

MyHealthGuide

Newsletter for the Self-Funded Community

MyHealthGuide Newsletter
News for the Self-Funded Community
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General & Company News

Advanced Medical Strategies Launches Predict Profiler a Revolutionary In-Dept Analysis Tool

MyHealthGuide Source: [Advanced Medical Strategies](#) (AMS), 7/19/2019

LYNNFIELD, MA – Advanced Medical Strategies (AMS), the leader in strategic intelligence software for clarity into complex claims, is pleased to announce the launch of Predict Profiler. This reporting and analysis software module identifies high dollar diseases and high-risk individuals at-a-glance in a user-friendly web-based system.

Predict Profiler differs from population health reporting; it organizes, analyzes, predicts and benchmarks claimants from both diagnosis and drug perspectives. With Predict Profiler, stakeholders in the self-funded space can see for the first time not just who is at risk, but pinpoints what exactly is driving the risks and costs in their groups of business. It delivers vital risk feedback and trigger reports which allow for the quick and simple identification of previously hidden claims that were buried underneath layers of file formats and code.

“AMS is thrilled to present Predict Profiler to our Predict Suite members,” says Peter Borans, AMS President. “Predict Profiler streamlines what was once a difficult and labor-intensive process (i.e., disclosures, trigger reporting, high cost claimant reviews) into a clear, concise and exceptionally robust system specifically developed from our decades of experience. In minutes, AMS clients have a multi-dimensional view of claims thanks to the custom mapping feature which facilitates a one-and-done, simple uploading of files. They can also export reports for further analysis since all the mapping and organization is built in. These two vital components which expedite inflow and output from Profiler have been sorely lacking in the self-funded market — just a couple of reasons why Predict Profiler was, by far, the runaway hit of this year’s Member Forum at our annual Symposium.”

Predict Profiler allows for completely unobstructed views of trigger diagnosis/ICD10 codes, Specialty Rx J codes, members/claimants, groups, and provider data with costs, deductibles, billed, allowed, and paid amounts, and variable percentage reports. Profiler provides actionable insights for all those along the healthcare payer chain. Specific industry solutions:

Stop Loss, Reinsurance and MGUs

- Simplifies the claims disclosure process
- Identifies the most high-risk claimants by Diagnosis, Drug, and Members
 - Includes predictive analytics based on billions of dollars of like claims
 - Benchmark diagnosis and drug costs by unit and yearly costs
- Streamlines the process for reporting on disparate data in the format you need most
- Maps all ICD, CPT and J codes to their descriptions
- Highlights multiple diagnoses within a specific claimant

TPAs and Brokers (all the above, plus)

- Eliminates the complex process of trigger reporting to Stop Loss and Reinsurance partners
- Detects high dollar transactions not otherwise related to a typically costly diagnosis
- Analyzes cost drivers within a group or across a block

The solutions listed above drastically reduce the complexities commonly associated with communication and disclosure between Administrators and Carriers. In short, clients can improve production time by 50% with Predict Profiler.

AMS is available to showcase the Predict Profiler via demos today. To learn more about AMS and see Predict Profiler in action, contact Stephanie Belschner at 781.224.9711 Ext. 116 or stephanie@mdstrat.com.

About AMS

Advanced Medical Strategies (AMS) is the leader in strategic intelligence software for clarity into complex claims. We solve affordability of care issues with a targeted focus on Specialty Pharmaceuticals, Catastrophic Diagnoses and Medical Implants. AMS’ Predict Suite combines technology, clinical expertise, financial insight and data science into an easy to deploy, subscription-based service that brings strategic intelligence and risk mitigation to high cost claims issues. Visit www.mdstrat.com.

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Aither Health, a New TPA, is Launched

MyHealthGuide Source: [Aither Health](#), 7/15/2019

Dallas, TX – Cofounders, Laura Hirsch and Lisa True announced they have launched a new healthcare solutions company, Aither Health (Aither). Aither offers a full suite of innovative products and services for third-party administrators and risk bearing entities such as self-funded employers, health plans and providers.

Aither aims to mitigate healthcare trend by creating customized plans that put the primary care physician at the center of the program design. With this approach, the intrinsic power of the relationship between the physician and patient coupled with a tailored benefit design improves health outcomes and lowers overall health care costs. In addition to supporting self-funded plans, in its mission to disrupt the healthcare system, Aither provides private labeled business processing outsourcing solutions (BPO) for other innovative and disruptive companies and payers.

True said, "It's no secret the cost of healthcare is on an unsustainable path and employers and their employees are looking for solutions. Everyone is trying to solve the national healthcare cost crisis. In our 30+ years, we have not experienced a time as innovative as now." Hirsch said, "We see unique solutions being developed and implemented throughout the country and we want to help champion the effective ones. For example, we love Direct Primary Care and have integrated the model into our customized plans." "Just like we've done repeatedly in our past, we plan to be early adopters and help create positive disruption," added True.

Even though July 4th has passed, True and Hirsch are "declaring their independence" in order to help disrupt the status quo. True said, "We've turned down investments from private equity firms in order to remain completely independent. Today, independence is extremely important. Often companies are unable to do the "right" thing if they are only motivated by the bottom line or are focused on positioning the company for an exit event." From day one, Aither is embracing the value of true transparency and intends to monitor and disclose how all plan assets are spent.

In their more than 30 years in the self-funded industry, cofounders, Hirsch and True helped grow multiple companies and have led successful turn-arounds. Hirsch was previously President and True previously COO of Nova Healthcare Administrators in Buffalo, NY. Under Hirsch and True's leadership, Nova's revenue grew to \$21 million which created at least 150 jobs in Western New York.

Aither is launching its products and services for the 2020 plan year and already has several committed clients.

About Aither Health

Aither is a healthcare solutions company offering a full suite of innovative products and services. Aither provides support for third-party administrators and risk bearing entities such as self-funded employers, health plans and providers. Aither's self-funded solution aims to mitigate healthcare trend by putting the primary care physician at the center of the program design. Aither partners with the physicians becoming allies instead of adversaries. The comprehensive plan design is intended to promote and support the physician/patient relationship. This approach improves health outcomes and lowers overall health care costs. Aither is an independent company that embraces the value of true transparency and monitors and discloses how all plan assets are spent. In addition to supporting self-funded plans, in its mission to disrupt the healthcare system, Aither provides private labeled business processing outsourcing solutions (BPO) for other innovative and disruptive companies and payers. Contact Laura M. Hirsch at 716.308.8015, hirsch@aitherhealth.com and visit www.aitherhealth.com.

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TPAC Celebrates 20 Years of Spaggregate, the First True Level-Funded Stop-Loss Offering on the Market

MyHealthGuide Source: [TPAC via Yahoo Finance](#), 7/19/2019

MINNEAPOLIS -- TPAC Underwriters, Inc. (TPAC), a leading Managing General Underwriter focused on writing profitable business through creative reinsurance solutions, is excited to announce 20 successful years of its Spaggregate underwriting solution. Spaggregate, TPAC's proprietary level-funded stop-loss product that is a blend of traditional specific/aggregate stop-loss and a fully insured program, is considered to be the original level-funded, aggregate-only stop-loss product and the first of its kind in the nation.

TPAC underwrote its first Spaggregate case in May 1999, delivering a truly level-funded product that ensured predictability of claims costs and the lowest maximum cost to groups—all without lasers. Throughout the past two decades of utilizing this innovative program, TPAC has underwritten more than 2,000 Spaggregate policies for over 750 employer groups.

Originating from a desire to formulate a better way to successfully underwrite low benefit plans, TPAC designed Spaggregate to help employers by establishing a fixed monthly budget for claims coverage within a client's self-funded health plan. With foundational features including low maximum cost, no lasers, creativity in plan design, transparency, control and flexible contracts, Spaggregate offers the ideal combination of predictability, savings and control to meet every client's benefits needs.

Patrick Sanders, the President of IMS (Insurance Management Services), says, "The Spaggregate product has been a game changing funding mechanism for our clients since 2004, particularly those coming from the fully insured market."

"We at TPAC feel an incredible sense of accomplishment with the success and savings our clients have experienced using our Spaggregate product throughout the past 20 years," said Michael Meloch, President of TPAC. "Our goal has always been to provide unique underwriting solutions, and we plan to continue to drive innovation in the reinsurance market with Spaggregate and our other products designed to not only meet our clients' needs but also optimize their plan spend."

About TPAC

TPAC Underwriters, Inc. is a Managing General Underwriting firm located in Minneapolis, Minnesota. In business since 1991, TPAC works to write profitable, creative business with our reinsurers in Traditional Medical Stop-Loss, Spaggregate, and HRA/HSA plans through Third-Party Administrators, fully-funded capitated drug card programs, Life and AD&D products. Call (763) 231-8800 and visit www.tpac.com.

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Nova Healthcare Administrators Continues Nationwide Growth Attracting Innovative Clients and Boosting Local Hiring

MyHealthGuide Source: [Nova Healthcare Administrators](#), 7/18/2019

AMHERST, NY -- Nova Healthcare Administrators has grown its medical membership base from 11,000 in 2011 to 122,000 to date in 2019. Due to the company's rapid growth, company leaders filled 38 new jobs in 2018, expect to add up to 20 additional new employees in the remaining months of 2019 and 50 more new jobs over the next three years, to supplement the current workforce of more than 200.

Beyond traditional medical administrative services, Nova supports plans leveraging in-house medical management, HSA, FSA and HRA products. Nova also provides a variety of private-labeled administrative solutions, COBRA, vision, and reimbursement account services to clients, with membership spanning 37 states. Nova's innovative approach to managing self-funded medical plans continues to attract clients, growing from 15 clients in 2011 to 130 in 2019, creating 166 jobs over the last eight years.

