

MyHealthGuide

Newsletter for the Self-Funded Community

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News for the Self-Funded Community
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General & Company News

ERISA Health Plan Fiduciaries Defeat DOL's Excessive Fee Claims

MyHealthGuide Source: McDermott Will & Emery, [National Law Review](#), 3/22/2019

Case: Acosta v. Chimes District of Columbia, Inc., et al., 2019 WL 931710 (D. Maryland Feb. 26, 2019)

In one of the first ERISA cases to address claims against fiduciaries for excessive health plan fees, the court entered judgment in favor of the defendants on all counts. The decision addresses health plan fiduciary standards for reviewing plan fees and expenses.

Monitoring Health Plan Fees & Expenses

As the wave of 401(k) and 403(b) Employee Retirement Income Security Act (ERISA) lawsuits continues, *there seems to be little discussion of the fiduciary obligations to monitor health and welfare plan fees and expenses*. The recent decision in the above *Acosta* case is a reminder that health plan fees must be monitored and that a good fiduciary process is always the principal defense to claims of fiduciary imprudence.

Acosta Case Background

Chimes DC is a government contractor that employs disabled workers and provides services to the government. In 2015, the US Department of Labor (DOL) sued Chimes DC, several alleged fiduciaries and third parties, alleging ERISA violations in connection with Chimes DC's health and welfare plan.

Chimes DC retained FCE Benefit Administrators as a third-party administrator (TPA) to handle claims and assist with a stop-loss insurance program. FCE was paid a per-employee-per-month fee, which decreased as the number of participants increased, and a percentage of total plan contributions. FCE also was obligated to return to the plan any rebates, discounts, commissions or fees that FCE received from third parties.

In its 2015 suit, the DOL alleged that the plan's fees and expenses were not properly monitored.

Court Decision

The court's analysis largely tracked the types of analyses seen in 401(k) and 403(b) cases—a focus principally on the fiduciary process in place to monitor fees and expenses. Here, the court found that process to be prudent. Because Chimes DC had delegated its fiduciary duties to FCE to administer the plan and to an individual defendant to act as trustee, Chimes DC's obligation was to monitor the others. Relying on a DOL Interpretive Bulletin, the court explained that the duty to monitor requires review at "reasonable intervals" as required to ensure satisfactory performance. The evidence established that the defendants:

- Regularly reviewed the prudence of the selection of FCE as TPA
- Monitored service providers at conferences and periodically spoke with peer organizations to gauge their fees
- Renegotiated fees to the plan's benefit
- Held annual meetings with FCE and the trustee
- Reviewed annual reports
- Required outside auditing of the plan
- Monitored the administrative and claims processes
- Were prudent in relying on advisors and external sources, such as industry materials and informal information, to assess the TPA

The court also rejected the DOL's position that ERISA requires requests for proposals (RFPs) to ensure lowest costs. ERISA does not require fiduciaries to "scour the market" to find the cheapest option for participants and has no requirement that fiduciaries engage in a formal written RFP process.

Key Takeaways

Although Chimes DC's plan had unique considerations because of its government contracts and body of participants, this decision provides a roadmap to navigating fiduciary obligations to health plans.

Whether fiduciaries have the principal obligation to assess fees or the obligation to monitor another fiduciary, the obligations are similar to those of defined contribution plan fiduciaries. The defendants' process included regular review of TPA services and fees, reasonable reliance on retained advisors, negotiation of reduced fees and informal collections of information in the marketplace.

ERISA litigation over health plan fees likely will increase, and this decision is a reminder that health plan fiduciaries must monitor the plan's fees and service providers.

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CareATC Receives Investment from LLR Partners

MyHealthGuide Source: Luisa Beltran, 3/19/2019, [PE Hub](#)

Philadelphia, PA and Tulsa, OK -- LLR Partners announced it has completed a growth recapitalization of CareATC, Inc., a technology-driven employee population health management company. The partnership with LLR Partners will support the continued growth of CareATC's employer-sponsored clinic network and further investment in the Company's market leading, proprietary population health technology platform.

"Employers are contending with skyrocketing costs of providing healthcare to their employees. At the same time, they're seeing a decline in the quality and effectiveness of the traditional primary care model," said Sasank Aleti, Principal at LLR Partners. "Through robust, easy-to-use technology and high-quality clinical care, CareATC is making primary care more engaging, convenient and personalized, while helping employers achieve superior health outcomes and significantly lower healthcare costs. We're excited to partner with the strong team at CareATC and invest in the Company's continued growth."

Corporations, labor unions and state and local governments across the U.S. rely on CareATC's shared-

site and onsite clinics to provide primary care, preventative health screenings, disease management, referral management and wellness for their employees, helping to improve health outcomes and lower the cost of care. The Company's purpose-built, proprietary technology platform also delivers analytics to improve clinical decision-making, drive more engaging patient experiences, and give employers better insights into the overall health and wellness of their employee populations.

"CareATC enables employers to deliver accessible and comprehensive primary care, lifestyle coaching and other ancillary healthcare services at little to no cost to their employees with a focus on addressing risk and preventing disease, resulting in a strong return on investment based on improved clinical outcomes," said Philip Kurtz, CEO of CareATC. "LLR's experience with employer-based healthcare and technology will help us empower more businesses with the clinical and technology resources they need to inspire healthier, happier employees while reducing healthcare spend."

Canaccord Genuity LLC acted as exclusive financial advisor to CareATC. PrayWalker served as legal counsel to CareATC. Morgan Lewis & Bockius LLP served as legal counsel to LLR Partners.

About CareATC, Inc.

CareATC, Inc. is a leading innovator in the employer-sponsored healthcare marketplace. By leveraging groundbreaking technology, CareATC offers customized population health management solutions for employers that reduce healthcare costs by promoting health, preventing disease and providing a shorter path to care. CareATC manages more than 150 clients in 35 states and cares for more than 250,000 patients. Accredited by the Accreditation Association for Ambulatory Health Care Inc., CareATC is based in Tulsa, Oklahoma. Visit www.careatc.com.

About LLR Partners

LLR Partners is a middle market private equity firm committed to creating long-term value by growing its portfolio companies. LLR invests in several industries, with a focus on technology, healthcare and services businesses. Founded in 1999 and with more than \$3.5 billion raised across five funds, LLR is a flexible provider of capital for growth, recapitalizations and buyouts. Visit www.llrpartners.com.

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Access HealthNet forms Partnership with Charlotte-based Beacon HealthCare Benefits

MyHealthGuide Source: [Access HealthNet via PRNewswire](#), 3/21/2019

MILWAUKEE -- Access HealthNet, a Milwaukee-based startup and direct contracting solution for self-funded employers announced a partnership with Charlotte-based Direct Primary Care (DPC) technology platform company, Beacon HealthCare Benefits.

"Providing the DPC community with as many strategic and competitive tools for surviving in the free-market healthcare ecosystem is close to our mission at Access HealthNet," said Eric Haberichter, co-founder and CEO at Access HealthNet. "We're looking forward to offering our direct contracting platform to all of the Beacon DPCs and helping lower the cost of healthcare for employers."

DPC practices, similar to concierge medicine practices that were previously reserved for the privileged, offer one-on-one primary care with independent physicians. The challenges in this new model of primary care medicine is aggregating data and vendors in one place.

Beacon HealthCare Benefits, an innovative proprietary cloud-based platform, seamlessly connects independent primary care physicians and self-funded employers through a technology solution called Beacon Health Connect.

