
# MyHealthGuide Newsletter

News for the Self-Funded Community

11/6/2023

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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 format helps reduce this Newsletter under the size limits of most email applications.*

- Join a Strong, Vigorous and Healthy Team at Vālenz® Health (11/6)
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## Editorial Notes, Disclaimers & Disclosures

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## General & Company News

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### Questco Partners with Gradient AI to Streamline Health Insurance Underwriting, Fueling Expansion

*Solution Accelerates Quote Turnaround Time, Improves Underwriting Accuracy, Enhances Member Experience*

MyHealthGuide Source: Gradient AI 10/31/2023

Boston, MA -- **Gradient AI**, a leading enterprise software provider of artificial intelligence (AI) solutions in the insurance industry, today announced that **Questco**, a professional employer organization (PEO) specializing in outsourced HR solutions, is leveraging Gradient AI's **SAIL**™ solution to streamline the underwriting process, expedite quote turnaround time, and improve the customer experience.

Dedicated to serving the small to mid-sized businesses (SMBs) market, Questco offers a range of cost-effective, high-value benefit packages, including payroll, health insurance, HR services, workers' compensation, and more, for its member companies. Committed to continuous innovation, Questco was

looking to enhance its health insurance underwriting process to better serve its customers as its business grew. Recognizing the importance of competitive and accurate health policy quotes to maintain customer satisfaction and loyalty, the company sought an AI solution to expedite quote turnaround times and improve pricing accuracy.

After evaluating competitive solutions, Questco selected SAIL, Gradient AI's group medical underwriting solution due to its advanced AI analytics capabilities and rich data source of medical, prescription, and lab data.

"Innovation has been a key ingredient in fueling our growth. As an early adopter of SAIL, we leveraged its high-quality medical industry data lake and advanced AI predictive analytics to evaluate group health risk at a deeper level," said **Laura Platero**, vice president of growth acceleration, Questco. "This has allowed us to quickly turn around highly accurate quotes with the confidence that we have a comprehensive understanding of a group's risk. We were seeking a solution that could deliver competitive, accurate, and predictably stable pricing, and we certainly found it with Gradient AI."

**Stan Smith**, founder and CEO of Gradient AI said, "AI is transforming the way PEOs underwrite health policies, and Questco is at the forefront, driving innovation and value for its employer customers. By leveraging Gradient AI-powered products, Questco can offer competitive solutions on an entirely new level. We look forward to supporting them as they help redefine the landscape of employee benefits for PEOs."

**About Gradient AI**

Gradient AI is a leading provider of proven artificial intelligence (AI) solutions for the insurance industry. Its solutions improve loss ratios and profitability by predicting underwriting and claim risks with greater accuracy, as well as reducing quote turnaround times and claim expenses through intelligent automation. Unlike other solutions that use a limited claims and underwriting dataset, Gradient AI's software-as-a-service (SaaS) platform leverages a vast industry data lake comprising tens of millions of policies and claims. It also incorporates numerous other features including economic, health, geographic, and demographic information. Customers include some of the most recognized insurance carriers, MGAs, MGUs, TPAs, risk pools, PEOs, and large self-insured employers across all major lines of insurance. By using Gradient AI's solutions, insurers of all types achieve a better return on risk. Visit **gradientai.com**.
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**HCAA Announces 2024 Executive Forum is Open for Registration**

MyHealthGuide Source: The Health Care Administrators Association (HCAA), 11/2/2023


**Information and Registration**

Mark your calendars for the opening of our early-bird registration and secure your place alongside fellow self-funding industry executives including third-party administrators, brokers, and benefit administrators to engage in high-level discussions centered around this year's key theme of "*Unleashing Potential – Igniting Change*."

**About HCAA**

The Health Care Administrators Association (HCAA) 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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**Ryan Specialty Acquires AccuRisk Holdings**

MyHealthGuide Source: **Business Wire**, 10/30/2023

CHICAGO--Ryan Specialty (NYSE: RYAN), a leading international specialty insurance firm, is pleased to announce it has signed a definitive agreement to acquire AccuRisk Holdings, LLC ("AccuRisk"), a medical stop loss managing general underwriter (MGU). AccuRisk is headquartered in Chicago, IL and was founded in 2017.