"In today's health care environment, it's vital for employers to maximize the value of their health care spend," noted Jamie Farrell, Director, Health Plan Performance Management. "Taking a customized approach to trend management, and a thoughtful, proactive approach to plan management, results in improved health outcomes and reduced costs, which benefits plan sponsors, their members, and their families."

Nova's ability to attract the attention of prospects comes as the result of years of work to hone an approach that maximizes plan data, engages in client partnerships, and delivers results. Recognized as one of Modern Healthcare's Best Places to Work in Healthcare 2019 and Best Companies to Work for in New York, Nova focuses on creating a work environment that supports associates and provides opportunities for growth within the company. "In creating an environment where associates can grow in their role and within the company across departments, we increase opportunities to attract and retain talent. This translates to associates who become invested in our business and our clients and our shared success, added Farrell."

Nova is URAC accredited for Health Utilization Management and Case Management. URAC is the independent leader in promoting healthcare quality through accreditation, certification and measurement. By achieving this status, Nova has demonstrated a comprehensive commitment to quality care, improved processes and better patient outcomes. In recognition of their commitment to quality Nova was awarded the Certificate of Validation by Care Innovations™ Validation Institute, whose goal is to evaluate organizations performing population health management. This nationally recognized certificate is only awarded to organizations that compete on the basis of integrity and proven performance.

Additionally, Nova was recently selected as the winner in the Population Health Management/Patient Engagement Solutions category for Health Plan Performance Management by the Fierce Innovation Awards: Healthcare Edition for their work throughout 2018. Nova was also recognized as Best in Show for the fiercest engagement solution for Health Plan Performance Management. A panel of judges from the nation's top health care systems, medical practices and accountable care organizations (ACOs) awarded companies based on their potential for cost savings, increased plan participant engagement or overall industry innovation.

Nova's commitment to clients and associates creates an environment where engaged employees provide creative, innovative solutions to meet the unique needs of a diverse and ever-growing client base.

About Nova

Headquartered in Buffalo, NY, Nova is a wholly-owned affiliate of Independent Health. Evolving over the last 30 years, Nova aims to manage trend to reduce health care spend and improve health plan performance. Nova works with flexibility to provide clients the solutions they need in the way they need them including medical, dental, vision, COBRA, reimbursement account administration, and private-labeled partnerships. Nova provides clients with flexible plan design, national network solutions, customized trend management strategies and personalized service. Visit www.novahealthcare.com.

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D.W. Van Dyke Medical Stop Loss Industry Target Loss Ratio Survey Progress Update

MyHealthGuide Source: [D.W. Van Dyke & Co.](#), 7/18/2019

Michelle Marzella, Vice President at D.W. Van Dyke & Co., Inc., announced that questionnaires had been sent inviting Stop Loss Carriers and MGU's to participate in D.W. Van Dyke & Co., Inc's Medical Stop Loss Industry Target Loss Ratio Survey.

DWVD anticipates strong participation as survey results should be a strong indicator of Industry loss ratio's relative to pricing expectations over the most recent "complete" January periods (15,16,17,18). DWVD's most recent January 2019 Persistency and New Business surveys had 34 participants (MGU's and Direct carriers) exceeding \$8.5 Billion of Annualized Stop Loss premiums.

All Stop Loss organizations (Carrier and MGU) are welcome and invited to participate. As always, strict confidentiality applies to all participant survey information/data with all results presented in a blended/aggregate format. Those interested in participating should contact Joe Sabol at jsabol@dwvd.com, Chris Koehler at ckoehler@dwvd.com or Michelle Marzella at mmarzella@dwvd.com.

About D.W. Van Dyke & Company

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

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Health Care Administrators Association (HCAA) Announces Inaugural Event: TPA Connect 2019

MyHealthGuide Source: [The Health Care Administrators Association](#) (HCAA), 7/16/2019

ST. LOUIS, MO -- The Health Care Administrators Association (HCAA), a leader in education, networking, resources and advocacy for the self-funding industry, announced its inaugural event, TPA

Connect 2019, "Forging New Bonds Across Self-Funding."

The one-and-a-half-day conference will be held November 5-6, 2019 at Lord Baltimore Hotel, in Baltimore, Md. and will gather TPA professionals for a series of high-level discussions and networking sessions focusing on the unique challenges impacting the self-funding industry.

"With the healthcare climate consistently changing and continuing to drive increased interest and attentiveness to the attractive offerings of our self-funding arena, it is vital that we expand our networking, education and advocacy reach to TPAs and industry leaders in new markets," said Joanie Verinder, HCAA president. "The inaugural TPA Connect event will provide more of an intimate setting than our other two signature events. We are excited to bring HCAA programming for the first time to the East coast and look forward to connecting with new faces and future leaders of our industry."

TPA Connect attendees will be greeted on Tuesday evening with a Opening Night Reception, and Wednesday morning will kick off with a keynote from Mike Sullivan, CEO and Co-Founder, Cubic Health on "Medical Cannabis and Benefit Plans: Lessons from Canada's Legalization Experience."

Jim Stanis, CEO & President, J.J. Stanis and Company, Inc. will emcee the event, introducing a lineup of industry leaders, focusing on prominent issues impacting self-funding, such as:

- Constructive Disruption: Data and Technology as Driving Forces for Healthcare Delivery Change
- Direct Primary Care - Can Improving Care Really Lower Costs for Employers?
- Navigating Real Healthcare Reform: It May Be Simple, But It Sure Ain't Easy
- Are the Significant Potential Benefits of RBP Worth the Pain? And Yes, There Will Be Some Pain!

HCAA puts on three signature events each year - Executive Forum, TPA Summit and now TPA Connect. The 2019 TPA Summit focused on "Designing the Future of Self-Funding" and the 2019 Executive Forum on "The New Reality: We Are All Self-Funded Now."

All non-member TPAs are invited to attend the 2019 TPA Connect. Registration opens August 1. For more information on registration, hotel rates, or to view the full schedule of session descriptions and speaker bios, visit the HCAA website.

About HCAA

The Health Care Administrators Association is the nation's most prominent nonprofit trade association supporting the education, networking, resource and advocacy needs of health benefit administrators (TPAs), stop loss insurance carriers, managing general underwriters, audit firms, medical managers, technology organizations, pharmacy benefit managers, brokers/agents, human resource managers and health care consultants. For almost 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 www.hcaa.org.

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Self-Insurance Institute of America Announces Mentor Connection Forum in Support of the Popular SIIA Future Leaders Initiative

MyHealthGuide Source: [Self-Insurance Institute of America, Inc.](#), (SIIA), 7/16/2019

Scheduled for August 19-20 in Dallas, this first-of-its-kind event has been designed to connect younger SIIA members (under age 40) with several of the most successful senior self-insurance/captive insurance industry executives in a "speed-mentoring" format. Attendees will have unique access to those who can provide practical career advancement advice, including tips on how they can be more valuable to their employers.

The format will also encourage interaction among attendees, which is important in helping them develop the professional networks necessary for them to be successful in the self-insurance/captive insurance industry – networks the mentors have spent years developing for themselves.

[Register today](#) as this forum is limited to 100 attendees. Call 800/851-7789.

Schedule

- Monday, August 19, 2019
 - 4:00 p.m. to 7:00 p.m. Registration Open
 - 5:00 p.m. to 7:00 p.m. Networking Reception
- Tuesday, August 20, 2019
 - 7:30 a.m. to 8:15 a.m. Networking Breakfast
 - 8:15 a.m. to 8:30 a.m. Welcome Remarks
 - 8:30 a.m. to 10:00 a.m. Small Group Mentor Discussion Groups
Small groups of attendees will meet with designated mentors, rotating every 30 minutes so they will benefit from multiple perspectives during the course of morning.
 - 10:00 a.m. to 10:30 a.m. Networking Break
 - 10:30 a.m. to Noon Small Group Mentor Discussion Groups (Continued)
A continuation of rotating small group discussion groups with designated mentors.
 - Noon to 1:30 p.m. Hosted Luncheon with Organized Networking Activity
This will be a great opportunity to firm up the new professional connections you will have sure to have made during the forum, so be sure to not leave early and miss this. (SIIA picked a central location so most everyone can make it home on a late afternoon flight.)
 - 1:30 p.m. Forum Concludes

Speakers

- Craig Clemente, Chairman, SIIA Future Leaders Committee

- Adam Russo, Chairman, SIIA Board of Directors

About SIIA

The Self-Insurance Institute of America, Inc. (SIIA) is a dynamic, member-based association dedicated to protecting and promoting the business interests of companies involved in the self-insurance/alternative risk transfer (ART) industry, both domestically and internationally. Visit www.SIIA.org.

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The Phia Group Announces Next Webinar '*Executive Order on Improving Price and Quality Transparency*' and Podcast

MyHealthGuide Source: [The Phia Group](#), 7/19/2019

Our next webinar will be held on Thursday, July 23, 2019 at 1pm EST.

Webinar Title: *Trump's Executive Order on Transparency: How it Will Effect Each Segment of Our Industry*

Description: On June 24, 2019, President Trump issued his "Executive Order on Improving Price and Quality Transparency in American Healthcare to Put Patients First." This Order requires hospitals to publicly post their prices, and is designed to give healthcare consumers more choice and better decision-making capabilities.

Join The Phia Group's legal team for an hour on July 23, 2019 at 1pm (Eastern) as they discuss the executive order point by point; they'll touch on what they like and don't like about it, and – more importantly – what this all means for you.