"Beacon's 'Connect' merges people and technology to offer direct primary care that fits into a membership model," said Eric Kirsch, Beacon HealthCare Benefits founder and CEO. "AHN's bundled services are the perfect complement and provides our members with better services at lower prices. We expect to see dramatic savings for employers on ancillary services like imaging and lab."

Beacon Health Connect serves as an interoperability engine that connects contracted DPCs and their channel partners to brokers and other healthcare distributors. The platform allows the combining of records and consolidation of billing, helping self-funded employers realize the savings and improved care with DPC partnerships.

Access HealthNet's direct contracting platform will serve as an additional tool to bring savings and value to the Beacon Health Connect program with 20-30% total savings on common procedures.

About Access HealthNet

Access HealthNet increases access and affordability in health care through an e-commerce healthcare marketplace that connects value-based providers offering flat-rates and bundles, with self-funded, full-pay entities. Visit accesshealthnet.com.

About Beacon HealthCare Benefits

Beacon HealthCare Benefits was founded in 2018 by a team of healthcare industry insiders looking to create a more direct connection between independent direct primary care doctors and patients of self-funded employers. Visit beaconhealthcarebenefits.com.

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SIIA Announces TPAC Underwriters as Newest Diamond Member

MyHealthGuide Source: [Self-Insurance Institute of America, Inc.](#) (SIIA), 3/18/2019

The Self-Insurance Institute of America, Inc. (SIIA) announced that TPAC Underwriters, Inc. has become a Diamond member company. Diamond membership signifies the highest level of support for SIIA and demonstrates a company's leadership position within the self-insurance/captive insurance marketplace.

"TPAC has long enjoyed being a part of SIIA. After 25 years of membership, we look forward to using our Diamond status to encourage and inspire others within the self-funded industry to join SIIA and benefit from the depths of knowledge, creativity and industry insight that it has to offer," said company president Michael Meloch

For close to 30 years, TPAC Underwriters, Inc. has been successfully helping clients control healthcare costs. The company writes profitable, creative business with its reinsurers in Traditional Medical Stop-Loss and Spaggregate plans through Third Party Administrators, fully-funded capitated drug card programs, Life and AD&D products.

Clients trust TPAC to develop thoughtful solutions with total transparency and long-term savings. In all that it does, the company commits to act ethically, approach problems creatively, deliver transparency and build longevity.

This continued growth in the number of SIIA Diamond members reflects recognition by leading-industry companies of the importance to provide robust support to the trade association that is best positioned to protect and promote their business interests. This support has enabled SIIA to further improve and expand its membership service capabilities.

About TPAC Underwriters

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. Visit www.tpac.com.

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. Contact SIIA Membership Director Jennifer Ivy at (800) 851-7789, jivy@siaa.org and visit www.SIIA.org.

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HCAA Offers Course in Association Health Plans (AHPs)

MyHealthGuide Source: [Health Care Administrators Association \(HCAA\)](#), 3/29/2019

What are Association Health Plans (AHPs)? How do you set one up? What are the laws that govern

them? Can anyone participate in them? HCAA has your answers!

Comprehensive and insightful, this advanced course covers every aspect that experienced life and health insurance brokers and producers, underwriters, actuaries, TPAs, attorneys, accountants and employee benefit specialists and other self-funding industry professionals need to consider when proposing to develop an Association Health Plan. Written by industry expert, Lawrence Thompson, you will find out what you need to know to stay current with developments in this important area of health care.

From the comfort of your own home, you'll learn more about the importance of AHPs and the impact of the Presidential Executive Order authorizing their development.

[Register](#)

About HCAA Education Courses

Courses are viewed online and materials can be printed from your browser. Best of all, you can study at your own pace, and then complete your final exam for each course online. All testing is from the course material only. No prior industry knowledge is required!

About HCAA

The Health Care Administrators Association (HCAA) is the nation's most prominent nonprofit 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 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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HM Insurance Group Sponsoring Web Seminar on Smart Practices for Addressing High Claims Costs

MyHealthGuide Source: [HM Insurance Group](#), 3/25/2019

HM Insurance Group (HM) is sponsoring a web seminar hosted by Employee Benefit Adviser (EBA). The event will take place Tuesday, April 2, from 2 to 3 p.m. ET. Speakers will include Dom Palmieri, HM's chief operating officer, and Mark Lawrence, HM's senior vice president, underwriting.

This webinar, tailored for brokers and employers alike, will take a look at current health benefit cost management trends being considered by employers looking to self-fund, as well as those already self-funding their employee health benefit plans.

Speakers will share insights on cost containment best practices and other cost management options like reference-based pricing. Attendees will hear case studies and see the importance of using data and understanding group dynamics and regional nuances when determining solutions that make sense. The critical role of Stop Loss protection for guarding financial health also will be addressed.

[Learn More & Register.](#)

About HM Insurance Group

HM Insurance Group (HM) works to protect businesses from the potential financial risk associated with catastrophic health care costs. The company provides reinsurance solutions that address risk situations confronting employers, providers and payers. A recognized leader in employer stop loss, HM also offers managed care reinsurance nationally.

HM Life Insurance Company and HM Life Insurance Company of New York are rated "A" (Excellent) by A.M. Best Company, one of the country's oldest and most respected rating agencies. Through its insurance companies, HM Insurance Group holds insurance licenses in 50 states and the District of Columbia and maintains sales offices across the country. Visit hmig.com.

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SIIA Hosts Webinar: Top 10 Ways Brokers Frustrate Their TPA Partners

MyHealthGuide Source: [Self-Insurance Institute of America, Inc.](#) (SIIA), 3/21/2019

The Self-Insurance Institute of America, Inc. (SIIA) will be holding its next webinar March 26 at 1:00 p.m. EDT. This free webinar is available to both members and non-members. [Please click here to register.](#)

Third party administrators are the most important business partners for brokers/advisers who want to grow their self-funded business, but yet they often do things that frustrate these partners. Don't be "that" broker! Learn how you can avoid the most common business practices that drive TPAs crazy by signing up for this FREE SIIA webinar where a leading industry expert will share real comments from real TPAs about their frustrations with brokers/advisers who want to play in the self-insurance marketplace.

Moderator is Mike Ferguson, President & CEO, Self-Insurance Institute of America, Inc. Presenter is Mark Combs, CEO, Self-Insured Reporting.

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. Call (800) 851-7789 and visit www.SIIA.org.

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People News

ACS Benefit Services' CEO, Kari L. Niblack, Named Outstanding Woman in Business 2019

MyHealthGuide Source: [ACS Benefit Services, LLC](#), 3/11/2019

Winston-Salem, NC -- ACS Benefit Services, LLC, announced that Kari L. Niblack, Chief Executive Officer, is an award recipient for the Triad Business Journal's Outstanding Women in Business 2019 award. The awards program recognizes entrepreneurs excelling in areas such as executive leadership, innovation, business management, mentoring, and community and civic engagement.

Ms. Niblack will be honored at an awards gala at the Grandover Resort & Conference Center in Greensboro, NC on April 4, 2019.

"I am truly humbled and honored to have been nominated and selected as a recipient of the 2019 Outstanding Women in Business award. I am privileged to be surrounded by our passionate, innovative employees that make ACS shine and equally thankful to the great teams that I have had the good fortune to lead at the various stages of my career," says Kari Niblack.

About ACS Benefit Services

ACS Benefit Services, founded in 1982, is a full service, customer-centered third party administrator dedicated to creating value and delivering results. ACS emphasizes "high-touch" innovation with a state-of-the-art product portfolio to positively affect our clients' bottom line. Contact Kari L. Niblack, JD, SPHR, Chief Executive Officer, at (336) 759.2013, KNiblack@ACSbenefitservices.com and visit www.acsbenefitservices.com.