Discussing the acquisition, **Patrick G. Ryan**, Founder, Chairman & CEO of Ryan Specialty, said, "Dan and the AccuRisk team are proven leaders in the medical stop loss space, having built one of the largest independent medical stop loss MGUs. Moreover, the AccuRisk team shares our vision to develop a comprehensive integrated health solution, providing retail brokers with a 'one stop shop' for self-insurance needs. Together Ryan Specialty and the AccuRisk professionals will be able to accelerate the rate of innovation in the employee benefits industry."

**John Zern**, President & CEO of Ryan Specialty Benefits, commented, "AccuRisk adds exceptional talent, unique capabilities, and product depth to our employee benefits practice. AccuRisk's offerings include medical stop loss underwriting, group captives, supplemental health care management, and occupational accident. AccuRisk's deep expertise, combined with the breadth of its product offering, gives Ryan Specialty the capabilities to holistically service our retail broker and TPA clients. I look forward to collaborating with Dan as a part of the team to deliver innovative solutions on a nationwide basis."

**Dan Boisvert**, President & CEO of AccuRisk, commented, "Since our founding, we have been focused on driving product innovation to enhance both flexibility and efficiency. We are thrilled to be partnering with Ryan Specialty who shares our vision for the future of employee benefits. We are equally excited to have the opportunity to work with Ryan Specialty to further enhance our distribution relationships. We believe that joining Ryan Specialty sets the stage for the next upward inflection point in our growth trajectory."

AccuRisk generated approximately $25 million of revenue for the 12 months ended July 31, 2023.[1]

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**About Ryan Specialty**

Founded in 2010, Ryan Specialty is a service provider of specialty products and solutions for insurance brokers, agents and carriers. Ryan Specialty provides distribution, underwriting, product development, administration and risk management services by acting as a wholesale broker and a managing underwriter with delegated authority from insurance carriers. Ryan Specialty's mission is to provide industry-leading innovative specialty insurance solutions for insurance brokers, agents and carriers. Visit **ryanspecialty.com**

[1] Revenue attributable to the acquired business and predecessors for the trailing twelve-month period ending July 31, 2023, as reported by AccuRisk's management. This figure has not been audited.

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**The Phia Group Announces Webinar: *Strategizing for 2024: New AI Regulations and Transparency Rules Impacting Healthcare***

MyHealthGuide Source: The Phia Group, 11/2/2023

**Upcoming Webinar:** *Strategizing for 2024: New AI Regulations and Transparency Rules Impacting Healthcare*

**Description:** Goodbye 2023, hello 2024. The future has arrived, and we thank you for your efforts to date; the robots will take it from here. Just kidding… maybe? For those who are tracking developments in Artificial Intelligence, this technology is both intimidating and exciting. Regardless of your position on the matter, you won't be able to escape the meaningful impact A/I will have on our industry. We believe that with the right measures, A/I will be a tool we can use for good in the advancement of our mission to provide the best benefits for the lowest cost. Coupled with other regulatory developments – such as price transparency, a new emphasis on quality metrics, and general public engagement – and 2024 might be one of the best years ever, at least for those who prepare now. Join The Phia Group's team on Thursday, **November 16, 2023, from 1:00 PM to 2:00 PM EST**, as they discuss these and other technological and legal improvements that are sure to dictate how you survive and thrive in the coming year. **Webinar Link**.

**About The Phia Group**

The Phia Group, LLC, is an experienced provider of health care cost containment techniques offering comprehensive claim repricing, No Surprises Act support, 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, The Phia Group is truly empowering plans. Contact **Garrick Hunt** at **GHunt@phiagroup.com** and visit **phiagroup.com.**

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***HCAA's Podcast Interviews John Quinn, Author, on Managing Point Solutions***

MyHealthGuide Source: The Health Care Administrators Association (HCAA), 11/2/2023

Join in on the conversation with host **Ramesh Kumar**, CEO and Co-Founder of **zakipoint Health**, as he interviews key self-funding experts and dives deep into impactful topics and perspectives surrounding the self-funding industry.

**Episode #25:** *How to manage point solutions while delivering value and driving revenue from them.* In this episode, Ramesh sat down with **John Quinn** to explore the world of Point Solutions for TPAs.

