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**General & Company News**
FullscopeRMS Enhances Employer Stop-loss Offering for Health Plan Administrators

MyHealthGuide Source: FullscopeRMS, a standalone company in the Sun Life U.S. group of businesses, 3/9/2020

South Portland, Maine -- FullscopeRMS announced it has enhanced its turnkey stop-loss reinsurance solution. FullscopeRMS is now offering its health insurance partners the option to distribute stop-loss coverage issued by its highly rated insurer, Independence Life and Annuity Company, which now has filed and approved stop-loss policies in several states. Independence Life has a financial strength rating of A- (Excellent) by AM Best.

"By adding Independence Life paper to our stop-loss suite, FullscopeRMS can now give health insurers the option to add a stop-loss product to their existing administrative capabilities without having to invest the significant capital to establish their own underwriting company," said Renee Shiller, head of Stop-Loss Solutions for FullscopeRMS. "This allows our partners to expand their health plan portfolios and grow their client base."

Shiller joined FullscopeRMS at the beginning of the year from parent company Sun Life. She has more than 20 years of experience primarily in the insurance industry in actuarial, pricing and data analytics roles across nearly all product lines including Sun Life’s medical stop-loss business, the largest independent U.S. stop-loss provider*. Renee is a member of the American Academy of Actuaries (MAAA) and a Fellow of the Society of Actuaries (FSA). She has a bachelor’s degree from Yale in mathematics and architecture.

"Renee’s deep actuarial and analytic experience, combined with her strategic thinking, makes her the ideal leader for our Stop-Loss Solutions business," said Scott Beliveau, president of FullscopeRMS. “Our employer stop-loss offering for health plans and insurers has the combined expertise of our full-service, customized offering from product development to claims administration with the financial stability of a long-standing underwriting company and a leader from the top independent stop-loss company in the U.S.”

Insurers that serve as health plan administrators for self-funded employers can market the stop-loss coverage to help protect their employer clients from excessive financial losses caused by high-cost medical claims.

Independence Life, founded in 1945, is part of the Sun Life U.S. group of companies. The employer stop-loss offering is supported by decades of experience in both the traditional and level-funded stop-loss businesses.

In addition to employer stop-loss, the FullscopeRMS portfolio offers turnkey solutions for disability, life, absence management and supplemental health products, with a suite of capabilities and solutions for insurance carriers including, underwriting services, claims administration, product development, actuarial, and policy administration.

*Ranking compiled by Sun Life based on data contained in the 2018 NAIC Accident and Health Experience report. An independent stop-loss carrier is defined as a stop-loss carrier that does not also sell medical claim administrative services.

About FullscopeRMS

FullscopeRMS delivers risk management expertise, performance and brand protection to partners in the insurance industry by helping them bring new products to market and expanding their current business. FullscopeRMS provides its clients – including 25+ insurance carriers and health plans –with the deep knowledge, expert talent and the specialized systems required to offer full disability, absence management, life, stop-loss, and supplemental health to employers. Contact Cynthia Michener at
HealthComp Grows and Strengthens Position in the Hospital and Health Systems Market


FRESNO, CA -- HealthComp, a leading health benefits administrator, announced its growth in the hospital and health systems market. HealthComp currently serves 75,000 members in this space, representing 20% of its book of business. In February, it launched preferred partnerships with two of California’s largest health systems to administer their Accountable Care Organization (ACO) plans. These partnerships will add approximately 80,000 more members over the next two years.

“Our overall mission is to transform benefits administration, simplify the member experience, improve patient health and change lives,” said Jose Rivero, CEO of HealthComp. “Accomplishing this requires an innovative approach. Our technology and care management teams work in sync with our other departments. This creates synergies and allows us to offer a comprehensive benefits solution that delivers savings, prevents claims, and fosters member engagement.”

“Hospitals and health systems have unique requirements, and this recent expansion is a testament to our ability to meet and exceed those needs,” said Keri Dixon, Executive VP of Product & Account Management at HealthComp. “Unlike other groups, health systems have physicians, clinical staff and facilities comprising their own domestic network. We help design a multi-tier approach that offers choice and simultaneously steers members to the tier-1 domestic network when appropriate.”