Registration Link: <https://register.gotowebinar.com/register/6001972692157724675>

Podcast Title: *Tales From the Plan: Episode 3 – Direct & To The Point!*

Description: In this episode of Empower Plans – Tales from the Plan, The Phia Group's VP of Legal Recovery Services discusses his experiences before and after becoming a happy participant in Direct Primary Care. If you are one of the many people who've heard about "DPC" but still wonder how it will be received by the plan participants, tune in.

Link: <https://www.phiagroup.com/Media/Posts/PostId/870/tales-from-the-plan-episode-3-direct-to-the-point>

About The Phia Group

The Phia Group, LLC is an experienced provider of health care cost containment techniques offering comprehensive consulting services, legal expertise, plan document drafting, subrogation and overpayment recovery, claim negotiation, and plan defense designed to control costs and protect plan assets. Visit www.PhiaGroup.com.

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HM Insurance Group Webcast: An Anthropologist and a Rocket Scientist Talk Stop Loss: Using Data to Empower Smart Decisions

MyHealthGuide Source: BenefitsPro, 7/13/2019

Deriving data from group dynamics and market insights helps to create informed, knowledge-backed solutions. This is essential in a market facing a rising high-dollar claims trend. Self-funded employers need your help implementing Stop Loss coverage that truly works to protect their bottom line. And to help ensure proper protection is available, Stop Loss carriers must make smart decisions fueled by data. Just ask an anthropologist and rocket scientist who walk the talk and bring analytical focus at a leading Stop Loss company.

Join this complimentary webcast to find out how the use of data is essential to decision-making and informing Stop Loss plans for the future, and how these plans can help your clients:

- Discover how watching trends helps to uncover patterns and inform decisions
- See just how "unlimited" the ACA's unlimited max really is when medical breakthroughs and specialty pharmaceuticals come into play
- View claims trends and scenarios to understand how the right Stop Loss protection is essential
- Learn how proper risk evaluation is critical to all involved – client, broker and carrier

Registration: (Not able to attend? STILL REGISTER you will receive an email with how to access the recording of the event)

- Date: Thursday, August 29, 2019
Time: 2:00 p.m. ET and 11 a.m. PT
[Registration](#)

Speakers:

Mark Lawrence, Senior Vice President, Underwriting, HM Insurance Group, BA, *Anthropology*

Mark Lawrence earned a Bachelor of Arts degree in Anthropology from the University of Regina in Regina, Saskatchewan, Canada, before jumping into a career in reinsurance. He now uses his passion for studying historical trends and demographics to gain a clearer picture of group dynamics for making informed decisions while serving as senior vice president, Underwriting, for HM Insurance Group (HM). With more than 20 years of underwriting experience, Mark's areas of expertise include the development of long-term, profitable and growing relationships in the accident, health and reinsurance markets; using data to gain insights; and providing underwriting service that is focused on client needs.

Mark joined HM in February 2018 from Everest Reinsurance Company where he served as the chief underwriter with top and bottom line responsibility for multiple lines of business including primary self-

funded medical, insurance and reinsurance for direct and partner relationships. Prior to his time at Everest Reinsurance Company, he worked in underwriting leadership roles for Canada Life Assurance Company and LDG Re, a division of HCC.

Tom Doran, President, HM Insurance Group, BS, *Mechanical and Aerospace Engineering – aka Rocket Science*

After earning a bachelor's degree in Mechanical and Aerospace Engineering from Princeton University and spending some time as an aerospace engineer, Tom Doran rerouted his career down the insurance path, eventually landing as president of HM Insurance Group.

At HM, Tom is responsible for the company's overall operational management and executive leadership and oversees HM Stop Loss sales and actuarial services. He also serves as CFO of the Highmark Health Plan where he is accountable for underwriting, actuarial and financial planning and analytics in that role. His areas of expertise include Stop Loss market dynamics and strategy, reinsurance, actuarial services, network contracting, pricing and reserving.

With more than 20 years of experience in the insurance industry, Tom came to HM from Medical Risk Managers (MRM), the largest Stop Loss MGU in the country, where he served as the company's president. Prior to that, Tom held the role of executive vice president at MRM and gained actuarial experience at Aetna, Hartford Life and Aon Hewitt. Tom is a fellow of the Society of Actuaries and a member of the American Academy of Actuaries.

About HM Insurance Group - Stop Loss Insurance

With nearly 35 years in the Stop Loss insurance market, HM Insurance Group works to deliver smart solutions, exceptional performance and unparalleled support. You can tailor our Stop Loss coverage to satisfy your clients' level of risk tolerance and trust that our underwriting experts are working to protect policyholders' financial wellbeing based on individual experience and group dynamics. With a wide range of deductibles and contract periods, our Stop Loss plans can be structured to meet specialized needs and mitigate potential claim risks. Visit www.hmig.com/stop-loss-insurance-groups.

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WellRithms Announces Webinar: Sustainable Claims Pricing: A Rational and Reasonable Approach to Healthcare Reimbursement

MyHealthGuide Source: [WellRithms](#), 7/25/2019

Dates and Times: Our next two webinars will be held on Thursday, July 25, 2019 at 10:00am PST, and Thursday, Aug 8, 2019 at 10:00am PST.

Webinar Title: *Sustainable Claims Pricing: A Rational and Reasonable Approach to Healthcare Reimbursement*

Description: Few would dispute there is a crisis in current healthcare affordability. Employers are required to provide health benefits under the ACA, and provider charges are increasing at historically unprecedented rates. Such a formula invites abusive billing practices and encourages most to turn a blind eye. Network discounts, negotiations, or reference based pricing do not effectively control costs if claims contain egregious charges. Comprehensive bill review is an essential component to healthcare cost-containment in order to determine the right price for medical services.

WellRithms invites you to our physician led webinar, Sustainable Claims Pricing: A Rational and Reasonable Approach to Healthcare Reimbursement to learn more about how to provide sustainable reimbursement for both payers and providers. This informative webinar will cover the benefits and limitations of provider networks, compare cost-containment tools available to healthcare payers, and unpack WellRithms methodology for reasonable healthcare pricing backed by caselaw.

Register now using the following links:

[Thursday, July 25th at 10:00am PST](#)

[Thursday, August 8th at 10:00am PST](#)

About WellRithms

WellRithms is the industry leader in defensible healthcare cost containment bill review and reimbursement methodology and network replacement solutions for the self-funded market. With WellRithms, clients are guaranteed medical expertise, legal acumen, and full-service technology to deliver a fair and reasonable price for healthcare services. Visit www.WellRithms.com.

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People News

Willis Towers Watson Announces Angela Garcia as Assistant Vice President to the Willis Re Life, Accident & Health Segment

MyHealthGuide Source: [Willis Re](#), July 2019

Willis Towers Watson is pleased to announce the addition of Angela K. Garcia, ASA, CERA, MAAA as Assistant Vice President to the Willis Re Life, Accident & Health Segment's actuarial team in Portland, ME. Angela joins Willis Re from Anthem, where she was an Actuarial Analyst, working with pricing teams, developing pricing tools and profitability studies. Prior to Anthem, Angela spent time at US Health as an Assistant Actuary, where she focused on valuation, financial reporting and cash flow testing for medical products.

Angela received her Bachelor's degree in Mathematics from the University of Texas at Austin.

"Willis Re continues to grow its talent base and expertise by strategically adding key leaders throughout the organization," said Fred Flores, Executive Vice President, and Head of Willis Re's LAH Analytics. "Angela brings great experience and has the values and team based approach that is a great addition to Willis Re's growing team of experienced leaders. Advanced analytic capabilities and data strategies are a key to long term value for our clients. Willis Re is uniquely positioned to provide clients with a full range of risk, capital, captive, ERM and ORSA solutions delivered through a primary Client Advocate."

About Willis Re

One of the world's leading reinsurance brokers, Willis Re is known for its world-class analytics capabilities, which it combines with its reinsurance expertise in a seamless, integrated offering that can help clients increase the value of their businesses. Willis Re serves the risk management and risk transfer needs of a diverse, global client base that includes all of the world's top insurance and reinsurance carriers as well as national catastrophe schemes in many countries around the world. The broker's global team of experts offers services and advice that can help clients make better reinsurance decisions and negotiate optimum terms. Visit willisre.com.

About Willis Towers Watson

Willis Towers Watson (NASDAQ:WLTW) is a leading global advisory, broking and solutions company that helps clients around the world turn risk into a path for growth. With roots dating to 1828, Willis Towers Watson has over 45,000 employees serving more than 140 countries and markets. We design and deliver solutions that manage risk, optimize benefits, cultivate talent, and expand the power of capital to protect and strengthen institutions and individuals. Our unique perspective allows us to see the critical intersections between talent, assets and ideas – the dynamic formula that drives business performance. Together, we unlock potential.

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Health Plans, Inc. (HPI) Names Drew Rozmiarek as SVP of National Sales

MyHealthGuide Source: [Health Plans, Inc.](#), 7/16/2019

Fueled by explosive national growth, HPI has tapped Drew Rozmiarek to be their senior vice president of national sales and emerging markets. Drew will oversee HPI's sales team outside of New England to magnify their national sales presence and market development across the country. He brings 20 years of experience in the self-funded health plan industry and extensive knowledge of employee benefit captives, value-based pricing, new product development and strategic initiative development.

"HPI is a team of forward-thinking entrepreneurs rooted in 35 years of TPA experience," said Deb Hodges, president and CEO of HPI. "The addition of Drew to our team will further accelerate our ability to bring HPI's creative approach and self-funding best practices to companies across the country."