**John Quinn**
Author of *Benefits Revolution: The Next Generation of Employer-Sponsored Healthcare*
and CEO of Wellnecity

Employers want a new solution every quarter and expect the TPA to integrate, share data, enroll and support the member. This makes it difficult to not only evaluate the impact of point solutions, but also to access data across solutions and drive substantial value.

***Click here to listen***

**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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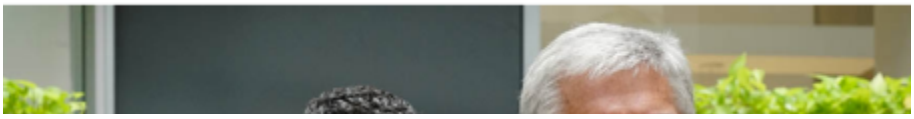
**BeniComp Embraces New Tech and Increases Workforce**

MyHealthGuide Source: **Veronica Brezina**, 11/1/2023, **Catalyst**

Tampa -- BeniComp is expanding its local employee base while launching more products to serve smaller self-funded businesses. The company reduces healthcare spending by analyzing data, promoting prevention through screenings and utilizing new technology. Leveraging the latest tools to form healthcare plans, BeniComp helps employers with a tight staff of 15 to 30 people to self-fund health insurance.



*BeniComp CEO and COO Steve Presser, left, and CEO Doug Short. Photo provided.*

“If you went back decades ago to be self-funded, you’d have to be a larger employer with hundreds of employees, and now with some of these modern products, we offer what these large companies have,” said **Steve Presser**, president of BeniComp. “Smaller companies didn’t have options and would be fully insured and at the mercy of the state’s healthcare policies and state of insurance, but now they are now able to go self-funded and manage their own risks.”

BeniComp’s IncentiCare service product achieves a 96% participation rate of employees completing annual health screenings by offering large, outcome-based deductible incentives.

“We have set a goal to save companies in the U.S. $100 million over the next three years – we know it’s a significant goal, but I think it’s one we can accomplish,” Presser said. “There’s going to be a lot more focus in the Tampa Bay area – it’s our backyard.”

“It was really [real estate mogul and former Tampa Bay Lightning owner] **Jeff Vinik** who drew our family to this area. We were traveling all around from Indiana,” said Presser, who assumed the role of president in 2020.

He was impressed by Vinik’s investments in the area with the Water Street Tampa district, which stretches 16 blocks across the downtown waterfront and features luxury residential and commercial towers, which has attracted numerous tech firms to the city.

**About BeniComp**

BeniComp was founded in 1962, moved to Tampa in 2014. BeniComp has an office in Ft. Wayne, Indiana, which processes claims. Last year, the company announced it was going to create 100 new jobs through 2025 in client support, sales and marketing, software development, preventative health and accounting roles.  BeniComp now has 30 employees in Tampa, roughly 20 in Indiana and additional workers based overseas. Visit **benicomp.com**.

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## People News

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**Auxiant Announces Greg Berth as National Sales Executive**

MyHealthGuide Source: Auxiant, 10/31/2023

**Greg Berth** has joined Auxiant, a national Third-Party Administrator, as a National Sales Executive. Greg brings over 30 years of experience partnering with brokers and consultants throughout the country as a trusted resource for the most cost-effective benefit solutions.

**Greg Berth**
National Sales Executive
Auxiant

Berth joins the Auxiant sales team with the responsibility for new and existing client growth. “For many years I have respected Auxiant for their innovative medical management solutions and dedication to the highest level of service,” said Berth, “I am excited to be a part of an experienced Auxiant team and contribute to the company’s continued success.”

Berth’s experience includes business development, sales, marketing, strategic planning, stop-loss market development and cost containment strategies. He has held sales leadership roles at national and international health insurance organizations as well as the responsibility of Executive Vice President of Sales/General Manager for a regional service center of a national third-party administrator. His success is due to his industry knowledge and ability to build strong relationships and strategic partnerships.

Greg can be reached at (920)470-4148 or **gberth@auxiant.com**.