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Market Trends, Studies, Books & Opinions

Healthcare Needs a Hero. Will You Answer the Call?

MyHealthGuide Source: [Juli Barcelona](#), President, [Barcelona Creative Group](#), 3/20/2019

Recently, I attended a conference for employee benefit administrators. It's an event I've been attending for many years now as our agency has worked with third party administrators for nearly 30 years. As always, I left with nuggets of valuable information and a few great ideas, but this last time struck a different chord.

I was listening to a panel discussion where industry leaders were questioning who it was they truly

served – the employers or the plan members (aka the employees and their dependents who actually use the health benefit plan offered by the employer)? As the debate went on, all I could think about was how strongly I believed the answer must be BOTH!

Our company, Barcelona Creative Group has helped third party administrators (TPAs) market themselves for nearly 30 years. It's true, Tom Barcelona is a pioneer, helping to found the first marketing co-op for independent TPAs in the '80s. They worked together to develop print ads, brochures, trade show displays, benefits newsletters, videos and the list goes on. The goal and the message were always crystal clear – to tell the heroic story of the independent TPA, the self-funded health plan experts who are nimble and creative, with the ability to solve real healthcare cost problems for small and mid-size employers. Always tackling the big, bad BUCAs who had much deeper pockets and huge marketing budgets. I've known some of these leading TPAs since I was a kid and now have worked with them professionally for many years and many truly are innovators.

It seems to me that while fully-insured plans and the promise of deep network discounts will always be challenges faced by TPAs, they are far from the only challenge that TPAs of the future must overcome. Have you ever read "*Who is Your Brand's Villain?*" by Robert Rose? It's fantastic! And I think, very relevant here. Robert discusses how every great story has a villain and our natural tendency is to make our competition the villain. According to Rose, this is a mistake because we and our competitors are both after the same thing. He believes we should think of the competition as the annoying character that pushes the hero to go harder – like Val Kilmer's Iceman in Top Gun or how Netflix feels about sleep, for example.

It's no secret that rising healthcare costs have threatened our economy and often times financially paralyzed employers, hard-working individuals and families across the U.S. And what's a major factor in these costs? Low healthcare literacy that results in underutilization and care decisions that fail to minimize unnecessary expenses. Most employers [lack the answers](#) their people need, but TPAs can step up and be the hero in this story. From a marketer's perspective, it's a serious misconception when TPAs believe that their innovation and highly personalized service are limited to the employer and the health plan itself. The fact of the matter is their true client is both the employer and the plan members. In no way do TPAs have to choose to serve one or the other.

Even after working with an independent employee benefits administrator to build a self-funded healthcare plan, it can be difficult for the employer or HR personnel to connect with employees and make them understand the true value of the plan. To help them fully understand the benefits being offered and when and how to utilize the tools available to them.

This is opportunity knocking for TPAs – a chance to answer the bat phone and save the day. There is a massive demand for [education](#) as both employers and plan members struggle to understand and utilize their benefits. Forget renewal time! This is a 365 day-a-year opportunity to become "sticky" with your employer clients. Providing insights, information and expertise to covered employees and their family members is a fantastic way for you to truly make a difference and become a trusted advisor to your clients AND their most important asset (their people).

Remember, a happy plan member equals a happy employer client. And a TPA of the future must recognize that they are accountable not just to the employer, but to every plan member as well. Informed members are more cost-effective, better utilizing the benefits they have to receive the care they need when they need it.

As a creative TPA, you have the knowledge and experience to turn employees into wise consumers of healthcare. Now you need the marketing power to put it to use. By providing education and resources across the right mix of media channels, TPAs can be the hero that helps employer groups soar to new levels and conquer the doom of healthcare confusion. And, if you need a trusty sidekick to help you make it happen, give us a call, we'll fly with you!

About Barcelona Creative Group

Barcelona Creative Group is a brand and marketing agency serving all sides of the healthcare industry, from employee benefits administration to regional hospitals and healthcare systems. We are industry leaders, working with clients to deliver measured results. We Build Brands and Grow Businesses. Contact Juli Barcelona at 630-320-6424 ext. 1200, juli@barcelonacreative.com and visit www.barcelonacreative.com.

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Bill Enabling Association Health Plans Moves to North Carolina House

MyHealthGuide Source: Dan Way, Carolina Journal via [Laurinburg Exchange Health](#), 3/19/20

RALEIGH — The Senate has overwhelmingly passed Senate Bill 86, which could make high-quality, affordable health care insurance available to tens of thousands of North Carolina residents lacking coverage.

An AHP can be a regional or multi-state operation. It can be self-insured, meaning the member employers assume payment risk for all medical claims, or they can be fully insured through a third-party insurance company.

The bill enables the growth of Association Health Plans, designed for small businesses and individuals unable to afford insurance. The plans allow individuals and business owners to cluster under one plan as if they were a single employer. With increased size the associations can negotiate discounted insurance rates. The National Conference of State Legislatures issued a report showing small businesses pay between 8 and 18 percent more than large businesses for the same health plan.

The plans face criticism from backers of the Affordable Care Act. They see AHPs as a political ploy to undermine the subsidy-reliant federal insurance law, even if AHPs make private insurance a better option for many independent contractors, entrepreneurs, and employees in small businesses.

The Senate passed the Small Business Healthcare Act 38-8 without debate Thursday. Eleven Democrats voted with Republicans. The measure now heads to the House.

Some research suggests the federal rule change makes it possible for 110,000 sole proprietors, self-employed workers, and small shop employees in North Carolina to join AHPs.

North Carolina has five Multiple Employer Welfare Arrangements, the state's name for AHPs. They incorporate 2,139 businesses employing 14,840 workers, and provide health coverage to 28,781 people, according to the N.C. Department of Insurance.

Insurance Department attorney Bobby Croom said North Carolina businesses are showing heightened interest in creating AHPs since the federal rule change and President Donald Trump's 2017 executive order easing restrictions.

But opening the playing field to AHPs has become a donnybrook. The Trump administration rule change chips away at some of Obamacare's costliest, most restrictive provisions. Many Obamacare supporters and those who benefit from its heavily subsidized health insurance exchanges view Trump's rule as a political act rather than reform in the public interest, one expert says.

"There are people who are supporters of the Affordable Care Act who have worries about people migrating out of Affordable Care Act plans into Association Health Plans, and then making the risk pools less attractive in the Affordable Care Act," says health care expert Kev Coleman. As AHPs become more popular, Obamacare supporters fear the government insurance program could collapse.

Coleman, founder and president of Nashville, Tennessee-based [AssociationHealthPlans.com](#), an online resource, said states have more than 1,000 rules governing AHPs. Some might trump the federal rule change and need to be changed.

Croom said North Carolina requires self-funded AHPs to be licensed. They are subject to department regulation similar to insurance companies. Fully insured AHPs are not licensed or regulated by the department, but the insurers who provide their member benefits are.

Regulators and insurance companies urge a cautious approach to expanding AHPs, citing their checkered past.

"We haven't had many recent problems with the current self-funded MEWAs," Croom said. "But historically there have been a lot of issues with MEWAs, primarily with self-funded MEWAs being able to remain solvent, and having enough money to pay claims. And then there was a lot of fraud associated with health benefit plans."