Most recently, Drew served as the director of sales and specialty services at Cypress Benefit Administrators and led the TPA's self-funded emerging markets and new product development in the Western U.S. Previously, he served as regional vice president at A&G Healthcare Services. "By joining HPI, I have an amazing opportunity to create health plan management solutions that this industry is craving," Rozmiarek said. "I've spent my entire career in the self-funded benefit space. Throughout, I've been a big proponent of plan evolution, and the key role that a TPA plays in that evolution, as a vital component to a plan's success. I am honored and excited about the opportunity to drive HPI's national expansion and facilitate evolution and success across the country."

About HPI

Health Plans, Inc. (HPI) is one of the largest administrators of employee health benefit plans and population health management services in the country. Founded in 1981, we share our expertise, innovation and proven, cost-saving solutions with partially self-funded employers to solve their unique health and benefit challenges. It is our flexible approach, entrepreneurial spirit and commitment to quality, technology, and service that enable us to deliver premium value to our customers. HPI is a Harvard Pilgrim company. Contact Su Doyle, Director of Strategic Marketing, at 508-475-6103, sdoyle@healthplansinc.com and visit www.HealthPlansInc.com

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Market Trends Studies, Books & Opinions

How Employers who Sponsor Worksite Health Centers Improve Service to Employees with Health Savings Accounts

MyHealthGuide Source: [Larry Boress](#), Executive Director, [National Association of Worksite Health Centers](#) (NAWHC)

Two areas of the HSA law and IRS code have been problematic for health center sponsors and vendors:

1. The requirement that onsite clinics charge employees with an HSA a "fair market value" fee for the use of an employer's clinic's services.
2. The limited definition of an "clinic" as an entity offering primarily triage and first aid services.

Under [NOTICE 2019-45](#), released on 7/17/2019, the Treasury Dept. and IRS have decided to open the regulations on HSAs under new guidance that expands the list of preventive benefits provided by a high deductible health plan (HDHP) allowed without a deductible.

The notice reads in part:

"The Treasury Department and the IRS have been directed to consider ways to expand the use and flexibility of HSAs and HDHPs consistent with the provisions of section 223 and the appropriate standard for preventive care under section 223(c)(2)(C). Specifically, on June 24, 2019, President Trump issued Executive Order 13877,3 "Improving Price and Quality Transparency in American Healthcare to Put Patients First," including, among other things, an order that the Secretary of Treasury, to the extent consistent with law, issue guidance to expand the ability of patients to select HDHPs that can be used alongside an HSA, and that cover low-cost preventive care, before the deductible, that helps maintain health status for individuals with chronic conditions. In response to Executive Order 13877, the Treasury Department and the IRS are issuing this notice.

The Treasury Department and the IRS continue to consider appropriate standards for differentiating between services and items that would be considered preventive care for purposes of section 223(c) (2) (C) and those that would not.

The Notice provides the expanded list of "low cost" preventive services. However, it appears that some items (i.e., insulin) are not typically considered "low cost," which may be perceived as allowing other ways to "expand the ability of patients that helps maintain their health status" a phrase used in the new guidance.

Since our past efforts to change the HSA law via Congressional action last year to address our two main

concerns were not successful, this opening of the HSA and IRS regulations may afford NAWHC and its vendor partners an opportunity to accomplish our objectives via regulatory, not legislative action.

See article below, [Additional Preventive Care Benefits Permitted to be Provided by a High Deductible Health Plans](#).

About NAWHC

NAWHC is a non-profit trade organization, focused on assisting public and private employers, unions and other plan sponsors in getting the greatest return from their onsite, near-site, shared, mobile and virtual health centers, pharmacies, worksite fitness and wellness centers. Our mission is to become the premier source of education, information, networking and resources for employers and others who wish to integrate or develop worksite clinics into their health care and benefit strategies. Visit www.nawhc.org.

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Legislative News

Additional Preventive Care Benefits Permitted to be Provided by a High Deductible Health Plans

MyHealthGuide Source: U.S. Treasury and IRS, 7/17/2019, [NOTICE 2019-45](#)

This notice expands the list of preventive care benefits permitted to be provided by a high deductible health plan (HDHP) under section 223(c)(2) of the Internal Revenue Code (Code) without a deductible, or with a deductible below the applicable minimum deductible (self-only or family) for an HDHP.

Background

Section 223 of the Code permits eligible individuals to establish Health Savings Accounts (HSAs). Among the requirements to qualify as an eligible individual under section 223(c)(1) is that the individual be covered under an HDHP and have no disqualifying health coverage.

Only eligible individuals under section 223(c)(1) are allowed to make contributions to an HSA or to receive contributions from an employer to their HSA. An HDHP is a health plan that satisfies certain requirements with respect to minimum deductibles and maximum out-of-pocket expenses.

Generally, under section 223(c)(2)(A), an HDHP may not provide benefits for any year until the minimum deductible for that year is satisfied. However, section 223(c)(2)(C) provides a safe harbor for the absence of a deductible for preventive care. Under section 223(c)(2)(C), “[a] plan shall not fail to be treated as a high deductible health plan by reason of failing to have a deductible for preventive care (within the meaning of section 1861 of the Social Security Act, except as otherwise provided by the Secretary).” Therefore, an HDHP may provide preventive care benefits without a deductible or, subject to any applicable requirements under section 2713 of the Public Health Service Act (PHS Act), with a deductible below the minimum annual deductible otherwise required by section 223(c)(2)(A).

Effective July 17, 2019, the list of preventive care benefits that can be provided by a high deductible health plan (HDHP) without a deductible or with a deductible below the applicable minimum deductible is expanded. The list now includes certain cost effective medical care services and prescription drugs for certain chronic conditions.

HDHPs and Health Savings Accounts

Individuals covered by an HDHP generally may establish and deduct contributions to a Health Savings Account (HSA). To qualify as an HDHP, a plan may not provide benefits for any year until the minimum deductible for that year is satisfied. However, an HDHP is not required to have a deductible for preventive care.

Current Rule for Chronic Conditions

Under the existing rule, preventive care generally does not include any service or benefit intended to treat an existing illness, injury, or condition. As a result, the cost barriers for care have resulted in some individuals diagnosed with certain chronic conditions failing to get effective and necessary care that would prevent making the chronic condition worse. Failure to address chronic conditions can lead to amputation, blindness, heart attacks, and strokes that require considerably more extensive medical intervention.

Treatments for Chronic Care as Preventive Care

The following medical care services are now classified as preventive care for someone with that chronic condition:

- angiotensin converting enzyme (ACE) inhibitors for individuals diagnosed with congestive heart failure, diabetes, or coronary artery disease;
- anti-resorptive therapy for individuals diagnosed with osteoporosis or osteopenia;
- blood pressure monitor for individuals diagnosed with hypertension;
- peak flow meter for individuals diagnosed with asthma;
- inhaled corticosteroids for individuals diagnosed with asthma;
- glucometer for individuals diagnosed with diabetes;
- hemoglobin A1c testing for individuals diagnosed with diabetes;
- insulin and other glucose lowering agents for individuals diagnosed with diabetes;
- retinopathy screening for individuals diagnosed with diabetes; and
- statins for individuals diagnosed with heart disease and/or diabetes.

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House Passes Health Care 'Cadillac Tax' Repeal Bill

MyHealthGuide Source: Stephen Miller, CEBS, 7/17/2019, [SHRM](#)

The U.S. House of Representatives voted on July 17 to abolish the so-called "Cadillac tax" on employer-sponsored high-value health plans, set to take effect in 2022. If the Senate passes the measure and the president signs it into law, the threat employers have faced from the tax would disappear.

The House passed H.R. 748, the Middle Class Health Benefits Tax Repeal Act, by an overwhelming, bipartisan vote of 419 to 6. The Senate will now decide whether to vote on the measure. The Senate companion bill, S. 684, introduced in March by Sens. Martin Heinrich, D-N.M., and Mike Rounds, R-S.D., currently has 42 co-sponsors.

"As 2022 approaches, more employers will have to closely scrutinize their health benefit offerings and make the necessary changes to avoid the tax, which may include reducing benefits and/or altering wellness and chronic care prevention programs," wrote Johnny C. Taylor, Jr., SHRM-SCP, president and CEO of the Society for Human Resource Management (SHRM) in a July 12 letter to Congress.

While the excise tax was intended to target high-value plans, "modest plans will also be impacted, meaning millions of Americans and their families could face higher co-pays and deductibles, causing some to decline employer-provided health care," Taylor noted. "The Cadillac tax must be dealt with well in advance of its proposed implementation date, otherwise employees could see further changes in their benefit options," he explained.

Employer-sponsored insurance is the largest source of health coverage for Americans, covering more than 181 million people.

Cost Thresholds

The Cadillac tax, part of the Affordable Care Act (ACA) passed in 2010, is a 40 percent excise tax on the cost of employer health plans in excess of annual cost thresholds. It was intended to help generate tax revenue to help fund the ACA's subsidies for marketplace plans.

The tax, originally intended to take effect in 2018, was delayed twice by Congress and is now scheduled to go into effect in 2022. It is calculated based on: the costs of plan premiums (whether employer- or employee-paid and whether the plan is fully insured or self-funded); employer contributions and employee-elected payroll deductions to health savings accounts and flexible spending accounts; employer contributions to health reimbursement arrangements; the cost of group wellness programs; the value of coverage in onsite medical clinics; and certain other health benefits.

