



MyHealthGuide Newsletter
News for the Self-Funded Community
11/5/2018

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General & Company News

HCAA Announces Speaker Lineup for 2019 Executive Forum

MyHealthGuide Source: Health Care Administrators Association (HCAA), 10/29/2018

MINNEAPOLIS, MN -- The Health Care Administrators Association (HCAA), a leader in education, networking and advocacy for the self-funding industry, today announced the speaker lineup for its [2019 Executive Forum](#) to be held February 4-6, 2019 at Caesars Palace in Las Vegas. The one-and-a-half-day event will feature educational sessions focused on the driving forces impacting the future of healthcare's self-funding environment.

"From changing healthcare legislation and millennials making their impact to the internet of things and blockchain, 2018 has been a year during which many influential outside forces have continued to impact and transform our industry," said HCAA President **Joanie Verinder**. "To tackle these issues head-on, our Executive Forum will assemble the most respected and engaging speakers who are set to challenge our perception of what's possible and to examine the factors that make our self-funding industry's outlook bright."

The conference opening keynote will be led by **Zubin Damania, MD** (ZDoggMD), during which he'll bring a mix of song, humor and creative storytelling to propose collaborative ways to revitalize the

healthcare system and deliver compassionate care. He will explore how attendees can work individually and collectively to ensure that the future of medicine is a bright one.

In addition to a number of networking sessions and receptions, **Ernie Clevenger**, president of CareHere, LLC and publisher of *MyHealthGuide Newsletter* will emcee the event introducing an educational lineup of industry expert speakers covering the following general session topics:

- **Next Frontiers in Healthcare Reform/Direct Primary Care:** A market-based solution to lower healthcare costs - **Sal Nuzzo**, The James Madison Institute and **Dr. Lee Gross**, Epiphany Health Direct Primary Care
- **Connecting the Links of Blockchain in Healthcare** - **Molly Moore**, Decent
- **Healthcare is Stealing the American Dream. How TPAs Can Help Take It Back** - **Dave Chase**, Health Rosetta
- **I'm a Good Person, (Except When I'm Not): How Our Brains Rationalize** - **Bret Hood**, 21st Century Learning & Consulting, LLC
- **Standing Firm: Workplace Solutions for Marijuana and Opiate Use and Abuse** - **Thomas M. Eden, III**, Constangy, Brooks, Smith & Prophete LLP
- **Constructive Disruption: Data and Technology as Driving Forces for Healthcare Delivery Change...How Does the TPA Industry Cope with Impending Massive Change** - **Paul Gallese**, Inner Circle Health Advisors
- **Reference/Metric Based Pricing: 10+ Years of Lessons Learned** - **Ted Lavender**, Fisher Broyles, LLC

The conference will conclude with an Emerging Leaders post-session entitled "*Fire Up Your Speaking.*" Led by **Donna Hartley** of Hartley International, this session will offer attendees tips for mastering their presentation techniques as well as establishing credibility by developing a personal brand. Established in 2017, the Emerging Leaders Program was created to educate, mentor and provide early guidance to the next generation of TPA and self-funding leaders as they advance in their careers.

All HCAA members, as well as non-member TPAs, are invited to attend the 2019 Executive Forum. Early-bird registration and conference room rate discounts are available through November 16, 2018. For more information on registration, or to view the full schedule of session descriptions and speaker bios, click [2019 Executive Forum](#) or 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, 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 and connect with us at @HCAAinfo, [HCAA LinkedIn](#) and [HCAA YouTube](#).

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SIIA Offers Webinar: *Post-Election Analysis: What it Means for the Self-Insurance Industry*

MyHealthGuide Source: [Self-Insurance Institute of America](#), 11/1/2018

What will the mid-term Senate and House elections mean for the future of self-insurance industry? The SIIA post-election webinar will cover election results across the country and their impacts on congressional committees with jurisdiction over legislative proposals affecting self-insured health plans and/or captive insurance companies.

SIIA staff will also provide more in-depth analysis of policy proposals surrounding 'surprise medical billing', prescription drug costs, ACA changes, captive insurance issues and other items.

On the state level, the webinar will dive deeper in to some key state issues, including revisions to state 1332 waivers.