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Daily Aspirin Reduces Risk of Hepatocellular Carcinoma in Patients With Chronic Hepatitis B

MyHealthGuide Source: Teng-Yu Lee, MD, MBA, PhD, et. al, 3/18/2019, [JAMA Internal Medicine](#)

In this study of patients with chronic hepatitis B, there was a statistically significant 29% risk reduction of hepatocellular carcinoma (primary liver cancer) in 2,123 patients who received daily aspirin compared with the matched 8,492 controls.

Antiviral therapy cannot erase hepatocellular carcinoma (HCC) risk in patients with chronic hepatitis B, and it is not indicated for most hepatitis B virus (HBV) carriers. Another effective way of reducing HCC risk needs to be developed. Aspirin may prevent cancer development, but clinical evidence in patients with HBV-related HCC remains limited.

In this Taiwan nationwide cohort study, we screened 204,507 patients with chronic hepatitis B for the period January 1, 1997, to December 31, 2012. After excluding patients with confounding conditions, 2,123 patients who continuously received daily aspirin for 90 or more days (treated group) were randomly matched 1:4 with 8,492 patients who had never received antiplatelet therapy (untreated group) by means of propensity scores, consisting of the follow-up index date, baseline characteristics, and potentially chemopreventive drug use during follow-up. Data were analyzed from August 1 to November 30, 2018.

Study findings

- Of the 10,615 patients included in the analysis, 7,690 (72.4%) were men; mean (SD) age was 58.8 (11.8) years.
- In the multivariable regression analysis, aspirin therapy was independently associated with a 29% reduced HCC risk.

About Hepatocellular carcinoma (HCC)

Hepatocellular carcinoma (HCC) is a primary malignancy of the liver and occurs predominantly in patients with underlying chronic liver disease and cirrhosis. The cell(s) of origin are believed to be the hepatic stem cells, although this remains the subject of investigation.

What is the survival rate for hepatocellular carcinoma?

The 5-year relative survival rate for people with localized liver cancer is about 31%. Regional means the cancer has grown into nearby organs or has spread to nearby lymph nodes, and includes stages IIIC and IVA cancers. For regional stage liver cancer, the 5-year survival rate is about 11%.

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Recurring Resources

Medical Stop-Loss Providers Ranked by 2017 Annual Premium

Source: MyHealthGuide, 6/9/2018, [Click here for prior 2016 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.

Where New Rank differs from Prior Rank, hover over Stop Loss Premium ([blue link](#)) for source and previous amount. (View [Newsletter online](#) if hover does not work in your email.)

Stop-loss Premium Ranking Based on Carrier's 2017 Statutory Report			
New Rank (2017)	Entity Name	Prior Rank (2016)	Stop Loss Premium Earned (2017) Thousands

1	Cigna Corp.	1	\$2,832,188
2	UnitedHealth Group Inc.	2	\$1,419,482
3	Sun Life Financial Inc.	4	\$1,205,524
4	Tokio Marine	3	\$1,135,756
5	Anthem Inc.	5	\$1,071,563
6	Voya Financial Inc.	6	\$972,110
7	Highmark (HM Insurance Group)	9	\$865,391
8	Aetna Inc.	8	\$823,945
9	HLthCare Svc Corp. a Mutual	10	\$639,330
10	Symetra	7	\$635,965
11	Companion - Blue Cross & Blue Shield of SC	11	\$394,030
12	Blue Cross Blue Shield of MI	12	\$326,104
13	W. R. Berkley Corp.	14	\$298,606
14	Swiss Re AG	13	\$263,017
15	Blue Cross and Blue Shield of Minnesota	15	\$211,400
16	CF Ins. Group - Fairfax Financial Holdings	17	\$191,116
17	Wellmark Inc.	16	\$179,376
18	Munich Re	18	\$172,590
19	Sirius International Group Ltd	19	\$157,694
20	Medical Mutual of Ohio	21	\$141,262
21	Humana Inc.	27	\$134,530
22	Nationwide Mutual Group	25	\$133,021
23	National General Holdings Corp	46	\$126,097
24	Noridian Mutual Insurance Co.	26	\$117,616
25	BC&BS of Massachusetts Inc.	28	\$116,003
26	AEGON	20	\$112,059
27	Trustmark Cos.	23	\$105,048
28	PREMERA	29	\$103,961
29	Union Labor Life Insurance Co.	30	\$101,348
30	Blue Cross & Blue Shield of NC	31	\$99,431
31	American Fidelity Corp.	34	\$98,959
32	Zurich Insurance Group	24	\$94,357
33	Fidelity Security Life Ins Co.	40	\$91,948
34	HealthPartners Inc.	35	\$91,630
35	Medica Holding Co.	36	\$86,521
36	BCS Financial Corp.	33	\$84,256
37	Pan American Life	32	\$83,161
38	Guardian Life Ins Co. of Am	45	\$80,682

39	Capital Blue Cross	37	\$79,260
40	Houston International Insurance	38	\$76,482
41	Cambia Health Solutions, Inc.	NA	\$75,401
42	Blue Cross Blue Shield of AZ	43	\$64,808
43	BC&BS of Kansas Inc.	60	\$64,261
44	GuideWell Mutual Holding Corp.	39	\$61,538
45	BlueCross BlueShield of TN Inc	44	\$59,951
46	Blue Shield of California	NA	\$50,199
47	CareFirst Inc.	48	\$49,309
48	EMI Health	53	\$46,621
49	Excellus/MedAmerica	52	\$44,426
50	Blue Cross & Blue Shield of NE	49	\$42,876
51	American National Insurance	51	\$37,374
52	PreferredOne Insurance	54	\$36,616
53	Assurant Inc.	22	\$34,606
54	PartnerRe Ltd.	55	\$31,634
55	Blue Cross of Idaho Health Svc	56	\$28,097
56	BC&BS of Kansas City	60	\$26,546
57	XL Group Ltd	70	\$26,482
58	Spectrum Health System	59	\$25,989
59	Louisiana Hlth Svc & Indem Co.	57	\$24,780
60	BIC Holdings LLC	58	\$21,688
61	Aultcare	63	\$20,569
62	Amalgamated Life Insurance Co.	62	\$20,425
63	Horizon Healthcare Svcs Inc.	61	\$19,542
64	Arch Capital Group Ltd.	NA	\$17,862
65	HealthNow New York Inc.	65	\$15,752
66	WI Physicians Svc Ins Corp.	64	\$14,903
67	Presbyterian Healthcare Svcs	66	\$12,760
68	PacificSource	72	\$9,811
69	Reinsurance Group America Inc.	67	\$9,795
70	Blue Cross & Blue Shield of RI	68	\$9,733
71	Health Alliance	69	\$9,729
72	Hawaii Medical Service Assn.	71	\$9,713
73	Harvard Pilgrim HlthCare Inc.	73	\$9,254
74	Health Plan of WV Inc.	78	\$7,678
75	SelectHealth	74	\$5,713

76	Oregon Dental Service	77	\$5,450
77	National Western Life	79	\$3,082
78	Solstice Health Insurance Co.	NA	\$2,177
79	ProMedica Health System Inc.	82	\$1,981
80	Liberty Mutual	NA	\$1,398
81	WEA Insurance Corp.	83	\$1,340
82	Network Health Inc.	76	\$1,219
83	Blue Cross Blue Shield of WY	85	\$641
84	Nippon Life Insurance Co of Am	89	\$588
85	University Health Care Inc.	88	\$281
86	Health Insurance Co. of Am Inc	90	\$255
87	Providence St. Joseph Health	92	\$153
88	New Era Enterprises Inc.	93	\$134
89	Physicians Hlth Plan (IN)	97	\$94
90	Gulf Guaranty Life Ins Co.	94	\$92
91	Hartford Financial Services	95	\$74
	Total		\$17,018,217

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

March 25-27, 2019

InstaMed Healthcare Payments Summit presented by [InstaMed](#). (Formerly the InstaMed User

Conference) features Robert Herjavec, Founder & CEO Herjavec Group and star of ABC's Emmy Award-winning hit Shark Tank, and David Horsager. Consumerism in healthcare will be a major focus of the event including digital strategies for engaging patients and members in the healthcare payments experience.