**About Auxiant**

Auxiant is an independent TPA with over 150 full time employees. We have offices in Cedar Rapids, Iowa, Madison, Wisconsin and Milwaukee, Wisconsin. We have been in business since 1982 and are dedicated to providing our clients with the best possible service. Each client has a dedicated team of individuals who specialize in areas including stop loss, account management, enrollment, claims, Section 125 and or COBRA. Visit **auxiant.com**

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**Underwriting Management Experts Adds Dipesh Patel as New Director of Underwriting**

MyHealthGuide Source: Underwriting Management Experts (UME), 11/2/2023

Philadelphia, PA—Underwriting Management Experts (UME), a leading provider of self-funded stop loss insurance, is pleased to announce the addition of **Dipesh Patel** as new Director of Underwriting, effective November 6, 2023.

**Dipesh Patel**
Director of Underwriting
Underwriting Management Experts

Patel is a skilled underwriter with 15 years of experience in the insurance industry. He began his career as a stop loss claims analyst, before moving into underwriting in 2013. Prior to joining UME, Patel was an underwriter for organizations including AccuRisk Solutions and Zurich North America. He has extensive knowledge in underwriting a variety of different types of groups, including fully insured, level funded, traditional, and RBP. He has a passion for education and is always looking for ways to expand his knowledge of different products.

**Kim Schmidt**, Chief Underwriting Officer, said, “Dipesh will be a great addition to our robust team. His experience and desire for excellence are just the ticket we need for further success, as well as ensuring that our clients and partners continue to receive the creative solutions they need.”

"Throughout my work history, I have always prioritized working with great teams and people,” Patel said. “Since my first interview with the team at UME, I have known that I will be joining an excellent team. I look forward to helping UME continue its growth and to immersing myself in the innovative products that UME offers.”

Patel received his degree from the University of Massachusetts Lowell.

**About UME**

With ten locations nationwide (including a headquarters location in Pennsylvania), Underwriting Management Experts (UME) is one of the largest stop-loss MGUs in the country. UME provides stop-loss, maximum advantage, captive solutions, MEC, Student Medical, reinsurance solutions, back-office services, life and ancillary products that meet the unique needs of our partners, with a sales team that works tirelessly to offer professional expertise, personalized service, and creative solutions in an ever-changing marketplace. Contact **Robert Glorioso**, Chief Operating Officer, at 267-519-1900, ext. 702, or rglorioso@umexperts.com and visit **umexperts.com**.

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**Christine Cooper, CEO, aequum, Selected for BenefitsPRO’s 2023 LUMINARIES Awards**

MyHealthGuide Source: **Business Wire**, 11/1/2023

CLEVELAND--aequum LLC, serving more than 425 self-insured health plans and their participants, has been named to BenefitsPRO LUMINARIES Class of 2023 in the category of Humanizing Benefits.

**Christine Cooper**
CEO
aequum

This recognition celebrates top professionals and organizations within the benefits industry that strive to transform and humanize the field and set a bright example within the business. The 2023 honorees were selected by a panel of industry experts based on how well they stated and achieved goals with regards to the nomination category; how impactful their work has been; how dedicated the nominee has been to furthering modernization and humanization in the insurance business; and the nominee's commitment to the highest ethical standards, as well as dedication to service and excellence.

"This year's honorees exemplify how leading benefits professionals are moving their industries toward a brighter future and producing meaningful results in the areas that matter most to employers, employees and the future of benefits and health care," says BenefitsPRO Editor in Chief **Paul Wilson**. "Our team is excited to recognize these industry thought leaders and innovators."

"I am deeply honored to accept this prestigious award on behalf of the aequum team," says **Christine Cooper**, CEO, aequum. "Being recognized by BenefitsPRO LUMINARIES in the category of Humanizing Benefits reaffirms our commitment to protecting and advocating for patients, health plans and insurers across the U.S. This award is a testament to the dedication of our entire team and further motivates our pursuit of excellence in making healthcare fair, just and accessible for all."

aequum, meaning "what is fair and just," manages and reduces risk by protecting, advocating and supporting plan members and their dependents. aequum's tech-driven teams employ resources and a proprietary database that proactively protect plan members against aggressive out-of-network charges and balance billing, recovery of excessive provider payments and shields them from unfair debt collection practices.