- **Webinar: *Post-Election Analysis: What it Means for the Self-Insurance Industry***
Tuesday, November 13, 2018
3:00-4:00 PM EDT

Registration is free for SIIA members, \$95 for non-members. [Click here to register.](#)

Webinar Speakers

- **Adam Brackemyre**, Vice President, State Government Relations, SIIA
- **Chris Condeluci**, SIIA Washington Counsel
- **Ryan Work**, Vice President, Federal Government Relations, SIIA

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 New Webinar, Podcast and Document Management Video

MyHealthGuide Source: The Phia Group, 11/2/2018, www.PhiaGroup.com

The Phia Group announces next webinar will be held on Tuesday, November 13th, at 1pm EST.

Webinar Title: *What to Expect in 2019 - Part 1*

Description: The future is here! As we're about to enter 2019, the undercurrents of the self-funded industry are as exciting as they are dynamic, and changes are happening at an unbelievable pace. Join The Phia Group's legal team for an hour on November 13, 2018, from 1:00 PM to 2:00 PM EST, as they present Part 1 of this two-part series on What to Expect in 2019, which will highlight current industry happenings and our predictions to help you look forward to the coming year. Miss this one, and you'll be left behind.

Registration Link: <https://register.gotowebinar.com/register/2060535762481937410>

Podcast Title: *Empowering Plans: P58 - Special Edition: Talking Politics, Elections, and Healthcare*

Description: Like it or not, healthcare is on the ballot – nationally, statewide, and locally. The questions asked and people we elect will have an impact on how we receive and pay for healthcare – and for those of us in the benefits industry – failing to identify the trends, issues, and opportunities is tantamount to waving the white flag. Stay in the know and get ready to go; don't miss this episode of Empowering Plans.

Link: <https://www.phiagroup.com/Media/Posts/PostId/783/empowering-plans-p58-special-edition-talking-politics-elections-and-healthcare>

Phia Document Management Video:

The Phia Group has released a new video that explains what Phia Document Management (PDM) is and how it can help you!

Link: <https://www.phiagroup.com/Services/Plan-Phia-Document-Management>

About The Phia Group

The Phia Group, LLC, headquartered in Braintree, Massachusetts, is an experienced provider of health care cost containment techniques offering comprehensive claims recovery, plan document and consulting services designed to control health care costs and protect plan assets. By providing industry leading consultation, plan drafting, subrogation and other cost containment solutions, The Phia Group is truly Empowering Plans. Visit www.PhiaGroup.com.

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DataPath Adds Podcasts to Employee Engagement Program

MyHealthGuide Source: [DataPath, Inc.](#), 10/26/2018

LITTLE ROCK, ARK -- DataPath, Inc., a leading provider of cloud-based solutions for benefits administration, announced that it has released a podcast series for its award-winning employee education and engagement program, *The Adventures of Captain Contributor*. The three-part podcast series is timed to coincide with the annual employee benefits open enrollment season. In the podcast series, Captain Contributor addresses the concerns of administrators, employers, and employees with both interviews and a variety of informative, action-packed scenarios.

"The enrollment season podcast series is an interactive way for Captain Contributor to educate employees about their benefits", said **Bo Armstrong**, chief marketing officer for DataPath. "With an increasing number of people on the go, this podcast series gives them a convenient way to access valuable information about employer benefits whether they are in the car, on the bus or at their office."

Launched in 2017, the Captain Contributor program is designed to help engage employees with their employer-sponsored benefits, including Flexible Spending Accounts, Health Savings Accounts, and COBRA. The podcasts are the most recent addition to a comprehensive, multimedia program that includes comic books, videos, website, blogs, social media accounts and collateral materials.

In 2018, *The Adventures of Captain Contributor* was awarded two National Health Information Awards (NHIA) awards - one for Digital Health content and the other for Consumer Decision-Making Information.

The podcasts are now available for download on both Apple and Android devices.

About DataPath

DataPath, Inc. is a privately-owned technology solutions provider that is headquartered in Little Rock, Arkansas. DataPath's cloud-based Summit platform is the only solution designed specifically for seamless CDH account and COBRA administration. The full Captain Contributor program is offered exclusively to DataPath clients. Visit dpath.com.