The InstaMed Healthcare Payments Summit welcomes payers, providers and healthcare IT systems of all sizes from across the country to attend the three-day conference. The goal of the conference is to foster discussion and collaboration across all healthcare stakeholders to improve the convenience, efficiency and security of healthcare payments. The conference has grown significantly in recent years with last year's conference selling out.

The InstaMed Healthcare Payments Summit will be held at the Warwick Hotel in Philadelphia, March 25-27, 2019. Registration is now open. InstaMed has also issued a call for speakers willing to sharing their experience and expertise in improving healthcare payments. Visit <https://www.instamed.com/hps>.

March 26, 2019 - Webinar 1:00 p.m. EDT

Top 10 Ways Brokers Frustrate Their TPA Partners presented by [Self-Insurance Institute of America, Inc.](#) Third party administrators are the most important business partners for brokers/advisers who want to grow their self-funded business, but yet they often do things that frustrate these partners. Don't be "that" broker! Learn how you can avoid the most common business practices that drive TPAs crazy by signing up for this FREE SIIA webinar where a leading industry expert will share real comments from real TPAs about their frustrations with brokers/advisers who want to play in the self-insurance marketplace. Moderator is Mike Ferguson, President & CEO, Self-Insurance Institute of America, Inc. Presenter is Mark Combs, CEO, Self-Insured Reporting. [Please click here to register.](#)

April 2, 2019, Webinar 2 to 3 p.m. ET

Smart Practices for Addressing High Claims Costs sponsored by [HM Insurance Group](#) and hosted by Employee Benefit Adviser (EBA). Speakers will include Dom Palmieri, HM's chief operating officer, and Mark Lawrence, HM's senior vice president, underwriting. This webinar, tailored for brokers and employers alike, will take a look at current health benefit cost management trends being considered by employers looking to self-fund, as well as those already self-funding their employee health benefit plans. [Learn More & Register.](#)

April 11, 2019

Northern Illinois Self-Funded Employer Forum presented by [The Alliance](#). Presenters: Alex Jung, Managing Director, Parthenon-EY practice of Ernst & Young, LLP and James Gelfand, Senior Vice President, The ERISA Industry Committee. [Registration](#)

April 14-16, 2019

The *2019 Texas State Conference*, scheduled presented by [HFMA Texas Chapter](#) is designed to support HFMA's commitment to providing programs that enhance the growth and development of its members. This annual conference is the biggest education and networking event in Texas, bringing together HFMA Members from the Gulf Coast, Lone Star, and South Texas Chapters. Event is hosted at Hyatt Regency, Austin, Texas. The featured presentation is *Direct Hospital Contracting: More Than Just a "Smokin" Per Diem!* presented by [Jack G. London](#), Founder and CEO, [Patient Pal](#). This session will explain the specifics of direct hospital contacting with limited risk corridors. Attendees will learn how to engage a hospital system as a partner. Registration and Information: <http://www.hfmatexas.org/registration/>

April 24-26, 2019

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

April 28 - May 1, 2019

Employer Health Care Cost & Quality Congress presented by [World Congress](#). Join employers, TPAs, brokers and benefits advisers to discuss value-based self-insurance efforts that will lower costs and improve your employees' health. Critical sessions include:

- Transform Self-Insurance: Adopt a Value-Based Approach to Minimize Waste and Promote Transparency, Marty Makary, MD, Bestselling Author, New York Times, Professor of Surgery and Health Policy, Johns Hopkins; David Contorno, Founder, E Powered Benefits.
- Evolve Your Self-Funded Health Plan and Benefit Design Strategy to Elevate Employee Health, Tom Doney, President, Cypress Benefit Administrators.
- Featured Workshop: Introduction to Captive Insurance: Strategies to Control Rising Employee Benefit Costs, Mick Rodgers, Principal and Managing Partner, Axial Benefits Group, Washington,

DC.

Washington, DC., [Information and Registration](#).

May 7-9, 2019

Self-Insured Workers' Compensation Executive Forum presented by Self-Insurance Institute of America. Conference dedicated exclusively to self-insured Workers' Compensation. In addition to a strong educational program focusing on such topics as risk management strategies and innovative ways to prevent and manage loss, this event will offer tremendous networking opportunities that are specifically designed to help you strengthen your business relationships within the self-insured/alternative risk transfer industry. Nashville, TN. www.SIIA.org

May 7-9, 2019

Northshore's 30th Annual Medical Excess Claims Conference presented by [Northshore International Insurance Services, Inc.](#), to be held at The Sheraton Portsmouth Harborside Hotel in Portsmouth, NH; a sea-side location uniquely situated on the coastal borders of New Hampshire and Maine. While keeping to its core claim, cost management and industry topical sessions, as well as the highly-regarded Roundtable session, Northshore's lineup will also include a breakout session choice of a Provider Excess/HMO Claim Workshop or an MGU Claim Operational Workshop to its agenda. This is an invitation-only event if you are interested in attending, you may contact Susan Arsenault at sarsenault@niis.com.

May 9, 2019, 11:00am – 1:00pm

Best Practices for Self-Funded Health Plans presented by [SHRM](#). Curtis Lawyer is Med Cost's Business Development Executive in Virginia. He is also an approved provider of and instructor for insurance continuing education courses in Virginia; and Chairs the Professional Development Committee for the Central Virginia Association of Health Underwriters, as well as the statewide Virginia Association of Health Underwriters. Curtis has worked with HR professionals since early 1999, when he started as an insurance broker. As a health plan benefits specialist- he managed all aspects of client sales and retention; including support services, compliance, and annual renewals for over 160 employers until he joined Paychex Insurance in 2009. At Paychex Insurance Agency, Curtis managed sales agents in 5 offices across Virginia, DC, and Maryland. The Kirkley Hotel, 2900 Candler's Mountain Rd, Lynchburg, VA 24502. \$20 for Guests. [Information and registration](#).

May 14-16, 2019

International Conference presented by [Self-Insurance Institute of America](#). This event is designed to help attendees identify and understand self-insurance/captive insurance business opportunities in Latin America — including countries that are considering allowing employers to self-insure, captive insurance company formations and medical travel partners. JW Marriott. Miami, FL. Information 800/851-7789 and [Registration](#).

May 21-22, 2019

SIIA Annual DC Fly-In presented by [The Self-Insurance Institute of America, Inc.](#) The event provides a unique opportunity for SIIA members across the country to discuss important legislative issues to the self-insurance and alternative risk industry with their elected representatives in Washington, D.C.

Agenda

- Tuesday, May 21, 2019
SIPAC Reception and Dinner - 5:30 PM
The Self-Insurance Political Action Committee (SIPAC) Reception and Dinner with Members of Congress at Charlie Palmer Steakhouse (SIIA Members Only) - Contact Dakota Jackson at djackson@siia.org for details.
- Wednesday, May 22, 2019
SIIA Issue Briefing - 9:00 AM to 10:00 AM
SIIA staff will brief participants and offer guidance on how to make the most impact during your congressional meetings. You will receive your agenda, briefing packets and meet others in your group.
- Congressional Meetings - 10:00am to 3:00pm
From the briefing, SIIA members will go to their respective meetings. SIIA members will walk/taxi to Capitol Hill, directed by SIIA staff.