As currently projected: If the average plan cost to cover employees and dependents is more than \$11,200 for individual coverage and \$30,150 for family coverage, employers would pay the tax on plan costs for each covered person above these threshold amounts. The thresholds would be indexed to general inflation, not medical inflation, which is consistently much higher. Consequently, over the years, an increasing number of plans would be affected by the tax.

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Medical News

Primary Care Physician Supply Associated with Improved Population Mortality

MyHealthGuide Source: Sanjay Basu, MD, PhD; Seth A. Berkowitz, MD, MPH; Robert L. Phillips, MD, MSPH; et al, 2/18/2019, [JAMA Network](#)

Greater primary care physician supply was associated with improved mortality, but per capita primary care physician supply decreased between 2005 and 2015.

This epidemiological study evaluated US population data and individual-level claims data linked to mortality from 2005 to 2015 against changes in primary care and specialist physician supply from 2005 to 2015. Data from 3,142 US counties, 7,144 primary care service areas, and 306 hospital referral regions were used to investigate the association of primary care physician supply with changes in life expectancy and cause-specific mortality after adjustment for health care, demographic, socioeconomic, and behavioral covariates. Analysis was performed from March to July 2018.

Study findings

- Every 10 additional primary care physicians per 100,000 population was associated with a 51.5-day increase in life expectancy.
- However, from 2005 to 2015, the density of primary care physicians decreased from 46.6 to 41.4 per 100,000 population.
- An increase in 10 specialist physicians per 100,000 population corresponded to a 19.2-day increase.
- A total of 10 additional primary care physicians per 100,000 population was associated with reduced cardiovascular, cancer, and respiratory mortality by 0.9% to 1.4%.
- Analyses at different geographic levels, using instrumental variable regressions, or at the individual level found similar benefits associated with primary care supply.

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Recurring Resources

Medical Stop-Loss Providers Ranked by 2018 Annual Premium

Source: MyHealthGuide, 5/25/2019, [2016 Premium Ranking](#) and [2017 Premium Ranking](#)

The table below reflects 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 Ranking
Based on Carrier's 2018 Statutory Report

New Rank (2018)	Entity Name	Prior Rank (2017)	Stop Loss Premium Earned (2017) Thousands
1	Cigna	1	\$3,311,558
2	CVS Health Corp. (Acquired Aetna)	8	\$1,615,122
3	UnitedHealth Group	2	\$1,555,316
4	Sun Life Financial Inc.	3	\$1,452,870
5	Tokio Marine	4	\$1,302,685
6	Anthem	5	\$1,245,359
7	Voya Financial Inc.	6	\$933,523
8	HCSC	10	\$809,508
9	Highmark (HM Insurance Group)	7	\$751,768
10	Symetra	9	\$702,116
11	Companion - Blue Cross Blue Shield of SC	11	\$486,632
12	W. R. Berkley Corp.	13	\$369,193
13	Swiss Re	14	\$366,447
14	Blue Cross Blue Shield MI Inc	12	\$345,455
15	QBE	*	\$288,959
16	Humana	20	\$268,800
17	Fairfax Financial	16	\$238,344
18	Blue Cross and Blue Shield of Minnesota	15	\$210,728
19	Wellmark	17	\$200,754
20	Nationwide	21	\$194,593
21	National General Holdings Corp	22	\$193,368
22	Munich Re	18	\$184,892
23	Medical Mutual of Ohio	19	\$171,164
24	Fidelity Security Life	32	\$146,332
25	Blue Cross Blue Shield of MA	24	\$140,190
26	Liberty Mutual	77	\$126,819
27	Union Labor Life Ins Co	28	\$123,177
28	Blue Cross NC	29	\$122,627
29	Premera Blue Cross	27	\$120,585
30	Noridian Mutual Insurance Co.	23	\$117,407
31	Berkshire Hathaway Inc.	46	\$117,362
32	Trustmark Cos.	26	\$116,633
33	American Fidelity	30	\$98,441
34	HealthPartners	33	\$98,080
35	Capital Blue Cross	37	\$90,797
36	Regence	39	\$83,890
37	Houston International Insurance	38	\$82,494
38	Pan American Life	35	\$79,544
39	BCS	34	\$76,833
40	GuideWell Mutual Holding Corp.	42	\$73,135
41	BC&BS AZ Inc	40	\$72,604
42	Guardian	36	\$69,597
43	BlueCross BlueShield of TN	43	\$67,886
44	Blue Cross & Blue Shield of KS	41	\$67,770
45	Zurich	31	\$67,227
46	EMI Health	47	\$59,728
47	Excellus/MedAmerica	48	\$56,016
48	AXA	56	\$55,975
49	PartnerRe	53	\$54,550
50	CareFirst	45	\$46,796
51	American National	50	\$45,647
52	Blue Shield of California	44	\$44,372

53	PreferredOne	41	\$43,779
54	Blue Cross & Blue Shield of Kansas City	55	\$35,997
55	Time Insurance Co. II	52	\$34,606
56	Blue Cross of Idaho	54	\$33,413
57	Amalgamated Life Insurance Co.	61	\$30,326
58	GoodLife Partners Inc.	49	\$29,244
59	Priority Health	57	\$28,917
60	Blue Cross & Blue Shield of LA	58	\$27,337
61	Horizon Blue Cross Blue Shield of NJ	62	\$27,308
62	Aultcare	60	\$26,559
63	BIC Holdings LLC	59	\$22,450
64	HealthNow New York Inc.	64	\$20,991
65	Transamerica	25	\$18,927
66	The Health Plan	71	\$12,777
67	RGA (Reinsurance Group America)	66	\$12,498
68	Liberty Union Life Assr Co.	*	\$10,262
69	Hawaii Medical Service Assn.	69	\$10,093
70	PacificSource	65	\$8,981
71	BC&BS RI Inc	67	\$8,953
72	US Health & Life Insurance Co.	*	\$8,908
73	Health Alliance	68	\$8,649
74	SelectHealth	73	\$6,734
75	Harvard Pilgrim Health Care	70	\$6,449
76	Network Health	79	\$5,454
77	BlueCross BlueShield of VT	72	\$5,368
78	Oregon Dental Service	74	\$5,362
79	Solstice Health Insurance Co.	75	\$4,741
80	Arch Capital	63	\$2,903
81	WEA Insurance Corp.	78	\$1,346
82	Independent Health	84	\$1,173
83	Kaiser Permanente	80	\$1,123
84	Nippon Life Insurance Co of Am	83	\$1,113
85	Centene Corp.	81	\$1,082
86	ProMedica	76	\$652
87	Blue Cross Blue Shield WY	82	\$621
88	Physicians Health Plan of Northern Indiana	88	\$610
89	New Era Enterprises Inc.	87	\$140
90	Gulf Guaranty Life Ins Co.	89	\$91
91	Scott&White Health Plan	86	\$83
92	Talcott Resolution	90	\$46
93	The Hartford	91	\$19
	Total		\$20,227,756
* Stop Loss premium not reported in prior period.			

Stop-loss Premium Volume is not the Whole Story

Industry executives question the purpose of a chart reporting only stop-loss premium without additional information such as:

- Ratings from Best, S&P, Moodys and others
- Capital size of the insurance company
- Reinsurance purchased and from whom
- Length in the business
- Number of open litigation claims
- Is stop-loss a core business or ancillary business?
- % age of risk retained vs. ceded

- Average stop-loss claim processing turn-around time
- % age of claims denied

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ICD-10 stop-loss Trigger Diagnosis Tools

MyHealthGuide Source: Industry Study Group (ISG)

In the early 2000s a group of industry professionals collectively known as the Industry Study Group ("ISG") created a Standard Disclosure Notification form and a standardized list of ICD-9 diagnosis codes, known as the Trigger list. On October 1, 2015, our industry transitions to the new ICD-10 coding system. The ISG has once again undertaken the development of a new Trigger list based on the ICD-10 diagnosis codes. *The new ICD-10-CM Trigger list is endorsed by SIIA and HCAA and supported by SPBA.*

Below are useful links for members of the self-funded community including TPAs, stop-loss carriers, MGUs, and others.

- [A YouTube video regarding ICD-10 Coding Basics](#) (26-minute interview with AHIMA official)
- [A basic Introduction to ICD-10](#) (eHealthUniversity produced by CMS)
- [ICD-10 stop-loss "Trigger Diagnosis" Code Ranges](#) (Word docx format from Industry Study Group)
- [ICD-10 Codes All codes with Descriptors](#) (Excel xlsx format from Industry Study Group)
 - Tab 1 - All ICD-10 Codes (91,757) codes. The trigger list codes are highlighted in yellow.
 - Tab 2 - Trigger List Codes (11,803) with Descriptors. (Revised 9/17/2015)

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The Value of Self-Funding

MyHealthGuide Source: The Self-Insurance Educational Foundation, Inc. (SIEF) www.SIEFOnline.org and [The Self-Insurance Educational Foundation, Inc. \(SIEF has published The Value of Self-Funding.](#)

Self-funding is an important contributor to the financial and physical health of America's wellness future. Self-funding is more than processing claims and receiving premiums, it provides quality coverage and proactive healthcare management for employers of all sizes and industries.

About the SIEF

The Self-Insurance Educational Foundation, Inc. (SIEF) is a 501(c)(3) non-profit organization affiliated with the Self-Insurance Institute of America, Inc. (SIIA). The foundation's mission is to raise the awareness and understanding of self-insurance among the business community, policy-makers, consumers, the media and other interested parties. Visit www.SIEFOnline.org.

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An Introduction to Self-Funding: What, Who & How

MyHealthGuide Source: [SELF Funding Success](#)

What is Self-Funding?