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People News

Nova Healthcare Administrators' COO, Lisa True, Named Among 'Top Women in Benefit Advising'

MyHealthGuide Source: [Nova Healthcare Administrators](#), 10/31/2018

BUFFALO, NY -- Nova Healthcare Administrators' (Nova) Chief Operating Officer, **Lisa True**, was recently recognized by "Employee Benefit Advisor" (EBA) magazine in their *2018 Top Women in Benefit Advising* feature.



Lisa True
EBA's 2018 Top Women in Benefit Advising

"In a largely male-dominated profession, EBA's *2018 Top Women in Benefit Advising* stand out for both personal and professional reasons," noted the publication. "Some of these winners were credited with finding substantial savings for employer clients and strengthening their organization's bottom line, while others advocated for a holistic approach to technology, behavioral finance, level-funding techniques, mind-body healing and metrics to track corporate objectives."

True was selected as one of only 20 women in the country to receive this recognition. Nova's President, **Laura Hirsch** noted, "I am proud of all of the associates we have at Nova and it's validating to see our team members recognized for their dedication to innovation, depth and breadth of industry experience, and passion to provide high-level service to our clients."

As Nova's Chief Operating Officer, True is responsible for Nova's sales and operations functions, including claims, customer service, and client service. She is also responsible for client account management, and targeted retention, and growth of profitable membership. In her previous role at Nova focused on sales and strategic initiatives, True was responsible for leading Nova's sales team to ensure strategic growth.

According to Hirsch, "True is passionate about developing business strategy, building excellence, and providing exceptional service, innovation and leadership." She assists clients in the design, funding, administration and implementation of group benefits plans.

With more than 30 years' experience in the healthcare industry, True came to Nova in 2015 having worked for more than a decade in Fortune 500 and Fortune 21 employers. True has also held key positions at Meritain Health, Fiserv, Fiserv Health and UnitedHealth Group.

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 unique reimbursement pricing arrangements, customized strategies and personalized service. Visit www.novahealthcare.com.

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IISI Adds Ryan Austin as Regional Marketing Director

MyHealthGuide Source: Intermediary Insurance Services Inc. (IISI), 10/29/2018

San Francisco, CA -- Intermediary Insurance Services Inc. (IISI) is pleased to announce the addition of insurance veteran, **Ryan Austin**. He is joining the company as Regional Marketing Director for the Eastern Region. Ryan comes to IISI with more than 20 years of experience in the healthcare benefits industry and a strong background in sales and marketing with both third-party administrators and managing general underwriters. Ryan holds a B.A. and M.B.A from Texas Tech University with an emphasis in marketing and will specialize in the sales and marketing of Companion Life and IISI products through general agents, brokers and third-party administrators. He will be based in San Antonio, TX and can be reached at ryan_austin@iisinet.com.

"All of us at IISI are excited to welcome Ryan," said IISI President **Chris Hutton**. "He brings a wealth of experience and expertise in employee benefits, specifically stop loss coverage. He will be a tremendous asset to our organization and to our customers."

About IISI

Based in San Francisco and founded in 1983, IISI is a managing general underwriter of stop loss coverage for employer health plans. As a subsidiary of Companion Capital Management, Inc., IISI provides a full range of services on behalf of Companion Life Insurance Company, including marketing, underwriting, policy issuance, premium collection, managed care coordination and claim adjudication and payment. Marketing is carried out on a national scale, serving brokers, consultants and third-party administrators with their stop loss needs. Reference based pricing is one particular area of focus, and IISI has emerged as a recognized leader in this area. Contact **Jim Henry**, Executive Vice President, IISI, at 415-399-6723, jim_henry@iisinet.com and visit www.iisinet.com.

About Companion Life

Headquartered in Columbia, Companion Life has specialized in employee benefits since 1971. The company markets life, dental, disability, accident, specialty health — including medical stop loss, limited

benefit health plans and group supplemental retiree prescription drug plans — as well as other insurance programs, through a network of independent agents and brokers, general agents and managing general underwriters. Companion Life is licensed in 49 states and the District of Columbia. It holds an A.M. Best Rating of A+ (Superior). Visit www.CompanionLife.com.