**About aequum, LLC**

Founded in 2020, aequum LLC serves third-party administrators, medical cost management companies, stop-loss carriers, employer-sponsored health plans and brokers nationwide to protect plan participants, improve employee satisfaction with their health care plans, and generate plan and participant cost savings. aequum LLC helps patients defend medical balance bills and brings savings to employer-sponsored health plans by providing administrative and other services to its partners. In addition, its sister organization, Koehler Fitzgerald LLC, provides legal advocacy to plan participants. Visit **aequumhealth.com**.

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## Market Trends Studies, Books & Opinions

### Enhancing Minimum Essential Coverage Self-funded (MEC) Plans with Coordinated, Comprehensive Virtual Primary and Musculoskeletal Care Benefits

MyHealthGuide Source: Upswing Health, 10/29/2023, **White Paper**

**Introduction**

Minimum Essential Coverage (MEC) plans are health insurance plans that meet the minimum coverage requirements established by the *Affordable Care Act* (ACA) of 2014. MEC plans can be an employer-sponsored coverage. (See **CMS**.) MEC plans are generally self-funded, and therefore the employer is responsible for reporting coverage information for all individuals who enroll in the MEC plan. MEC plans are also considered group health plans under the ACAMEC plans are considered group health plans under ERISA, and therefore specific reporting requirements also apply to MEC plans. MEC plans are designed to provide only essential healthcare benefits such as wellness checks, preventative care, and prescription medication discounts.

Otherwise known as “skinny plans” in the health benefits industry, MEC plans are provided by a variety of entities, including government programs, private insurance companies, and employers. Under the ACA, employer-sponsored plans must meet specific coverage standards. As a base offering, employers (those with 50 or more full-time employees) are required to offer healthcare coverage to their employees or potentially face penalties of $2,800 per full-time employee.

MEC plans offer coverage at affordable premium price points--far less than traditional group coverage--making them attractive to employers. MEC plans are particularly attractive to employers with the lowest hourly wage earners in our country, including retailers and restaurant, food chain, and hotel workers.

MMEC plans are generally marketed to purchasers as either basic or enhanced (MEC Plan Plus).

**Challenges and Limitations of Basic MEC Plans**

Although the word “essential” sounds promising, in practice, basic MEC plans provide minimal value. MEC plans often cover only the bare essentials--they do not cover many medical, accident, or illness services and treatments. They are considered a rudimentary level of coverage and may not include more comprehensive benefits found in other health insurance plans. Of the numerous gaps in coverage for major medical expenses, MEC plans fall short in several key areas including hospitalizations, surgery, office visits, prescription drug coverage, certain routine screenings and tests, and they have limitations on coverage for specialist consultations or treatments. This means that if someone with a basic MEC plan requires major medical services, they may face prohibitively high out-of-pocket costs.

**Basic MEC plans have also been referred to as 'glorified wellness plans'.**

All of this adds, woefully, to both the access problem in U.S. healthcare and to the unhealthy paradox that too many Americans face today--“insured but not covered” – exposing them to potentially catastrophic financial risk and forcing them to make the grim choice between paying for vital healthcare services out of pocket or paying for food, clothing, and shelter for their families.

However, employees are not the only ones shortchanged by MEC plans. In the eight years since these plans were created under the ACA, basic MEC plans have earned an unfavorable reputation in the market and, alone, may not be viewed propitiously by employees. In this extraordinarily tight labor market, employers should be concerned that these plans may not satisfy potential employee demand and that they may fall far short of a successful recruitment tool. One could also easily surmise that when employees cannot afford these out-of-pocket expenses, they will forego much needed care. This then

exposes them to incurring more chronic medical co-morbidities. An unhealthy work force can only exacerbate the real dearth of labor in the United States.

**The Case for Enhanced MEC Plans**

To counter the shortcomings of basic MEC plans, and to provide low-wage American employees with access to high-quality and affordable care services – but without breaking the employer's health benefits budget – one logical extension of the basic MEC plan is to bolt on virtual care options.

Access to high-quality primary care is the fundamental underpinning of patient-centered value-based healthcare. It is now known that this can be accomplished by technology-enabled virtual primary care organizations at a lower cost than bricks-and-mortar care.

Galileo is a prime example of a virtual primary care company that does just that. Galileo, believes that high-quality primary and specialty can be accessible and affordable for all. Galileo is a digital medical practice that provides integrated urgent, primary, multi-specialty chronic and behavioral healthcare through a single app-based solution. Full-time PCPs and board-certified specialists work as a team to care for patients 24/7/365 across all 50 states, in both English and Spanish. The Galileo model is built to help primary care physicians (PCPs) interact with high-quality virtual specialty solutions for collaboration to drive patient outcomes.