Click [Here to Register](#) for the DC Fly-In!

June 18-20, 2019

The 6th Annual AMS Claims Symposium and Predict Suite Members' Forum presented by [Advanced Medical Strategies](#). This educational and networking event will be attended by claims, underwriting, and clinical professionals representing reinsurers, carriers, MGUs, TPAs, and other key players in the stop loss and managed care industry. Beauport Hotel in Gloucester, Massachusetts. For information about this invitation-only event, contact Adria L. Garneau, CEBS, at 781.224.9711 x106, or agarneau@mdstrat.com.

July 15-17, 2019

HCAA TPA Summit 2019 presented by [Health Care Administrators Association](#). Hyatt Regency. Dallas, Texas

July 16-18, 2019

Montana Captive Annual Conference. Whitefish, MT. Information www.mtcaptives.org.

September 18-20, 2019 *SPBA Fall Meeting (members only)*. Phoenix, AZ. Society of Professional Benefit Administrators (SPBA). www.SPBATPA.org

September 30 - October 2, 2019

39th Annual National Educational Conference & Expo presented by [Self-Insurance Institute of America](#). 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](#).

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February 3-5, 2020

HCAA Executive Forum 2020 presented by [Healthcare Administrators of American](#) (HCAA). Caesars Palace Las Vegas. [Information](#)

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](#) (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

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Job News (Listings are generally published for 1 month)

Centivo Looking For Sales Support and Stop Loss Specialist

MyHealthGuide Source: [Centivo](#), 3/21/2019

Centivo is looking to add a Sales Support and Stop Loss Specialist to our expanding Sales and Account Management Team. This position may be located remotely or in either of Centivo's offices (Buffalo or NYC). We offer a competitive benefit and compensation package.

Interested individuals should send their resume to Glenn McLellan at glenn.mclellan@centivo.com and Jennifer Rivas at jennifer.rivas@centivo.com.

Company Description

Centivo is a new type of health plan built specifically for employers and their employees and families. Centivo targets zero healthcare trend and improved healthcare outcomes by rewarding members and providers for smart choices and actions while delivering an exceptional member experience.

The Centivo model emphasizes the partnership between individuals and their primary care team as the proper model to coordinate healthcare needs. Centivo's provider partners are dedicated to improving quality, affordability, and access to care, and help individuals more effectively navigate the healthcare system. Members are rewarded for choosing high-value care and adhering to a health action plan through a dynamic benefit design and are supported through a state-of-the-art digital app and dedicated concierge team.

Centivo serves as an administrator of health plans for employers and partners closely with local health plans and third-party administrators (TPAs) to enhance their offerings.

Position Responsibilities

The Sales Support and Stop Loss Specialist is responsible for providing turnkey support to Centivo's CEO, Head of Sales and Account Management and Regional Sales Vice Presidents in their efforts to gain new business and retain existing clients. The turnkey support will include development of proposals, including responses to formal RFPs, coordination of site visits and marketing, analysis and presentation of stop loss coverage.

- Coordinate with Centivo's Marketing Team to maintain a library of standard marketing and communications materials which can be customized as required for proposals and presentations.
- Coordinate Centivo's response to Requests for Proposals, including use of resources from Operational, Product, Network and Marketing to ensure the most accurate information on capabilities is presented.
- Maintaining Centivo's library of responses to RFP questions and samples for efficient and up-to-date response to RFP's.
- Working with Centivo's Management Team, maintain a list of high-quality stop loss markets to be used for Centivo's prospects and clients. This includes contacts and areas of specialization.
- Using information obtained during the RFP process or from Centivo's Account Managers for existing groups, complete marketing of Stop Loss for contract options which are most beneficial to the prospects and clients. This includes completing an inventory of available information, clarifying gaps in information, obtaining feedback on desired options and preparing comprehensive and professional requests for Stop Loss proposals.
- Prepare financial exhibits and models to be used by the Head of Sales and Account Management, Regional Sales Vice Presidents and Account Managers in presenting financial proposals and renewals.
- Assist the Regional Sales Vice Presidents and Account Managers with communicating all new business and renewal financial arrangements internally so that billing of clients and management of stop loss is done accurately.

Minimum Qualifications

- Bachelor's degree or equivalent years of Health Insurance / Stop Loss Health Insurance experience required.
- Ability to work effectively in a fast paced, transaction-oriented environment; flexibility to handle multiple priorities while maintaining a high level of professionalism and responsiveness.
- Must be able to demonstrate flexibility and adaptability in support of the team's work efforts during peak periods.
- Demonstrated ability to work autonomously and as part of a cohesive team.
- Must demonstrate a responsive, service oriented professional approach in all interactions.
- Strong communication skills; written and verbal.

- Strong analytical skills.
- Knowledge of health insurance, and customer service preferred.
- Comfort with ambiguity and working without well-established policies and practices.
- Command of Microsoft Office suite of products with good technical knowledge of Excel.
- Experience using CRM tools to track and manage the activity of sales force a plus.
- Prior experience in healthcare and/or technology.

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Reinsurance Group of America (RGA) Seeks Director, Underwriting Healthcare

MyHealthGuide Source: [Reinsurance Group of America \(RGA\)](#), 3/18/2019

Job Title: Director, Underwriting Healthcare

Requisition Number: US03589

Apply on our website by clicking [here](#).

Position Overview

The Underwriting Director Leads and performs activities in assigned functional area. Develops, maintains, and communicates expertise in assigned function area. Using critical thinking, evaluates and classifies medical, non-medical, and financial risks on large, more complex and challenging medical risks/cases. Develops and manages client relationships to ensure client's needs are met while ensuring profitable underwriting decisions and maintaining RGA Re's philosophy. Recommends and participates in the development and implementation of process improvements that may extend beyond the area of oversight

Responsibilities

- Leads and performs the duties assigned in functional area of expertise. These areas of expertise may include but are not limited to: the client underwriting audit processes; internal audit process; facultative underwriting; or underwriting systems technology and management reporting.
- Appraises and underwrites RGA Re's largest risks for Healthcare reinsurance with limited approval authority. Exercises limited authority to make exceptions to guidelines and rules to ensure preserving of client relationships while maintaining RGA Re philosophy and profitable business.
- Duties within functional area of expertise may include but are not limited to:
 - leading and performing the client underwriting audit process
 - preparing random and pre-selected underwriting case selection
 - communicating results to clients
 - reviews, co-signs, and/or second opinion on facultative reviews
 - scheduling and performing onsite and/or internal audits
 - participating in the development of RGA Re guidelines and communicating these to clients and senior RGA Re management through expertise on individual issues as well as reports
 - co-signing on facultative cases within area of specialty
 - preparing and distributing reports in timely and professional manner, including senior management reports

- Develops and manages client relationships by providing underwriting solutions to clients through partnering with them to identify unique, creative ways to solve their problems, improve their business results and by effectively communicating, negotiating and selling underwriting decisions which result in strong business relationships.
- Markets RGA Re capabilities and facultative services through daily phone contact, attendance at industry meetings and client company visits.
- Fosters a positive and engaged work environment.
- Participates, as a subject matter expert, leader or team member, in special projects, committees, meetings and client presentations, as required.