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Catasys Appoints Three Healthcare Executives to Board of Directors

MyHealthGuide Source: [Catasys, Inc. \(NASDAQ:CATS\)](#), 11/1/2018

LOS ANGELES -- Catasys, a leading Aland technology-enabled healthcare company, announced the appointment of **Edward Zecchini**, **Sharon Gabrielson**, and **Diane Seloff** to its Board of Directors. Messrs. **Rick Anderson** and **Dave Smith** have stepped down as directors to accommodate the new Board members. With these changes, Catasys has a total of seven Board members.

Mr. Terren Peizer, Chairman and CEO of Catasys, stated, “We are pleased to welcome three accomplished executives in Ed, Sharon, and Diane to Catasys’ Board of Directors. These appointments follow **Jeremiah Stone’s** joining Catasys as Chief Technology Officer in July and speak to our commitment to continue improving our advanced technologies while maximizing the growth potential of our business. With more than 30 years of executive experience at various innovative healthcare and information technology businesses, Ed has the background to help Catasys expand its technology piece and further accelerate the scaling of our business. Diane possesses over 25 years of experience in the broader healthcare industry with proven success as an operator at a company with a similar services model to Catasys, which we believe will prove valuable as we look to expedite our growth trajectory. Finally, as we are starting to see traction in the Administrative Services Only (ASO), or self-funded healthcare, side of our business, we believe Sharon’s experience in business development and creative market-driven solutions will only serve to maximize our growing ASO and employer self-funded business and opportunities.”

Mr. Peizer concluded, “Each of these individuals bring a certain set of skills and experiences to the table. More significantly, our new Board members are excited about the prospects of Catasys’ business and look forward to making their contributions to expediting the Company’s growth and success in the years ahead. In the coming months, we will be evaluating potential new additions to our Board, including C-Suite executives from national health plans, which we believe will help us in executing our current strategy.”

Mr. Edward Zecchini has over 30 years of experience in the healthcare and information technology industries. Since 2014, Mr. Zecchini has served Chief Information Officer for Remedy Partners where he is responsible for building the technology and infrastructure necessary to support the implementation of bundled payment programs and other episode financing business lines. From 2010 to 2014, he served as Executive Vice President and Chief Technology Officer of Sandata Technologies, LLC, the leading provider of information technology solutions to the home healthcare industry. He also previously served as President and CEO of IT Analytics LLC, a technology consulting firm, and as Executive Vice President of Operations and Chief Information Officer of Touchstone Healthcare Partnership.

Ms. Sharon Gabrielson has dedicated over 35 years to the healthcare industry and has extensive industry experience in technology, finance, human resources, insurance, mergers and acquisitions, and business development. Ms. Gabrielson currently serves as Chair of the Mayo Clinic’s Global Business Solutions Department where she is transforming an underperforming unit into the heart of Mayo’s business diversification and profitability. She directs the domestic and international new business development opportunities for commercializing the Clinic’s competencies to deliver service-based products to the B2B and B2C markets. Ms. Gabrielson has also served as Administrator of the Clinic’s Office of Population Health (2014-15) and Vice Chair of Health System Administration (2010-15). In these roles, she was instrumental in developing a strategic plan for market penetration, scaling for growth and competing in a risk-based environment. In 1982, Ms. Gabrielson began her career as a registered nurse at Saint Mary’s Hospital where she served as a staff nurse and a charge nurse until 1990.

Ms. Diane Seloff possesses over 25 years of experience in the broader healthcare industry and has diverse experience in operations, human capital, finance, technology, strategic planning and business development in healthcare, financial services, and logistics. Since 2013, Ms. Seloff has served as Chief Operating Officer at Aspire Health where she was part of the founding leadership team. In the past five years, the Nashville-based startup has grown to become the nation’s largest provider of home-based palliative care and was acquired by Anthem in June 2018. As COO, Ms. Seloff built all the corporate functions for the company in its first two years and is responsible for running and transforming Aspire Health’s operations. She previously held senior executive roles in operations and development at other healthcare services and technology companies, including Vanderbilt University Medical Center. Ms. Seloff began her career as a management consultant—first at Arthur Andersen & Company and later at KPMG Peat Marwick.

About Catasys, Inc.