HealthComp offers customized solutions for hospitals and health systems based on:

- Managing the needs of their multi-tier networks and offering the ability to customize domestic networks and upload custom fee schedules
- Withholding claim payments to improve cash flow for organizations
- Achieving an outstanding rate of tier-1 network steerage – upwards of 80% for HealthComp’s largest customers in this space
- Offering a broad tier-2 wrap network with access to the nation’s leading PPO networks

Hospitals and health systems also choose HealthComp for its ability to deliver a member experience that is cohesive, personalized and engaging. HealthComp fosters this experience through best-in-class technology, such as its HCOnline member portal, and via multiple customer communication channels. HealthComp’s Benefits Assistants, who answer calls and online chat messages from customers, are seasoned professionals who receive plan-specific training so they can answer questions quickly and accurately.

“All of this translates into a better experience for HR and benefits administrators,” added Dixon. “They don’t have employees walking into their department with complaints. Instead, their plans run smoothly. We provide them with custom dashboards so they can monitor their plan performance and address gaps in care, such as unnecessary use of outside facilities.”

“In addition to our comprehensive programs, we can also facilitate ‘hybrid’ care management models, where we closely collaborate with a health system’s internal staff,” said Karen Williams, RN, Care Management at HealthComp. “For instance, with one of our customers, we work hand in hand with their
medical director to streamline the utilization review and pre-certification processes."

With these many benefits, HealthComp has helped hospitals and health systems achieve significant ROI. From 2016 to 2019, the average cost trend for its book of business in this market was 1.9% – whereas the industry average was 5.8% for the same period. And for one large California health system, it achieved $3.3 million in utilization review savings in just one year.

**About HealthComp Holdings**

For more than 35 years, HealthComp Holdings has been dedicated to transforming benefits management into an experience that employees and employers love. Bringing together concierge-level service, operational excellence, powerful analytics and cost management, we’ve built a solution that integrates seamlessly with any benefits ecosystem. HealthComp has offices in Fresno, California, and Chicago, Illinois. Visit [healthcomp.com](http://healthcomp.com).

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**Registration is Now Open for Advanced Medical Strategies’ Annual Conference**

*MyHealthGuide Source: Advanced Medical Strategies, 3/13/2020*

Advanced Medical Strategies (AMS), the leader in strategic intelligence software for clarity into complex claims, is pleased to announce that registration is now open for the *AMS Annual Conference* being held on June 9, 2020 - June 11, 2020.

The conference will kick off with the *Predict Suite Assembly*. Through an engaging mix of presentations, AMS updates, vital client feedback and innovative breakout sessions, attendees will attain an enhanced understanding of specific solutions that positively impact their use and productivity.

That evening a welcome reception will be convened to formally open the conference to all attendees. This informal business social has long been a highlight, allowing for vibrant one-on-one connections with customers, vendors, employees, and other industry insiders. It’s impossible to overstate how being exposed to differing viewpoints, sharing novel ideas, and creating new bonds can expand one’s horizons—all in a fun and relaxed night of camaraderie.

The two-day conference follows, with topical issues being dealt with head-on during insightful presentations and a new must-see AMS IQ powerhouse panel.

Join AMS at its new conference location at Wentworth by the Sea in New Castle, New Hampshire. The luxury seaside resort boasts ocean views, full-service spa, indoor and outdoor pools, tennis courts, and plenty of nearby outside attractions, including golf not even a mile away.

Don't miss out! Tickets will sell out quickly. Learn more and register here: [https://www.mdstrat.com/claimssymposium.php](https://www.mdstrat.com/claimssymposium.php)

For questions please contact **Stephanie Belschner** at 781.224.9711 Ext. 116 or [stephanie@mdstrat.com](mailto:stephanie@mdstrat.com).

**About AMS**

Advanced Medical Strategies (AMS) is the leader in strategic intelligence software for clarity into complex claims. We solve affordability of care issues with a targeted focus on Specialty Pharmaceuticals, Catastrophic Diagnoses and Medical Implants. AMS' Predict Suite combines technology, clinical expertise, financial insight and data science into an easy to deploy, subscription-based service that brings strategic intelligence and risk mitigation to high cost claims issues. Visit
Healthstat Acquires 20 Health Centers from SentryHealth


Healthstat, Inc., a leading provider of onsite, nearsite and shared-site employer-sponsored health centers, has acquired 20 health centers from SentryHealth. With this acquisition, the number of Healthstat-managed centers expands to 250 nationally, further securing its position as one of the largest employer-sponsored onsite clinic providers in the U.S.

As part of the comprehensive agreement, Healthstat will implement Healthward®, SentryHealth’s SaaS-based population health management software, at each of its health centers across the nation. The implementation of Healthward will allow Healthstat to deliver greater insights into eligibility for chronic care management programs, streamline the enrollment process and assist in promoting continued employee participation. Healthward will assist Healthstat providers in delivering consistent, guideline-based care to patients across its enterprise of center locations.