Requirements

Educations and Experience Requirement

- Bachelor's degree or equivalent related work experience (minimum 8 years)
- 7-8 years of reinsurance underwriting experience or 9 + years direct underwriting experience

Preferred

- BS/BA Science or Business
- 10+ years reinsurance/insurance underwriting experience

Skills and Abilities

Required

- Expert knowledge of healthcare products; particularly employer stop loss and/or small group medical
- Intermediate Word, SQL/Query and Excel skills
- Advanced ability to comprehend and interpret insurance and contract documents.
- Advanced knowledge of broad business practices
- Advanced ability to analyze and improve business processes
- Ability to quickly adapt to new methods, work under tight deadlines and stressful conditions
- Advanced oral and written communication skills, demonstrating the ability to convey business terminology that is meaningful and well received
- Advanced investigative, analytical and problem solving skills
- Ability to work well within a team environment, participate in department/team projects and balance detail with departmental objectives
- Advanced ability to manage multiple projects and/or teams simultaneously
- Advanced ability to liaise with individuals across a wide variety of operational, functional and technical disciplines
- Advanced ability to translate business needs and problems into viable/accepted solutions
- Advanced skills in customer relationship management and change management

- Ability to resolve conflict and foster teamwork
- Broad business knowledge
- Advanced persuasion and negotiating skills when working with internal/external customers
- Ability to work online, either at home or remote

Apply on our website by clicking [here](#).

About RGA

Welcome to RGA Reinsurance Company, headquarter in Chesterfield, a suburb of St. Louis, Missouri. With approximately \$2 trillion of life reinsurance in force and assets of more than \$19 billion, RGA is a recognized leader in the global life reinsurance industry.

Serving clients in more than 45 countries, on six continents, RGA delivers expert solutions in life reinsurance, risk management, facultative underwriting, product development, and capital-motivated reinsurance services.

RGA is an industry leader in the United States, counting more than three-quarters of the 100 largest life companies as clients. We have successfully exported our extensive experience in North America to client companies around the world, adapting proven concepts to meet their needs and help them confidently and efficiently transfer risk and achieve their financial objectives. Visit www.rgare.com.

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Swiss Re Seeks Team Lead Clinical Risk Manager

MyHealthGuide Source: [Swiss Re](#), 3/13/2019

Swiss Re is has an exciting opportunity for an experienced Clinical Risk Manager Lead to join our team in any one of these locations: Windsor, CT and Schaumburg, IL. Ideal candidates would have experience as a Clinical Risk Manager in the insurance or reinsurance marketplace.

Interested applicants should apply on-line today by [clicking here!!](#)

Summary/Objective

This position is responsible for the management of a team of Clinical Risk Managers who review case management notes for individuals and groups seeking Stop Loss Insurance quotes. The incumbent works closely with Underwriters to evaluate potential risk and associated costs with projected treatments.

Summary of Essential Functions

- Manage workflow including workflow adjustments during high volume periods, as assigned by Senior Management
- Provide employees with guidance in handling difficult or complex problems or in resolving escalated complaints or disputes.
- Implement corporate or departmental policies, procedures, and service standards
- Responsible for ensuring each member of the Clinical Risk Management department is aware of the direction of the department and that they are provided opportunity for successful management of their Clinical Risk Management case load relative to service and financial goals.
- Manage inter-departmental relationships with Underwriting, Business Services, Sales and Claims resolving issues appropriately.
- Review medical conditions and respond with a cost analysis integrated to the Stop Loss case characteristics.

- Identify high risk associated with individuals and communicate required stop loss attachment
- Document all decisions in the clinical documentation system
- Recommend appropriate laser levels using Underwriting guidelines.
- Utilizes external medical experts as needed.
- Conduct daily tracking of caseload as assigned
- Comply with departmental policies and procedures
- Participate in departmental and company in-services as appropriate
- Perform other duties as assigned by Senior Management

Required Education and Experience

- Strong analytical and problem solving skills
- Two or more years of supervisory or equivalent experience
- Excellent organizational and time management skills, able to work independently with little supervision while handling numerous projects at once
- Excellent written/verbal communication skills, especially the ability to communicate effectively in stressful situations
- Must have a track record of producing work that is highly accurate, demonstrates attention to detail, and reflects well on the organization
- RN with current state licensure and at least 2 years' experience
- Computer experience should include Microsoft Excel, Word and Outlook at the intermediate level at a minimum

About Swiss Re

Swiss Re Corporate Solutions provides risk transfer solutions to large and mid-sized corporations around the world. Its innovative, highly customized products and standard insurance covers help to make businesses more resilient, while its industry-leading claims service provides additional peace of mind. Swiss Re Corporate Solutions serves clients from over 50 offices worldwide and is backed by the financial strength of the Swiss Re Group. Visit swissre.com.

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SimplifiHCA Seeks Business Development Executive

MyHealthGuide Source: [Simplifi Health Care Advocates](#) (SimplifiHCA), 3/18/2019

Simplifi Health Care Advocates, a healthcare industry product representation firm, is seeking experienced Business Development Executives (Independent Contractor) to achieve its customer acquisition and revenue goals. Candidates with knowledge sets in healthcare self-insurance and or a history of dealing with hospital systems and healthcare providers.

Potential customers of SimplifiHCA include:

- Employers (both public and private) of all sizes
- Venture Capital Firms
- Medical Management Companies

- Benefit Consultants and Brokers
- Payers – including TPAs and Insurers
- Professional Employer Organizations
- Hospitals, Health Systems and Providers

Prospective candidates will possess a distinguished career of proven business development skills, possess strong telephone skills, and able to build rapport easily. Equally important, candidates will be self-directed and the ability to be self-sufficient without the need for a lot of direction. Finally, proven results in all steps of the lead generation to closing process is a must.

Requirements

1. The ideal candidate has more than 10 years documented sales success in the healthcare industry, preferably at the Board or C-Suite level.
2. The candidate must possess an enviable portfolio of Senior Executive relationships.
3. Alternatively, sales success at the same levels in private or public organizations will be considered.
4. Established relationships with brokers, consultants, venture capital firms and industry leaders represent a plus.
5. A Bachelor's Degree is required with an MBA preferred.
6. Superior analytical and critical thinking skills
7. Superb interpersonal communications skills, particularly oral and written
8. Deep understanding of customer service concepts and principles
9. Note: as the positions will be filled via virtual home offices, having reliable transportation is a must.

Other required skills include

- Excellent communication and presentation (verbal and written) skills.
- Consultative sales and negotiation skills.
- Possess a “hunter” attitude for strategic sales, adept at all phases of selling cycle, from lead creation, proposal preparation, negotiation to deal closure.
- Ability to add value to the relationship by distilling, summarizing, interpreting and communicating information to facilitate its usefulness.
- Very strong planning and organization skills, able to prioritize and adapt.
- Ability to be self-starting and self-directing; comfortable to work independently and possible remotely.
- Competent with systems (CRM, Word, Excel, PowerPoint).
- Ability to travel.
- A knowledge of healthcare self-insurance will be helpful.

This opportunity is ideal for the senior executive who possesses a wealth of “C Suite” business relationships and is desiring an opportunity for flexibility and significant income potential. A very generous compensation schedule is available. The entrepreneurial culture of this company demands that candidates have a strong work ethic, can work independently and can make decisions autonomously.

Qualified candidates should send their resumes in MS Word format to: T. Kent Graham, President and CEO, SimplifiHCA, at tkg@simplifihca.com.

About SimplifiHCA

SimplifiHCA is a veteran-owned, privately held business-development and strategic-advisory firm, focused on top-line growth, improved management processes, and an improved bottom line for our clients. We are committed to the improvement of healthcare-industry start-ups, as well as small and mid-sized companies, and it is our fundamental belief that an organization cannot expect to solve their problems with the same thinking with which they were created. That's why partnering with Simplifi will bring your organization a fresh perspective, as well as actionable solutions to resolve your challenges and bring you growth. Visit www.simplifihca.com.