Catasys, Inc. harnesses proprietary big data predictive analytics, artificial intelligence and telehealth, combined with human intervention, to deliver improved member health and cost savings to health plans through integrated technology enabled treatment solutions. It is our mission to provide access to affordable and effective care, thereby improving health and reducing cost of care for people who suffer from the medical consequences of behavioral health conditions; helping these people and their families achieve and maintain better lives. Visit catasys.com.

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Market Trends, Studies, Books & Opinions

Evaluating Stop Loss Coverage: 5 Questions Self-Funded Health Plans Must Ask

MyHealthGuide Source: [Dave Barchetet](#), 10/26/2018, [Findley](#)

Why is evaluating stop loss coverage important?

- The Affordable Care Act (ACA) lifted all lifetime limits on specific stop loss coverage, so the reinsurers (those that provide stop loss insurance protection) are potentially responsible for unlimited risk.
- With healthcare costs rising at annual rates of 5-7%, a \$100,000 claim back in 2010 would be >\$165,000 in 2018. Depending on the specific stop loss limit, this places increasing pressure on

the employer sponsor's budget.

- The rise in \$1 million+ claimants in a given year has steadily increased.
- Specialty pharmaceutical drug prices continue to trend significantly higher than medical inflation and, in many cases, represent 45-50% of an employer's total pharmacy spend.

This pressure on costs impact the stop loss premiums for self-funded employer sponsors.

It is easy to think you can just shop this coverage each year for the lowest cost and move on, but before you consider that as a solution, consider these important provisions to evaluate:

1. Are the contract provisions the same?

This seems simple enough, but when considering an RFP for stop loss, state very clearly the type of contract to be proposed (i.e., 24/12 – incurred in 24 months and paid in 12, or 15/12 or 12/15, incurred in 12 months and paid in 15). If this is not clearly spelled out, proposals may come back as 15/12 contracts or even 12/12 contracts, and these are NOT the same in terms of protection. Generally, the few months of incurred and paid liability, the less risk the reinsurer is taking on and the lower the premiums charged.

2. Contingent or firm offer?

A “contingent” offer means the proposal is subject to more updated claim information, disclosures, or even case management notes. Depending on the timing of the RFP, some stop loss carriers will offer “firm” quotes (no additional information needed) with data no more than 90-120 days out from the effective date. The request for a firm quote allows you to evaluate quotes based on final terms. Regardless, know if you are comparing firm or contingent quotes.

3. Does the contract provide immediate cash flow protection?

This is an important aspect to consider for all size groups, but especially those employers on the smaller end. Some stop loss contracts require the employer to pay up front the cost of the actual claim. The claim is then submitted for reimbursement and a review process takes place. How would paying a \$500,000 claim and not get reimbursed for 60-90 days impact your cash flow?

4. Are there “run in limits?”

Some quotes will look like everything is the same: for example, 24/12 contract, same stop loss level, and the same benefits protected. However, one contract may have quoted or placed a run in limit into their caveats that would limit their liability on the run in claims. You should avoid this practice and request a “no run in limit” contract.

5. Does the stop loss contract match the Summary Plan Description?

Too many times we hear stories that the claim was an eligible claim under the plan from the viewpoint of the plan administrator, but the claim was denied as ineligible under the stop loss contract. It is important to review these two contracts to make sure that all claims processed under the administrative agreement are in fact eligible under the stop loss contract.

About Findley

At Findley, we help organizations succeed through a thriving workforce. We deliver expertise, experience, and innovative solutions to make the complex world of retirement, benefits, human capital, and M&A simpler for our clients.

We are an independent human resources and employee benefits consulting and solutions firm that delivers value, responsiveness, and expertise to help clients navigate today's evolving business environment. For 50 years, we have partnered with clients to align people and benefits strategies with business goals.

Findley's more than 250 associates are located in Chicago, IL; Cleveland, Columbus, and Toledo, OH; Louisville, KY; Nashville, TN; and Pittsburgh, PA. We serve more than 2,000 clients across all 50 states. Contact **Dave Barchet** at dave.barchet@findley.com, 216.875.1914 and visit findley.com.

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Medical News

Depression, Anxiety Twice as Likely Among Adults with Arthritis

MyHealthGuide Source: **Dana Guglielmo, MPH**, et al., Centers for Disease Control and Prevention, 10/5/2018, [CDC](#)

An estimated 54.4 million (22.7%) U.S. adults have doctor-diagnosed arthritis. A report in 2012 found that, among adults aged ≥45 years with arthritis, approximately one third reported having anxiety or depression, with anxiety more common than depression.