In terms of employee benefits, self-funding (also referred to as self-insurance) is a funding mechanism in which an employer funds health care claims independently rather than engaging an insurance company to purchase health coverage for its eligible employees.

There are several different names out there used to describe plan types and structures these days, but a health care plan either fits the category of fully insured or self-funded.

With steady growth in the last four decades, self-funded plans are now the most common type of health plan that workers are enrolled in across the United States. Various sources put this number at nearly 70% and climbing. Nearly all self-funded employee benefit plans are managed through a third party administrator (TPA) firm, an independent organization that assists with overall plan operations, benefit coordination and claims processing.

Who Uses Self-Funding?

From the 1970s to the 1990s, a common belief was that self-funded plans were only viable for large-size companies with hundreds to thousands of employees who needed health insurance coverage.

The idea that a company's size should be a determining factor in choosing whether or not to self-fund continues to be challenged. The reality is that a combination of factors should be evaluated on a case-by-case basis – including an employer's financial condition, cash flow, risk tolerance, and the need (or desire) for flexibility in designing a group health plan for its wide-ranging workforce.

Today, the majority of employee benefit plans in the U.S. are self-funded, with a growing number offered by small-sized businesses and public employers. This overall market growth is the result of, in large part, the expansion of stop loss (somewhat like re-insurance) offerings. New stop loss options better fit small- to mid-sized employers' needs to manage risk, and work to foster closer relationships between carriers and their TPAs.

As businesses face the challenge of finding affordable health insurance year after year, many – of all industries and formats, including public employers – are finding that self-funding can be a smarter and more cost-effective alternative to buying traditional health insurance coverage.

How Are Self-Funded Plans Regulated?

The majority of self-funded health insurance plans are regulated by a variety of federal agencies (government and church plans may be subject to similar state rules, depending on the state's discretion).

The Employee Retirement Income Security Act (ERISA) is the main law that applies to private employer self-funded plans. It is administered by the Employee Benefits Security Administration (EBSA), a division of the Department of Labor (DOL). The drafters of ERISA called it the “ultimate consumer protection” law because of the strong fiduciary duty obligations and transparency reporting requirements. Other federal agencies that regulate self-funded plans include:

- Department of Treasury
- Department of Health and Human Services (HHS)
- Equal Employment Opportunity Commission (EEOC)

Many self-funded plans are not regulated by state-specific mandates. The good news about that? If you have employees working in multiple states throughout the U.S., they can all be covered by the same group health plan without having to adjust your administrative or compliance efforts by location. Self-funding allows greater customization of employee benefits, making it easy to tailor each plan to meet the specific needs of each workforce.

Self-funding has become the most popular type of health plan in the United States as care costs keep rising and affordable health insurance becomes harder to find. Determining if the self-funded plan model and a TPA partnership will be a good fit for your workforce is something that should be considered by many of the organizations that offer health care as a benefit to their employees.

About SELF Funding Success

SELF Funding Success showcases success stories from the self-funded employers and their TPAs and provides information on how self-funding works, TPA definitions, stop loss basics, considerations for employers and choosing a TPA. Contact Brenda Timm at brenda@willemsmarketing.com and visit www.selffundingsuccess.com.

About the Society of Professional Benefit Administrators (SPBA)

Established in 1975, SPBA helps TPAs navigate a complex and ever-changing employee benefits landscape by keeping them educated and informed with the latest information. SPBA TPAs, along with their Stop-Loss and Technology Service Partners, serve the largest segment of non-federal employee benefit participants today. SPBA is unique in that its members represent every size and type of employment, industry and area of the United States. This all-encompassing perspective, plus a thorough grasp of the compliance picture and a strong relationship with government regulators, makes the SPBA and its hundreds of members an invaluable resource. Visit SPBA.org.

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Upcoming Conferences

July 25, 2019 at 10:00am PST

Sustainable Claims Pricing: A Rational and Reasonable Approach to Healthcare Reimbursement presented by [WellRithms](#). this physician led webinar helps you learn more about how to provide sustainable reimbursement for both payers and providers. This webinar covers the benefits and limitations of provider networks, compare cost-containment tools available to healthcare payers, and unpack WellRithms methodology for reasonable healthcare pricing backed by caselaw. Registration: [Thursday, July 25th at 10:00am PST](#)

August 6, 2019 - Webcast 2:00 p.m. ET

Breaking the Stereotype: Why Self-Funded Captives are Here to Stay presented by Employee Benefit Adviser. Join these leaders as they dive into everything you need to use self-funded captives to your advantage and help your clients move to this approach. Topics: Understand the different types of captive insurance models so you can help clients find the best fits for their organization, Identify the tools you'll need to help clients transition to a self-funded captive model. Presenters: Richard Armstrong, Senior Strategic Partner Executive, Springbuk; Scott Bennett, Vice President of Access Innovation, Maestro Health; Niels Heemskerk, Senior Vice President, Everlong Group Medical Captive Services; Lynn Gresham, Former Editor-in-Chief, Employee Benefit News (Moderator). [Registration](#).

August 8, 2019 at 10:00am PST

Sustainable Claims Pricing: A Rational and Reasonable Approach to Healthcare Reimbursement presented by [WellRithms](#). this physician led webinar helps you learn more about how to provide sustainable reimbursement for both payers and providers. This webinar covers the benefits and limitations of provider networks, compare cost-containment tools available to healthcare payers, and unpack WellRithms methodology for reasonable healthcare pricing backed by caselaw. Registration: [Thursday, August 8th at 10:00am PST](#)

August 19-20, 2019

Mentor Connection Forum presented by [The Self-Insurance Institute of America, Inc.](#) (SIIA) in support of the increasingly popular SIIA Future Leaders initiative. Speakers: Craig Clemente, Chairman, SIIA Future Leaders Committee and Adam Russo, Chairman, SIIA Board of Directors. This first-of-its-kind event has been designed to connect younger SIIA members (under age 40) with several of the most successful senior self-insurance/captive insurance industry executives in a “speed-mentoring” format. Attendees will have unique access to those who can provide practical career advancement advice, including tips on how they can be more valuable to their employers. Dallas, TX. [Registration](#).

August 27-28, 2019

Texas Association of Benefit Administrators (TABA) Fall Conference and Account Manager Seminar. Historic Downtown Hilton, Ft. Worth, Texas. Contact Phyllis Campbell at pcampbell@tabatpa.org and visit www.tabatpa.org.

August 29, 2019 -Webinar 2:00pm Eastern

An Anthropologist and a Rocket Scientist Talk Stop Loss: Using Data to Empower Smart Decisions Overview. Deriving data from group dynamics and market insights helps to create informed, knowledge-backed solutions. This is essential in a market facing a rising high-dollar claims trend. Self-funded employers need your help implementing Stop Loss coverage that truly works to protect their bottom line. And to help ensure proper protection is available, Stop Loss carriers must make smart decisions fueled by data. Just ask an anthropologist and rocket scientist who walk the talk and bring analytical focus at a leading Stop Loss company. Speakers: Mark Lawrence, Senior Vice President, Underwriting, HM Insurance Group, BA, Anthropology and Tom Doran, President, HM Insurance Group, BS, Mechanical and Aerospace Engineering – aka Rocket Science. . [BenefitsPro Registration](#).

August 30, 2019 1:00pm – 3:00pm

Worksite X presents Jack London - London Medical Management, Inc. For the last couple of years, Amazon, Berkshire Hathaway and J.P. Morgan Chase have made news headlines by voicing their frustration with employee health insurance options and have begun building a model outside of the traditional health insurance carrier. Although this concept is new for the industry, pioneers like Jack G. London, have trailblazed these creative practices for years. Location: Undivided Experience Center, Suite 102, 657 Spirit Airpark West Drive, Chesterfield MO 63005. Register Here: <https://wxjacklondon.eventbrite.com>

September 18-20, 2019

SPBA Fall Meeting (*members only*). Phoenix, AZ. Society of Professional Benefit Administrators (SPBA). www.SPBATPA.org

September 19-20, 2019

7th Annual NAWHC Forum presented by [National Association of Worksite Health Centers](http://NationalAssociationOfWorksiteHealthCenters.org). Provides actionable information to develop and expand your onsite or near-site facilities. In response to member interest, the event is being expanded to a day and a half, with the format designed not only for speaker and panel sessions, but for dedicated small-group networking sessions. Contact Larry Boress, NAWHC Executive Director at lboress@nawhc.org.

September 30 - October 2, 2019

39th Annual National Educational Conference & Expo presented by [Self-Insurance Institute of America](http://SelfInsuranceInstituteofAmerica.org). World's largest event focused exclusively on the self-insurance/captive insurance marketplace and typically attracts more than 1,700 attendees from around the United States and from a growing number of countries around the world. Registrants will enjoy a cutting-edge educational program combined with unique networking opportunities, and a world-class tradeshow of industry product and service providers guaranteed to provide exceptional value in four fast-paced, activity-packed days. Marriott Marquis. San Francisco, CA. [Information and Registration](http://InformationandRegistration.org).

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January 20-22, 2020

29th Health Benefits Conference + Expo. For 29 years, the Health Benefits Conference & Expo (HBCE) has been a premier source of information and learning for professionals who want to improve their employee engagement and wellness programs. In this session, you will hear about new validated and evidence-based wellness and prevention strategies, yielding compelling clinical and financial results at companies across the globe. Learn why "good employee health continues to be good business" and how integrating features from other successful programs can result in lower health care costs, absenteeism and presenteeism with a measurable positive impact on your employer's bottom line. Speaker: Ron Loeppke, M.D., M.P.H., FACOEM, FACPM. [Registration](#).