Musculoskeletal (MSK) care is a high-cost, high-utilization specialty with an annual addressable market in the United States of $800 billion. MSK is consistently one of the top three categories of spend by plan sponsors. And yet, it is also ideally suited for a virtual front-end approach.

Upswing Health is a virtual-first, full-spectrum musculoskeletal (MSK) company built to rapidly assess, triage, and manage most low and medium acuity MSK problems. Upswing harmonizes smart, AI-driven symptom assessment technology with a telehealth platform that employs frontline Certified Athletic Trainers (ATCs) and Orthopedic Specialists. Upswing's platform successfully manages over 80% of common MSK conditions – virtually – saving Upswing's lead client (a large state health plan) $1,100 per engaged member and reducing utilization of MSK resources by 38%.

Synchronizing Galileo's virtual primary care hub with Upswing's virtual MSK care platform solves two existential problems in healthcare – lack of access to quality care (primary and specialty) and financial barriers to coverage – thus making this collaboration both ideally suited for enhanced MEC plans and attractive to employers footing the bill.

**Conclusion**

The health and well-being of the American worker should be a paramount concern for employers (fully or self-funded). For all the misery and havoc wreaked by the Covid-19 pandemic, this three-year experience has accelerated the broad adoption of telehealth and the value of a virtual-first front door of care. From a pragmatic perspective, C-suite leaders today are also recognizing that the post-Covid Great Resignation has exacerbated a very tangible workforce reality and that new employee attraction and retention should be top of mind for employers. Third-party administrators and employee benefits consultants now have an outsized opportunity to improve the plight of our lowest wage earners struggling to make ends meet, while simultaneously minimizing impact on employers' healthcare costs. Adding value through enhanced MEC plans and other employee benefits gives employers an advantage in more ways than one.

**About Upswing Health**

Upswing Health gives eligible employees immediate and convenient access to MSK care on demand while lowering healthcare costs for employers. To learn more, ask your human resources or benefits department officer to offer Upswing Health, send them a link to our For Employers page here. Visit **upswinghealth.com**.

**References**

1. **CMS.gov**
2. *The Pros and Cons of Minimum Essential Coverage (MEC) Plans: Is It Right for Your Business?* Evolved Benefits, LinkedIn May 30th, 2023.
3. **What is minimum essential coverage?**
4. **The Skinny on Minimum Essential Coverage (MEC) Plans**. Samantha Malovrh, Esq.

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## Medical News

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### Telemedicine Physicians Spend More Time Updating Patient's Electronic Medical Record

Changes in Physician Electronic Health Record Use With the Expansion of Telemedicine

MyHealthGuide Source: **A. Jay Holmgren, PhD, MHI; Robert Thombley, BS; Christine A. Sinsky, MD**; et al, 10/30/2023, **JAMA Internal Medicine**

This study of 1052 ambulatory physicians at a large academic medical center during more than 115 weeks (35 697 physician-week observations) found a strong linear association between telemedicine use and physician time spent working in the EHR during and outside of patient scheduled hours. It did not find an increase in electronic messages received from patients.

This longitudinal cohort study analyzed weekly EHR metadata of ambulatory physicians at UCSF Health, a large academic medical center. The same EHR measures were compared for 1 year before the COVID-19 pandemic (August 2018-September 2019) with the same period 1 year after its onset (August 2020-September 2021). Multivariable regression models evaluating the association between level of telemedicine use and EHR use were then assessed after the onset of the pandemic. The sample included all physician-weeks with at least 1 scheduled half-day clinic in the 11 largest ambulatory specialties at UCSF Health. Data analyses were performed from March 1, 2022, through July 1, 2023.

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## Recurring News

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### Medical Stop-Loss Providers Ranked by 2022 Annual Premium - Over $31.5 Billion

Source: MyHealthGuide, 6/12/2023

The *Medical Stop-Loss Provider Ranking* has been updated based on 2022 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 94 stop loss carriers 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 2022 annual premium is **$31,508,195** (thousands), over a 2X increase over 2016 annual premium of $15,004,224 (thousands) for a compounded annual rate of 13.2%.