Studies examining mental health conditions in adults with arthritis have focused largely on depression, arthritis subtypes, and middle-aged and older adults, or have not been nationally representative.

To address these knowledge gaps, CDC analyzed 2015–2017 National Health Interview Survey (NHIS) data to estimate the national prevalence of clinically relevant symptoms of anxiety and depression among adults aged ≥18 years with arthritis.

Study findings

- Among adults with arthritis, prevalences of symptoms of anxiety and depression were 22.5% and 12.1%, respectively, compared with 10.7% and 4.7% among adults without arthritis.
- Prevalences of symptoms of anxiety and depression were higher among women than among men; among those who were unemployed, unable to work, or disabled compared with employed adults.
- Adults with arthritis who reported aerobic physical activity had lower anxiety and depression symptom prevalences than did inactive adults.

- Symptom prevalences also were higher among current cigarette smokers than among those who had never smoked.

Successful treatment approaches to address anxiety and depression among adults with arthritis are multifaceted and include screenings, referrals to mental health professionals, and evidence-based strategies such as regular physical activity and participation in self-management education to improve mental health.

National Health Interview Survey (NHIS) is an ongoing, in-person, cross-sectional survey of the civilian, noninstitutionalized U.S. population. CDC analyzed combined NHIS data from 2015, 2016, and 2017 from the Sample Adult component of the survey, in which one adult is randomly selected from each family for whom additional information is collected. Response rates for the 3 years of surveys ranged from 53.0% to 55.2% and produced a 3-year sample of 93,442 participants. A randomly selected subset of approximately half of the sample adults (46,742) completed the Adult Functioning and Disability supplement over the 3-year period. Having arthritis was defined as a “yes” response to the question “Have you ever been told by a doctor or other health care professional that you have arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?”

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Recurring Resources

Medical Stop-Loss Providers Ranked by 2017 Annual Premium

MyHealthGuide 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

November 13, 2018 - Webinar 3:00-4:00 PM EDT

Post-Election Analysis: What it Means for the Self-Insurance Industry presented by [Self-Insurance Institute of America](#). Presenters:

- **Adam Brackemyre**, Vice President, State Government Relations, SIIA
- **Chris Condeluci**, SIIA Washington Counsel
- **Ryan Work**, Vice President, Federal Government Relations, SIIA

What will the mid-term Senate and House elections mean for the future of self-insurance industry? The SIIA post-election webinar will cover election results across the country and their impacts on congressional committees with jurisdiction over legislative proposals affecting self-insured health plans and/or captive insurance companies. SIIA staff will also provide more in-depth analysis of policy proposals surrounding 'surprise medical billing', prescription drug costs, ACA changes, captive insurance issues and other items. On the state level, the webinar will dive deeper in to some key state issues, including revisions to state 1332 waivers. Registration is free for SIIA members, \$95 for non-members. [Click here to register](#).

December 12-13, 2018

SIIA Future Leaders (SFL) Forum presented by The Self-Insurance Institute of America, Inc. This stand-alone inaugural event has been put together due to the overwhelming positive response from SFL attendees at the association's National Conference & Expo last month in Austin, TX. The association's SFL initiative has been developed for SIIA members under age 40. The educational program will feature one of the country's top keynote speakers (and a SIIA member favorite) who will talk about how Millennials can most effectively engage with their Baby-Boomer and/or Gen-X bosses for career advancement purposes. There will also be a preview of SIIA activities for 2019 and related involvement opportunities for SFL members. Tampa, FL. Register Now by [clicking here](#) or calling 800-851-7789.

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January 28-30, 2019

Health Benefits Conference & Expo. For nearly 30 years, the [Health Benefits Conference & Expo](#) (HBCE) has been a leading source for employee health benefits and wellness education. Our unique structure focuses heavily on employer case-studies to provide attendees with proven solutions in all areas related to employee health benefits and wellness. At HBCE, you can expect to hear from leading organizations and learn from expert practitioners about industry trends, critical issues and best practices that will assist you in reducing costs while improving employee engagement. Clearwater Beach, Florida. [Registration](#).

