, including those paid by plans and providers to the government and to IDR entities.

These regulations follow substantial interim final regulations issued in July addressing several requirements in the CAA, including the IDR process, and a separate IFR implementing the CAA requirement to determine the median in-network rate which is to serve as the basis for cost-sharing. The September 30 regulations, while released in interim final form, also include a 60-day comment period.

About HCAA

The HCAA is the premier nonprofit trade association elevating third-party administrators (TPAs) and other stakeholders from across the self-funding industry.

We believe in The Value of Connection. Our members thrive through this collaboration – exchanging ideas, overcoming challenges and forging long-lasting friendships at our virtual and in-person events, social forums and mentoring sessions. Visit HCAA.org.

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Medical News

Psychological Treatment Effective for Durable Pain Relief for People with Chronic Back Pain

MyHealthGuide Source: **Yoni K. Ashar, PhD; Alan Gordon, LCSW; Howard Schubiner, MD**, *et al.*, 9/30/2021, JAMA Network

Psychological treatment centered on changing patients' beliefs about the causes and threat value of pain may provide substantial and durable pain relief for people with Chronic Back Pain.

Chronic back pain (CBP) is a leading cause of disability, and treatment is often ineffective. Approximately 85% of cases are primary CBP, for which peripheral etiology cannot be identified, and maintenance factors include fear, avoidance, and beliefs that pain indicates injury.

This randomized clinical trial with longitudinal functional magnetic resonance imaging (fMRI) and 1-year follow-up assessment was conducted in a university research setting from November 2017 to August 2018, with 1-year follow-up completed by November 2019. Clinical and fMRI data were analyzed from January 2020 to April 2021. Participants were chronic back pain nonsuffering from pain (PRT) with open-label placebo treatment and with usual care in a community sample.

Participants randomized to PRT participated in 1 telehealth session with a physician and 8 psychological treatment sessions over 4 weeks. Treatment aimed to help patients reconceptualize their pain as due to nonthreatening peripheral tissue injury, conditioned learning, and maladaptive threat response, somatic, and exposure-based techniques. Participants randomized to placebo received an open-label subcutaneous saline injection in the back; participants randomized to usual care continued their routine, ongoing care.

Study findings

- 151 adults (54% female; mean [SD] age, 41.1 [13.8] years) reported mean (SD) pain of low to moderate intensity (mean [SD] score, 3.9 [1.9]) and disability (mean [SD] score, 23.34 [10.12] of 100) and mean (SD) pain duration of 10.0 (8.9) years.
- Large group differences in pain were observed at posttreatment, with a mean (SD) pain score of 1.58 (1.26) in the PRT group, 2.84 (1.66) in the placebo group, and 3.13 (1.91) in the usual care group. Hedges g was −1.11 for PRT vs placebo and −1.74 for PRT vs usual care (P< .001).
- Of 151 total participants, 33 of 50 participants (66%) randomized to PRT were pain-free or nearly pain-free at posttreatment (reporting a pain intensity score of 0 or 1 of 10), compared with 10 of 51 participants (20%) randomized to placebo and 5 of 50 participants (10%) randomized to usual care.
- Treatment effects were maintained at 1-year follow-up, with a mean (SD) pain score of 1.51 (1.59) in the PRT group, 2.79 (1.78) in the placebo group, and 3.00 (1.77) in the usual care group. Hedges g was −0.70 for PRT vs placebo (P < .001) and −1.05 for PRT vs usual care (P < .001) at 1-year follow-up.
- Longitudinal fMRI showed
  - (1) reduced responses to evoked back pain in the anterior midcingulate and the anterior prefrontal cortex for PRT vs placebo;
  - (2) reduced responses in the anterior insula for PRT vs usual care;
  - (3) increased resting connectivity from the anterior prefrontal cortex and the anterior insula to the primary somatosensory cortex for PRT vs both control groups; and
  - (4) increased connectivity from the anterior midcingulate to the precuneus for PRT vs usual care.

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Recurring Resources

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

MyHealthGuide Source: MyHealthGuide, 8/18/2021

The *Medical Stop-Loss Provider Ranking* has been updated based on 2020 Annual Premium. It includes the top 89 stop loss providers ranked by total premium. A single table. Click here 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 $15,204,224 (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 - $19,849,230
- 2017 - $16,451,079
- 2016 - $15,204,224

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. Comparion LifeBlue Cross Blue Shield of SC
13. Swiss Re
14. GRE
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

October 3-5, 2021
National Conference & Expo presented by Self-Insurance Institute of America. If public health conditions improve sufficiently later next year, SIIA will supplement the virtual forum with in-person components to allow for an additional option for those who would like to participate in that way. Watch for announcements likely later next spring. Austin, TX. Information: www.SIIA.org