**Top 10 and 20 Carriers Premium Concentration**

The concentration of stop loss premium among of the Top 10 and Top 20 carriers has modestly reduced as 12 new carriers enter the market and other factors.

- Top 10 stop loss providers ($21.5 Billion) compose 68.2 % of the total market ($31.5 Billion), down from 71.2 % of total market last year.
- Top 20 stop loss providers ($25.9 Billion) compose 82.3 % of the total market ($31.5 Billion), down from 86.7 % of total market last year.

**Changes for 2022**

In the new 2022 ranking compared to 2021, there were

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

**Top 20 Carriers**

The top 20 stop loss providers based on 2022 annual stop loss premium:

1. Cigna
2. UnitedHealth Group
3. Sun Life Financial Inc.
4. CVS Health Corp.
5. Elevance Health Inc., (formerly Anthem)
6. Tokio Marine HCC
7. HCSC
8. Voya Financial Inc.
9. HM Insurance
10. Symetra
11. Humana
12. W. R. Berkley Corp
13. Blue Cross Blue Shield of SC

14. QBE
15. Fairfax Financial (C&F Ins)
16. Swiss Re
17. Allstate Corp.
18. Western & Southern Financial
19. Blue Cross Blue Shield of MI
20. Nationwide

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## Upcoming Conferences & Webinars

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**November 14, 2023** *10 AM CT **and** November 15, 2023 2 PM CT*
*The Latest Therapeutics: Underwriting Recent and Relevant FDA Approvals* presented by **Milliman IntelliScript**. The FDA approved 37 new drugs last year, including novel treatments for cancer and a blockbuster drug for type 2 diabetes. If you're a life or health underwriter, you need to know what these breakthrough drugs imply for risk assessment. In addition, several familiar drugs were approved for use in new settings, so their appearance on a profile might now signal significantly different levels of risk. In this one-hour webinar, we'll survey some of the most interesting and relevant new therapeutics and show you how the **Irix® Suite** of risk assessment tools, drawing on both **Prescription Data** and **Medical Data**, can instantly deliver an up-to-date, empirical picture of almost any applicant's health. Join us, then underwrite with confidence when you see these novel drugs, or drugs with supplemental indications, on a profile. **Information and Registration**

**November 16, 2023** - *1:00 PM to 2:00 PM EST*
*Strategizing for 2024: New AI Regulations and Transparency Rules Impacting Healthcare* presented by **The Phia Group**. Goodbye 2023, hello 2024. The future has arrived, and we thank you for your efforts to date; the robots will take it from here. Just kidding… maybe? For those who are tracking developments in Artificial Intelligence, this technology is both intimidating and exciting. Regardless of your position on the matter, you won't be able to escape the meaningful impact A/I will have on our industry. We believe that with the right measures, A/I will be a tool we can use for good in the advancement of our mission to provide the best benefits for the lowest cost. Coupled with other regulatory developments – such as price transparency, a new emphasis on quality metrics, and general public engagement – and 2024 might be one of the best years ever, at least for those who prepare now. Join The Phia Group's team as they discuss these and other technological and legal improvements that are sure to dictate how you survive and thrive in the coming year. **Webinar Registration**.

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**February 1-2, 2024**
*2024 Onsite Employee Health Clinics Summit* presented by WCForum Conferences. You will learn what it takes to build and streamline facilities that meet innovative visions for healthcare and wellness. You will also learn the benefits associated with expanding current onsite health facilities. Furthermore, you will walk away with practical solutions to operate a cost-effective healthcare program while providing quality healthcare. Hilton Scottsdale Resort & Villas. Scottsdale, AZ. **Information and Registration**.

**February 19-21, 2024**
*HCAA Executive Forum 2024 'Unleashing Potential - Igniting Change'* presented by **Health Care Administrators Association** (HCAA). Bellagio Las Vegas. Contact **Susan Crolla** and **hcaa.org/page**

**/executiveforum**

**February 26-27, 2024**
*Healthcare Price Transparency Forum* presented by **Self-Insurance Institute of America** (SIIA). Self-insured health plans are at the forefront of bringing clarity and transparency to a rapidly evolving healthcare system. From the latest policy and compliance discussions, to innovative ways of tackling the cost of care and prescription drugs, this event will bring together industry leaders and innovators to help attendees understand and successfully navigate these complex issues. JW Marriott Charlotte, Charlotte, NC. **registration@siia.org** and 800-851-7789.