February 4-6, 2019

HCAA Executive Forum 2019 presented by [Healthcare Administrators of American](#) (HCAA). Caesars Palace Las Vegas. [Information](#)

March 18-20, 2019

Self-Insured Health Plan Executive Forum presented by Self-Insurance Institute of America. Charlotte, NC. www.SIIA.org

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>.

April 24-26, 2019

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

May 7-9, 2019

Self-Insured Workers' Compensation Executive Forum presented by Self-Insurance Institute of America. Nashville, TN. www.SIIA.org

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. Hyatt Regency. Dallas, Texas

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. San Francisco, CA. www.SIIA.org

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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)

Blue Cross and Blue Shield of Illinois, Montana, New Mexico, Oklahoma & Texas Health Care Service Corporation (HCSC) Seeks Clinical Stop Loss Nurse

MyHealthGuide Source: HCSC 10/29/2018, <http://bit.ly/ClinicalStopLossNurse>

This is a work-from-home position with flexibility to come into the office, or travel to occasional, off-site meetings, as needed.

Position: Clinical Stop Loss Nurse

Purpose: This position is responsible for the review of case management notes, large claims reports and shock reporting for individuals and groups seeking Stop Loss Insurance quotes and renewals. The position works closely with internal claim, clinical and case management teams to develop ongoing care and cost projections. The projections are then communicated to underwriting to help evaluate potential risk and associated costs.

Job Requirements

- Bachelor's degree in nursing is preferred with current state licensure and at least 3-5 years of clinical experience
- 2-4 years' experience with Stop Loss products and clinical programs
- Strong analytical and problem solving skills
- 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 with underwriting staff
- Ability to complete cost projections on new and renewal business within 24-48 hours of receipt
- Documentation with clinical summary and estimated cost of care for each individual identified as at risk
- Must have a track record of producing work that is highly accurate, demonstrates attention to detail, and reflects well on the organization
- Computer proficiency, specifically strong typing skills and Internet research skills, must have a clear understanding of Microsoft Word, Microsoft Office and Excel preferred

Preferred Requirements

- Bachelor's degree in nursing preferred.
- Clinical claims review and claims auditing experience.
- Experience in managing complex or catastrophic health cases.
- Specialty clinical experience in intensive care medicine, orthopedic, NICU/pediatric, oncology, diabetic member management, obstetric (low to high risk maternity management)
- Working toward or completion of CCM/CCP/CDE/MCG certification or Advanced degree
- Knowledge of Milliman Guidelines or similar clinical guidelines
- Knowledge of medical management policies and procedures
- Ability to travel - 10%.

Interested candidates should apply at <http://bit.ly/ClinicalStopLossNurse>, email resume to **Kenneth Hurst** at Kenneth_Hurst@bcbstx.com or call at 972-766-4977.

About Health Care Service Corporation

Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), and an Independent Licensee of the Blue Cross and Blue Shield Association, is the largest customer-owned health insurer in the United States and fourth largest overall, operating through our Blue Cross and Blue Shield® Plans in Illinois, Montana, New Mexico, Oklahoma and Texas. HCSC affiliates and subsidiaries such as Dearborn National® and Medecision offer group life, disability and dental solutions, as well as a range of other individual solutions.

The company, founded in 1936, serves more than 15 million members across five states and employs more than 20,000 people in over 60 local offices.

HCSC is dedicated to expanding access to high quality, cost-effective health care and equipping our members with information and tools so they can make the best health care decisions for themselves and their families. Our health plans were pioneers in their states, as they were the first to provide coverage for a number of procedures — ranging from heart and bone marrow transplants, to cancer and leukemia treatments. Today, we are leaders in the development of value-based care models to spur greater collaboration and accountability among various stakeholders to improve the health care experience for patients and consumers and enable them lead healthier lives.

HCSC is dedicated to contributing to the well-being of the communities in which our employees and members live, work and play. We continue our longstanding tradition of community support through charitable investments with community partners, volunteerism, civic engagement, event sponsorship, employee giving, donation drives and in-kind donations.

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- Articles are selected based on relevance and diversity.

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Ernie Clevenger
President & Publisher
MyHealthGuide, LLC
Clevenger@MyHealthGuide.com