February 24-25, 2020

HCAA Executive Forum 2020 presented by [Healthcare Administrators of American](http://HealthcareAdministratorsOfAmerican.org) (HCAA). Wynn Las Vegas. [Information](#)

March 16-18, 2020

Self-Insured Health Plans Executive Forum presented by [Self-Insurance Institute of America](http://SelfInsuranceInstituteofAmerica.org). Charleston, SC

April 15-17, 2020

SPBA Spring Meeting (members only). Washington, DC. Society of Professional Benefit Administrators (SPBA). www.SPBATPA.org

July 13-15, 2020

HCAA TPA Summit 2020 presented by [Healthcare Administrators of American](http://HealthcareAdministratorsOfAmerican.org) (HCAA). St. Louis. [Information](#)

September 16-18, 2020

SPBA Fall Meeting (members only). San Antonio, TX. Society of Professional Benefit Administrators (SPBA). www.SPBATPA.org

October 11-13, 2020

National Conference & Expo presented by [Self-Insurance Institute of America](http://SelfInsuranceInstituteofAmerica.org). Phoenix, AZ

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Job News (Listings are generally published for 1 month)

Tokio Marine HCC – Stop Loss Group Seeks Client Representatives

MyHealthGuide Source: [Tokio Marine HCC – Stop Loss Group](#), 7/15/2019

Tokio Marine HCC – Stop Loss Group heightens operational excellence by introducing Claims Client Representative positions

The Claims Client Representative (CCR) will be the personal point of contact for our top producers and administrators for issues that may impact a stop loss claim. The CCR will be available to provide prompt status requests, answer questions related to stop loss coverage and complex claims, and provide claim reporting to assist in client management. The CCR will assist in claim related issues from the initial submission to final reimbursement. They will collaborate with other Tokio Marine HCC - Stop Loss Group departments as necessary to facilitate:

- Implementation calls for new groups, producers and administrators
- Claim submission and documentation
- Claim reimbursement issue resolution
- Escalated communications with the producer and administrator regarding anything claims related

Interested candidates should [click here](#).

About Tokio Marine HCC – Stop Loss Group

A member of the Tokio Marine HCC group of companies. Tokio Marine HCC is the marketing name used to describe the affiliated companies under the common ownership of HCC Insurance Holdings, Inc. Tokio

Marine HCC's products are underwritten by American Contractors Indemnity Company, HCC International Insurance Company PLC, HCC Life Insurance Company, HCC Specialty Insurance Company, Houston Casualty Company, Lloyd's Syndicate 4141, United States Surety Company and U.S. Specialty Insurance Company. Visit www.tmhcc.com.

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PartnerRe Seeks a Senior Underwriter, Employer Stop Loss in Kansas City, Minneapolis or San Francisco Office

MyHealthGuide Source: [PartnerRe](#), 7/15/2019

Position:

Senior Underwriter, Employer Stop Loss in our Kansas City, Minneapolis or San Francisco office.

Your responsibilities will include:

- Consistent with corporate objectives, monitor and manage assigned accounts using available report mechanisms to ensure ongoing profitability meets and exceeds established targets.
- As part of a dedicated team the candidate will work holistically with subject matter experts and support strategic initiatives to:
 - Manage daily interactions and pipeline activity for assigned network of broker and producer contacts.
 - Assess risk, quote and bind and provide consultative client-centric service to assigned producers and accounts.
 - Ensure account/producer-related issues and complex problems are addressed and resolved.
 - Collaboratively identify opportunities with in-house clinicians and/or claims to find relevant solutions to high dollar and/or serious claimant issues.
 - Ensure work product is compliant with PartnerRe and insurance requirements.
 - Report on market landscape, trends and developments.
- In conjunction with Client Partner support efforts to improve and build relationships with assigned producers:
 - Meet existing producers and help build new connections.
 - Contribute key metrics for development of producer action plans.
 - Participate in Implementation, Partnership and Stewardship discussions with customers.
 - Enhance PartnerRe's profile through industry conferences and organizations.
 - Contribute to the professional development of support team members.
 - Carry-out projects as required.
 - Build cross-market relationships to the benefit of PartnerRe Health product lines

Interested candidates should email resume to Ali Duerr at ali.duerr@partnerre.com.

About PartnerRe

PartnerRe Ltd. is a leading global reinsurer that helps insurance companies reduce their earnings volatility, strengthen their capital and grow their businesses through reinsurance solutions. Risks are underwritten on a worldwide basis through the Company's three segments: P&C, Specialty, and Life and Health.

PartnerRe Health US is a leading accident and health reinsurance group with over 25 years in the industry and a reputation for performance, creativity and a solution-oriented approach. Visit www.partnerre.com/health.

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PartnerRe Seeks an Underwriting Manager, Employer Stop Loss in Minneapolis, Kansas City or San Francisco Office

MyHealthGuide Source: [PartnerRe](#), 7/15/2019

Position:

Underwriting Manager, Employer Stop Loss in our Minneapolis, Kansas City or San Francisco office. The primary function is to grow the revenue and earnings and to manage a team of Underwriters at PartnerRe US Health's Employer Stop Loss division.

Your responsibilities will include:

- Consistent with corporate objectives:
 - Manage and monitor the Employer business portfolio ensuring profitability and stable expansion.
 - With input from CUO and Product leader, develop and deliver management reports, provide updates and feedback at regular intervals.
- The candidate will lead and manage a team of Senior and Assistant Underwriters:

- In conjunction with CUO and Product Leader, establish key goals, feedback and provide thought leadership to team.
 - Contribute to the professional development and know-how of team members and as necessary provide training to attain superior results.
 - Oversee and efficiently manage cycle activity to ensure turnaround metrics are achieved and exceeded.
 - Identify, monitor and report on impact of market changes, product enhancements, competitor developments and industry and legislative trends.
 - Work with Pricing Actuaries to address underwriting model and rating requirements, state filings and similar needs.
 - Work in partnership with Health subject matter experts to address large claims, reimbursement, reporting, cost management and related issues.
 - Ensure forms and documents meet business needs as well as compliance and governance standards.
- Actively support customer partnership and relationship goals:
 - Build customer loyalty and communicate value propositions of business.
 - Meet with producers as required.
 - Contribute to development of annual plans and key metrics for producers.
 - Enhance PartnerRe's profile through industry conferences and organizations.
 - Provide if necessary underwriting support during high cycle activity.
 - Carry-out projects as required.
 - Build cross-market relationships to the benefit of PartnerRe Health product lines

Interested candidates should email resume to Ali Duerr at ali.duerr@partnerre.com.

About PartnerRe

PartnerRe Ltd. is a leading global reinsurer that helps insurance companies reduce their earnings volatility, strengthen their capital and grow their businesses through reinsurance solutions. Risks are underwritten on a worldwide basis through the Company's three segments: P&C, Specialty, and Life and Health.

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Sun Life Seeks a Medical Stop Loss Clinical Risk Consultant

MyHealthGuide Source: [Sun Life](#), 7/8/2019

Sun Life is looking for a Clinical Risk Consultant. The Clinical Risk Consultant is responsible for providing medical risk analysis for stop loss underwriters on potential ongoing risk for new business cases and in-force renewals. The primary function is to evaluate large claimants and predict ongoing future claim costs relative to the stop loss individual specific level. This risk evaluation is presented to the stop loss underwriter who will use the information to determine how best to offset or mitigate the catastrophic risk, which could impact the overall marketability of the case.

To apply or learn more, https://sunlife.wd3.myworkdayjobs.com/Experienced-Jobs/job/Windsor-Connecticut/Clinical-Risk-Consultant--RN-_JR00018078

Preferred skills

- Deep knowledge of stop loss product and comfort with medical terminology to identify catastrophic risk.
- Strong communication, interpersonal and negotiation skills to interact with senior underwriters, nurses and market managers.
- Very strong analytical, problem solving and decision making skills with attention to detail to assess future medical claim risks and costs.
- Intermediate skill in Microsoft Excel, Office and strong Internet research skills with ability to simultaneously use multiple systems when reviewing a large claimant.
- Effective self-management skills to prioritize daily work and meet deadlines based on the changing needs of senior underwriter/sales/Market Managers.

Qualifications

- Bachelor's degree in nursing with 3-5 years clinical experience is preferred.
- BA/BS or equivalent with stop loss insurance, medical underwriting or claim experience considered

Responsibilities

- Provides individual medical risk analysis on large claimants for proposed stop loss new business and renewal business.
- Reviews detailed large claim reports from a variety of sources including trigger reports, detailed individual claim reports, pending and denied reports, case management reports, and utilization reports
- Analyzes medical procedures codes, medication J codes, and prescription drug reports to assist in predicting the future claim costs
- Researches rare/complicated medical conditions/treatment options using resources including the internet, nursing, clinical resource tools by state/network.
- Stays informed of current medical and drug trends and shares information with team members
- Projects future costs of care for those claimants who may exceed the Stop loss individual specific level. Determines current treatment and cost of care based on the information received for review.
- Presents and documents a clear medical review summary with an analysis of the current clinical conditions and a future annual claim projection to the senior underwriter who will then present a potential laser/premium load or other creative option to offset the risk if the stop loss deductible level is too low.
- Utilizes resources provided to evaluate shock claims which include ICD-10 coding tool, prior medical underwriting reviews from past renewals, shock claims reports and internet research sites and websites that provide averages on claim costs.
- Provides training to manual/senior underwriters when applicable.
- Reviews any updated medical information that comes in after the initial review to determine if the future risk has changed. Notifies senior underwriter of any updates to the original risk projection.