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IOA Re Seeks Reinsurance Nurse Case Manager for Medical Stop Loss Department

MyHealthGuide Source: [IOA Re](#) 3/11/2019

IOA Re is a Managing General Underwriter providing reinsurance health products. We employ full-time Registered Nurses who assist our Claim and Underwriting Departments in managing risk.

Essential Functions

- Assist underwriters in the timely evaluation of clinical and claim data during the disclosure process in order to identify potential risk.
- Working with our Third Party Administrators and producers as a medical resource for discussion and assistance with potential catastrophic claim management.
- Assisting Case Managers, either employed by our TPAs, or with outside firms, with high dollar catastrophic claimants.
- Evaluating claims reporting for potential exposure and reserve recommendations.
- Clinical review and claims analysis to assess for claim trends and possible group resources.
- Maintain patient confidentiality in compliance with standards set forth by IOA as well as HIPAA.
- Work with the department manager in seeking and employing new business partners to promote health care resources and mitigate claims exposure.
- Serve as a back-up for other department medical staff as needed.
- Maintain licensure and certifications as indicated to promote personal professional advancement.

Qualifications

Professional

- Registered Nurse licensure preferred - Bachelor Degree in Nursing or Science.
- CCM certification preferred.
- At least one year of acute care clinical experienced required.
- UM or CM experience on either the payer or provider side.

- Prior TPA, MGU or Stop loss carrier experience is highly preferable.
- Prior experience analyzing health care claims and coding.
- Prior experience working with catastrophic health care claims.
- Experience with data entry and analysis of medical reporting.
- Able to provide risk assessment and communicate the analysis succinctly in reporting.
- Ability to conduct independent medical research as an adjunct to medical underwriting tasks.

Personal /Language Traits

- Ability to meet tight time frames.
- Strong organizational and time management skills.
- Ability to work independently / remotely.
- Ability to work with multiple offices and underwriters and prioritize time frames.
- Strong data entry skills. Proficient with MS Office software.
- Ability to communicate effectively and professionally both internally and with external clients.

Interested candidates should email their resume to Connie McClure, Senior Vice President of Claims / Medical Management, cmclure@ioare.com.

About IOA RE, LLC

IOA Re – has operated in the insurance/reinsurance marketplace as a Managing General Underwriter since the late 1940s. Throughout this time, our organization has seen many market cycles and has continued to stay focused on our “Mission” to be the recognized leader in the reinsurance industry for creative, innovative and profitable underwriting and services to our clients, while challenging ourselves to meet the highest standards of integrity, quality, professionalism and performance. We provide an environment for our employees which fosters and rewards creativity, growth and achievement. Visit www.ioare.com.

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Voya Financial Seeks Cost Containment Consultant for Stop Loss Claims Department (Minneapolis)

MyHealthGuide Source: [Voya Financial](#), 3/11/2019

Voya Financial's Downtown Minneapolis location is searching for a Cost Containment Consultant to join our Stop Loss Claims department. This role will impact Stop Loss cost containment through early identification and intervention to reduce third party administrator/company costs.

Profile Description

- Serves as subject matter expert in company’s cost containment programs, including but not limited to TPAs, Large Case Managers, Sales, Underwriters, Client Representatives, and Brokers. Serve as a consultant to underwriting.
- Serves as a subject matter expert in the evaluation of medical information to clarify diagnoses, evaluate the severity of medical conditions, and estimate the duration of recovery. Provides assistance to TPAs with cost containment options for high cost claims including but not limited to: transplants, specialty medications, dialysis, hemophilia, neonatal, and cancers.
- Serves as a subject matter expert in analysis of transplant contracts, and provides guidance to the TPA/Case Managers in the selection of the best transplant contract for their client.

- Researches clinical conditions and provides analytical review of the medical and/or pharmacy data to formulate the history of events.
- Manages vendors and participates in vetting new vendors.
- Actively participate in establishing standard work and root cause problem solving for the cost containment team.
- Develops relationships with key external and internal stakeholders, and cooperatively facilitates optimal cost savings.
- Ability to travel and other duties as assigned.

Knowledge & Experience

- Bachelor's degree - current unrestricted RN license, or equivalent clinical degree
- Previous NICU experience
- Minimum 5 years of clinical experience
- Minimum 2 years insurance experience
- Supervisory/leadership skills
- Analytical and problem solving skills
- Excellent interpersonal and negotiation skills to act as a company representative
- Experience in Microsoft Office products

Link to apply: https://godirect.wd5.myworkdayjobs.com/voya_jobs/job/MN-Mnpls-20-Washington/Cost-Containment-Consultant_JR0019908

About Voya Financial

Voya Financial is a group of premier retirement, investment and insurance companies with 225,000 points of distribution and approximately \$467 billion in total AUM and AUA as of December 31, 2018. We're dedicated to making a secure financial future possible for all Americans. And, we have the experience, resources and commitment to help you grow your business. Visit voya.com.

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Evolution Risk Partners is Hiring a Senior Stop Loss Underwriter to Join our Underwriting Team

MyHealthGuide Source: Evolution Risk Partners, LLC 3/4/2019, www.evolutionrisk.com

Evolution Risk Partners seeks an experienced stop loss underwriter with a proven track record to join our growing team.

Job description

Evolution Risk Partners is looking to hire an experienced stop loss underwriter to work with a fast growing MGU. This is an opportunity to get in at the ground level and help to create the culture for this new company. Interested candidates should be high energy, motivated, and organized with 5-10 years of experience in stop loss underwriting.

Responsibilities will include

- Handle day to day set up and underwriting of new prospects as well as renewals
- Work with the Senior Client Consultant to track and report on stop loss prospects

- Work with Sales team to help to position the account in the best possible position based on analysis of the risk
- Work with Senior Client Consultant and Sales team on post sale process
- Cross train the Underwriting Client Support Consultant to assist with basic underwriting/set up of accounts
- Develop and maintain favorable relationships with customers and consultants through superior customer service
- Retain and grow the client relationship and effectively position our products with an emphasis on expanding the assigned book of business
- Communicate and present information to audiences at all levels, both internally and externally
- Work with the Senior Client Consultant to request all renewal information and request needed information to quote on new business prospects
- Serve as project manager and participant on selected projects

Desired qualifications will include

- Strong knowledge of the KUS software system or a similar stop loss system
- BA/BS or equivalent work experience
- 5-10 years of stop loss underwriting experience
- Customer service experience
- Excellent time management skills
- Strong communications skills required – both written and oral
- Self-motivated and accountable
- Ability to work well within a team environment and participate in company projects
- MS Office (Word, Excel, Powerpoint, Outlook)

Interested candidates should visit the Evolution Risk Partners website at www.evolutionrisk.com and email resume to Arleigh Kennedy, Senior Vice President of Risk and Strategic Partnerships at arleigh@evolutionrisk.com

About Evolution Risk Partners

Evolution Risk Partners, LLC (ERP) is a full service Managing General Underwriter that specializes in providing comprehensive, compelling and leading-edge solutions for the Medical Stop Loss community. An organization built with the intent of redefining partnership through a shared vision of success, we endeavor to have a highly collaborative and engaged relationship with our broker, consultant, general agency and TPA partners. Visit www.evolutionrisk.com .

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Editorial Notes, Disclaimers & Disclosures

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- Articles are selected based on relevance and diversity.

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 - Provide another email address.
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