**February 27-28, 2024**
*Artificial Intelligence Forum* presented by **Self-Insurance Institute of America** (SIIA). The growing interest in Artificial Intelligence (AI) promises to transform most segments of the U.S. economy and the self-insurance marketplace will be no exception. To begin to help its members prepare to operate more successfully with augmented AI capabilities, SIIA has created a new educational forum with content designed for executives and managers with strategic planning and/or P&L responsibilities within their organizations. JW Marriott Charlotte, Charlotte, NC. **registration@siia.org** and 800-851-7789.

**March 25-27, 2024**
*Spring Forum* presented by **Self-Insurance Institute of America** (SIIA). The educational program is geared for senior-level professionals, covering the hottest industry topics with an executive summary approach. Multiple networking functions along with a table-top exhibitor program will create an ideal environment to do business with attendees from around the country. JW Marriott Hill Country Resort & Spa, San Antonio, TX. **registration@siia.org** and 800-851-7789.

**April 9-10, 2024**
Future Leaders Forum presented by **Self-Insurance Institute of America** (SIIA). Kansas City Marriott Downtown, Kansas City, MO. **registration@siia.org** and 800-851-7789.

**May 6-8, 2024**
*Corporate Growth Forum* presented by **Self-Insurance Institute of America** (SIIA). This unique industry event is designed to help companies active in the self-insurance marketplace better understand common growth strategies made possible by corporate financial transactions (mergers, acquisitions, capitalizations, etc.). In addition to targeted educational content and the ability to engage with other members with similar interests, attendees will have the opportunity to connect with important sources of capital, including angel investors, venture capital, private equity and strategic investors. Westin Poinsett, Greenville, SC. **registration@siia.org** and 800-851-7789.

**May 14 - 16, 2024**
*Medical Excess Claims Conference* presented by Davies (formerly Northshore). Davies specializes in accident and health audits, consulting, and claims management services to risk-bearing entities such as TPA, Managed Care Organizations, MGUs, and Carriers. The conference will be at the historic seaside Hawthorne Hotel in Salem, Massachusetts. It will feature educational sessions on industry claim and cost containment topics presented by experts in the field. We also expect to offer additional sessions on relevant actuarial, captive, and subrogation topics of interest in 2024. Attendees will receive information critical in today's claim and cost containment environment and the opportunity to meet and discuss common issues with industry peers. This invitation-only conference is open to MGUs, Carriers, and Reinsurers. To learn more about Davies, visit: **davies-group.com/us/solutions/insurance-services**.

**May 20-21, 2024**
*SPBA Annual Spring Meeting* presented by the **Society of Professional Benefit Administrators** (SPBA). Washington, D.C. Two days' worth of educational sessions that focus on timely regulatory issues and developments that affect self-funded health plans. The Capital Hilton, Washington, DC. Please email SPBA at **Info@spbatpa.org** for more information. (This event is open to members only and those eligible for membership).

**May 29-30,2024**
*Cell and Gene Therapy Stakeholder Forum* presented by **Self-Insurance Institute of America** (SIIA).

Join leading experts in the Cell & Gene Therapy field as well as thought leaders with the self-insurance industry who will discuss the latest industry developments along with related implications for self-insured payers. You will leave with detailed knowledge of the CGT pipeline, manufacturer perspective on pricing, value-based pricing consideration, potential financial mitigation/risk strategies, plan document guidance and more. JW Marriott Minneapolis, Mall of America. **registration@siia.org** and 800-851-7789.

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

**July 22-24, 2024**
*International Conference* presented by **Self-Insurance Institute of America** (SIIA). Westin Dublin, Dublin, Ireland. **registration@siia.org** and 800-851-7789.

**September 22-24, 2024**
*SIIA National Conference*. JW Marriott Desert Ridge, Phoenix, AZ **SIIA.org**

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

**October 12-14, 2025**
*SIIA National Conference*. JW Marriott Desert Ridge, Phoenix, AZ **SIIA.org**

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