About Sun Life

Sun Life is an equal employment and affirmative action employer. All qualified applicants will receive consideration without regard to race, color, sex, religion, age, national origin, disability, veteran status, sexual orientation, gender identity or expression, marital status, ancestry or citizenship status, genetic information, pregnancy status or any other characteristic protected by law. Sun Life is committed to building a diverse and inclusive company culture.

Sun Life is a leading provider of group insurance benefits in the U.S., helping people protect what they love about their lives. More than just a name, Sun Life symbolizes our brand promise of making life brighter – for our customers, partners, and communities. Join our talented, diverse workforce and launch a rewarding career. Visit us at www.sunlife.com/us.

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The Phia Group Seeks Multiple Positions

MyHealthGuide Source: [The Phia Group](#), 7/1/2019

The Phia Group has the following positions open. Summaries are provided below. Please [click here](#) for complete listing with details.

Case Investigator I

Braintree, MA

Please [click here](#) for complete listing with details.

Summary: The Phia Group provides, amongst other things, claim recovery services for health benefit plans. When a health benefit plan pays medical bills, and we later discover someone else should have paid those medical bills, The Phia Group – on behalf of the health plan – will seek to recover the funds. The Case Investigator plays an important role in this effort, by determining whether another proper payer exists, and obtaining the details needed to pursue fund reimbursement.

Tasks Include: Handling files for the Case Investigation Department. Communicating with plan members (insured participants) to determine potential sources of recovery (i.e. auto insurance, workers compensation, first party coverage, third party coverage, etc.). Contacting insurance carriers to collect adjuster and claim information. Communicating with clients (health benefit plan sponsors, employers, and claims administrators) via phone and email. Performing additional tasks (on an as-needed basis) to assist with the day-to-day activities of the Recovery & Case Investigation Departments.

PACE – Intake Client Coordinator

Boise, ID

Please [click here](#) for complete listing with details.

Summary: The Phia Group allows employers who manage their own health benefit plans to submit complicated appeals regarding denied claims to The Phia Group and we help ensure that payable claims get paid, while proper denials remain in place. To ensure these appeals and claims are handled properly, our Plan Appointed Claim Evaluator (“PACE”) team needs dedicated, organized, and passionate members.

As a PACE Intake Client Coordinator, you will be responsible for the Client and Group document inventory with timely responses to all incoming contracts, plan documents, stop loss policies, enrollment requests and various other documents. The PACE Intake Client Coordinator will keep an accurate tracking of all documents received and follow-up with all Clients to acquire all missing documents and other administrative tasks as assigned

Client Intake Specialist

Braintree, MA

Please [click here](#) for complete listing with details.

Summary: As an intake specialist, you represent the first point of contact when clients have questions with which they need assistance. You will work independently with minimal supervision, and perform

administrative duties including proofreading, verifying, and editing all materials for extreme accuracy and clarity, preparing documents, reports and correspondence, arranging conference calls, scheduling meetings, the maintenance and organization of the electronic files as well as other departmental clerical duties.

Senior Claims Specialist II, Provider Relations
Braintree, MA, US
Please [click here](#) for complete listing with details.

Summary: Experienced medical claim negotiator needed to combat rising healthcare costs and empower health plans! Among many other things, The Phia Group assists its clients by negotiating medical claims before they are paid, but after the health plan determines the claims are payable. Through this service, The Phia Group enables its clients to get in front of claims and secure reasonable settlements, promoting cost-containment.

The individual filling this role will be responsible for negotiating settlement with facilities and providers on a national basis to reduce healthcare claims costs, among many other tasks, including general consulting on related matters. This position requires an experienced individual that is proactive, persuasive, persistent, respectful, and assertive. The candidate must be comfortable multi-tasking and possess strong communication skills, both oral and written. The Phia Group is growing quickly and so the candidate must be comfortable in a dynamic fast-paced environment.

Marketing & Accounts Coordinator
Braintree, MA, US
Please [click here](#) for complete listing with details.

Summary: The Marketing & Client Accounts Coordinator directly supports relationship management functions within our business and seeks to enhance new and existing client relationships. As the Marketing & Client Accounts Coordinator, it is your responsibility to communicate with the industry through marketing efforts, meant to promote and grow The Phia Group brand, as well as communicate directly with existing clients to ensure continued satisfaction, as led by the Marketing & Client Accounts Manager.

The Marketing & Client Accounts Coordinator will work closely with the Sales Team and the Marketing & Client Accounts Manager to understand the target market's needs, advertise our offerings and grow the company brand, as well as meet the customer's demands, while building strong and lasting relationships leading to client retention and business growth.

Health Benefit Plan Drafter
Please [click here](#) for complete listing with details.

Summary: The Phia Group's Plan Drafter is required to draft, edit, analyze and review health plan documents and plan amendments and other healthcare materials for clients, and as required by evolving laws and regulations. Communicate with clients regarding compliance and other specified issues and solutions.

Attorney I
Braintree, MA
Please [click here](#) for complete listing with details.

Summary: We are currently seeking a full time attorney with experience in this or similar industries, to solve issues presented by employers, their health plans, and those that service them; such as responding to audits, ensuring regulatory compliance, explaining plan terms, applicable laws, and resolving disputes between health plans, patients, and healthcare service providers – in an effort to protect plan members and sponsors. Duties will include conducting legal research, responding to questions regarding agency rules, statutory requirements, and legal compliance, communicating with plan administrators, and answering any number of questions regarding administration of compliant health plans in light of applicable rules and laws.

IT Intern
Braintree, MA
Please [click here](#) for complete listing with details.

Summary: The IT Intern is responsible for providing a full range of IT support and technology services to internal users. Services include support of desktops and help desk ticketing system. Includes business interaction analysis technology related issues, prioritization and resolution.

About The Phia Group

The Phia Group, LLC is an experienced provider of health care cost containment techniques offering comprehensive consulting services, legal expertise, plan document drafting, subrogation and overpayment recovery, claim negotiation, and plan defense designed to control costs and protect plan assets. Visit www.PhiaGroup.com.

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Symetra Seeks Clinical Risk Nurse Consultant

MyHealthGuide Source: [Symetra, 6/24/2019](#)

Symetra is looking for a Clinical Risk Nurse Consultant in Bellevue, WA, or Enfield, CT or Miami, FL

The Clinical Risk Nurse Consultant is responsible for assisting Stop Loss Underwriters in evaluating potential medical treatment cost of individuals identified in new and renewal business underwriting process to provide estimated claim risk for current and upcoming policy periods. Responsible for assisting as a resource Policyholder's Third Party Administrator and Case Management Vendor with care and cost management oversight of potential stop loss claimants.

To apply or learn more, [click here](#).

Responsibilities

- Review policyholder data to identify claimants with catastrophic care needs and assess medical & claims information available to calculate potential risk. Provide written claimant assessments within established deadlines to the Underwriters/RGM's to utilize when establishing rates for new and renewal business.
- Review potential stop loss claim notices to identify case management and cost containment opportunities to reduce potential excess loss claim expenses. Notify appropriate management and underwriters of potential claims involving significant risk. Work with Third Party Administrators (TPAs) and external Case Managers utilizing medical and claims management resources to facilitate clinical and financial outcomes for claimants with complex and catastrophic medical conditions. Maintain current claimant clinical status, cost containment activities and contact information in ESL.
- Act as a resource to internal and external customers by:
 - * Identifying and supporting training opportunities for Claims, Underwriting, Sales, and TPA when knowledge gaps are identified.
 - * Providing clinical opinion from knowledge, experience and/or research to claims examiners and underwriters as requested or deemed appropriate.
 - * Assessing and recommending effective claim cost containment and managed care vendors including preferred provider networks in assigned geographical region for introduction to
 - * Identify geographical healthcare trends in assigned geographic marketplace for potential solution implementation and to warn Underwriting and Sales of any risk impacting trends identified.
- Represent Symetra at Industry Conferences attending educational sessions to gain awareness of new diagnoses, treatments, costs and industry trends. Maintain CE hours to meet State RN Licensure and CCM (or Industry) certification renewal requirements. Author educational articles to share industry news with internal contacts. Project leadership and participation as needed.

Education Required: Bachelors degree in related field

Minimum Years of Related Work Experience Required: Four or more years nurse clinical experience and Two or more years case management experience

Specific Industry and/or Specialty Experience Required: Two or more years experience in health care or health insurance industry; stop loss or reinsurance preferred

Specific Licensing, Designation and/or Training Required: Registered Nurse

Skills and Abilities Required: Ability to use varying resources to research diagnoses, treatments and average costs. *Strong computer proficiency (MS Word, Outlook, Excel and PowerPoint) *Ability to work independently and in team environment *Strong customer service mentality *Ability to develop unified internal and external working relationships *Ability to multi-task and adapt promptly to change *Excellent written and verbal communication skills *Strong prioritizing and organization skills

Education/Experience/Licensing Training/Skills/Abilities PREFERRED: Case Manager Certification(CCM) and Insurance industry education (LOMA, HIAA, ICA, etc.)

To apply or learn more, [click here](#).

About Symetra

Symetra is a dynamic and growing financial services company with 60 years of experience and customers nationwide. In our daily work delivering retirement, employee benefits, and life insurance products, we're guided by the principles of VALUE, TRANSPARENCY AND SUSTAINABILITY. That means we provide products and services people need at a competitive price, we communicate clearly and honestly so people understand what they're getting, and we build products that stand the test of time. We work hard and do what's right for our customers, communities and employees. Join our team and share in our success as we work toward becoming the next national player in our industry. Visit www.Symetra.com,

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