October 14, 2021 - *2:00 PM ET*
Top 5 Ways Employers Can Decrease Member Engagement and Decrease Healthcare Costs is a complimentary webinar hosted by the HealthCare Executive Group and presented by the Medical Review Institute of America. In this webinar, attendees will learn how 2nd opinions provide additional clinical expertise to ensure the right care is provided, how 2nd opinions can increase patient engagement to member engagement and costs to both employees/members, and how self-insured employers and health plans can save money by offering virtual 2nd opinions for high-cost/high-risk procedures. Learn more and register here: https://bit.ly/3ulcqwq?v=01c4

October 18, 2021 - *Webinar 11 AM - 12:30 PM CT*
Key Issues Involving the Different Kinds of Medical Records at Worksite Health Centers presented by National Association of Worksite Health Centers (NAWHC). Learn key legal issues involving different kinds of medical records at your worksite health center. Registration

October 19, 2021 - *11:00 am PT*
Top Ways Employers Can Make Their Benefits Work Today Will Optimize the Health Plans of Tomorrow", a Mobile Crash Topic presented by 5 Degrees Health. We welcome back **Dave Chase**, CEO and co-founder of Health Rosetta. Dave will discuss the steps we can take today to significantly impact our ability to optimize healthcare options in the future. "It's always a pleasure to have Dave on the FSC series. His experience and forward thinking brings a fresh perspective to our industry. We're looking forward to his insights on how the pandemic has made a changing the future of healthcare." - **Heath Walker**, Chief Growth Officer. **Click Here to Register**

October 25-28, 2021
WLT Software 2021 Sportsmouse Client Conference & Halloween Networking Ball. It's back, and at the beach! The long-awaited WLT Software Client Conference is back, and the benefits administration solutions leader can't wait to host all Clients, partners, and friends once again. This year's event falls on, no other than Halloween Week and will be hosted in beautiful Clearwater Beach, Florida. Join the team and your fellow Clients for a fun-filled week of educational, fun, and networking opportunities. Not to mention acclaimed the Client Conference roundtable, where Clients are encouraged to share feedback and suggestions that will be presented directly to the WLT Software team. Not to mention the famous Halloween Ball, where WLT Software Clients dress up in their Halloween costumes and be sharing the ins-and-outs of the upcoming legislation the Accountable Care Act and Transparency in Coverage requirements. Clearwater, FL. Contact Ivana@wltsoftware.com for more information about attending

October 27, 2021 - *6:00 pm - 9:00 pm Eastern*
Mayar Smart Health Summit presented by Mayar. The conference program is designed to inspire attendees to think critically and creatively about how AI and other advanced technologies are impacting the future of healthcare. Speaker: **Dr. Ronald Razmi**, Managing Partner, Dreamit Ventures, Lecturer, Stanford Medicine at Singularity University and Founder and Chair of Exponential Medicine. **Adam Rubas**, Co-founder and CEO of The Phia Group; **Jennifer Kent**, Vice President of Research at Parks Associates; **Dr. Ronald Razmi**, Managing Partner, Dreamit Ventures; **Dr. Ali Tinazzi**, Chief Medical Officer and First CTO for the City of New York; **Ramses Alcaide**, CEO, Neuralle and Rahul Mehandiratta, Managing Director, Deloitte. Tribeca rooftop, 2 Desbrosses St, New York, NY 10013. The event is free to attend. **To register, click here**

December 2, 2021 – *Webinar 10 AM - 2 PM CT*
How Hospitals Can Offer Worksite Clinics to Their Employees and Area Employers presented by National Association of Worksite Health Centers (NAWHC). Learn from legal, consultant and hospital experts how to offer a worksite clinic to your hospital employees and the surrounding area. Hear the pitfalls and recommendations for finding an initial partner and how to ensure a smooth transition when a change in partner is needed. Registration

January 31-February 3, 2022
31st Annual Health Benefits Conference & Expo (HBEC). Join your peers this January in Clearwater Beach, Florida for the premier benefits and wellness conference of 2022. HBCE delivers education that provides real-life solutions to real-life challenges. If you are responsible for a health plan or wellness program, HBCE is the place to be. Hear from the top experts in benefits and wellness, attend sessions on studies presented by industry peers, featured sessions presented by subject-matter experts, and sessions presented by service providers—all attendees find value in the robust agenda. Clearwater Beach, Florida. Information and Registration

February 21-23, 2022
HCAA's *Executive Forum 2022* presented by Health Care Administrators Association. Bellagio, Las Vegas, NV. Information

July 10-13, 2022
HCAA's *TPA Summit 2022* presented by Health Care Administrators Association. Hyatt Regency St. Louis at The Arch, St. Louis, MO. Information

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

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Job News

Job listings are still here! Each listing labored is now linked to a separate web page. This change was prompted the Newsletter becoming so large that some filters and email systems blocked the delivery.

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- Articles are selected based on relevance and diversity.
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