"We are excited to expand Healthstat’s unparalleled quality and level of care to these newly acquired clinics, while helping our clients more cost-efficiently meet the healthcare needs of their employees," said Warren Hutton, President of Healthstat. "The implementation of Healthward will enable our clinicians to deliver improved chronic condition management across our national footprint."

Focused on leading innovation in the treatment of chronic disease, this is another important step in Healthstat’s expansion of the scope of services already available to clients and their employees. In 2019, Healthstat announced a 5-year agreement with Johns Hopkins HealthCare, LLC to market, license and implement employee health programs developed by Johns Hopkins Medicine.

About Healthstat


About SentryHealth

SentryHealth improves the health and well-being of employees and covered dependents while reducing costs for health care providers nationwide. Their unique, technology-driven approach is powered by Healthward, an innovative software platform that integrates advanced analytics, robust outreach functionality, and evidence-based clinical protocols and programs to drive higher utilization and deliver quality, value-based care. Visit www.sentryhealth.com.

Epic EHR Customers in Favor of HHS Interoperability Regulation, Survey Finds


New data shows that the vast majority of hospitals using an Epic EHR (electronic health record) support the government’s information blocking regulation, placing them at odds with the health IT vendor that has been vocal against the rule in its current form.
The survey from Utah-based software company Reaction Data included responses from 178 healthcare stakeholders, with clinicians making up the largest group of respondents.

- 73% of IT leaders who were surveyed said they are aware of the interoperability regulation, though that number dropped to 50% of C-suite respondents, 28% of clinicians, and 26% of department heads acknowledging they are aware of the upcoming mandate.

A proposed rule, issued more than a year ago from the Office of the National Coordinator for Health IT (ONC), represents great significance for health IT stakeholders, who will now be more under the microscope than ever before as it relates to their efforts in making sure that health information is seamlessly moving—while not restricting such efforts. For example, key elements of the ONC rule are related to application programming interface (API) standards, EHR certification, and EHR vendor business practices and behaviors. It also has a significant section devoted to information blocking with potentially hefty fines for violators.

In recent weeks, controversy over the rule has gained steam as last month Epic emailed the chief executives of some of the largest hospitals in the U.S., urging them to oppose the proposed regulation. Then, in a Jan. 27 statement posted to its website, the EHR giant—whose technology systems house data for some 250 million patients—said the rule contains “serious risks to patient privacy,” as currently proposed.

Indeed, as laid out in ONC’s proposal, EHR systems would be required to allow patients to download their medical data to apps of the patient’s choosing, which Epic and other stakeholders believe presents a major risk since third-party apps are currently not required to follow data blocking policies under ONC’s proposed rule.

About 60 health systems did pledge their loyalty to Epic by signing a letter to the government opposing the rule, though many of Epic’s largest health system customers did not.

Perhaps muddying the waters even further, there are those who believe that Epic is using the regulation’s patient privacy elements as a front to further delay the regulation and maintain the status quo since the rule calls for hefty fines for data blocking violators. For years, Epic has been criticized around the industry for making it difficult on providers that don’t use its system to share data with Epic users.

Survey Results

Of the respondents, 39% of respondents said Epic is their core IT vendor, 13% with Cerner. The balance use Meditech and other systems.

- 75% of healthcare professionals preferred eliminating the barriers to interoperability and improving access to patient information. 25% of respondents said the mandate would have some form of negative impact.

- 68% of Epic users responded in favor of interoperability.
  - 83% of Cerner users responded favorably.
  - 84% of Meditech user responded favorably.
  - 70% of Allscripts user responded favorably.

- 48% of respondents said patients themselves should be in charge of that access, while 47% said
A few comments released by Reaction Data provide some context to the information. One neurosurgeon at an integrated delivery network noted, “EHR companies have used the Obamacare promises to build wide moats for themselves to the detriment of patients and their caregivers. It is about time that this pendulum starts swinging the other way.”

A CIO at an academic medical center added, “Epic's acting like an out of control monopoly.”

Unsurprisingly, nurses and physicians are more opposed to IT vendors involvement and control over the process of patients and providers accessing health information.

According to the report’s authors, “Epic, along with Cerner, Allscripts, Meditech, and all the other pertinent health IT vendors, will have no choice but to adapt to this new world. And if this rule becomes the law of the land, so to speak, every hospital and clinic will need to rely on their core IT vendors to help them comply and move forward.”

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**EHNAC's Executive Director, Lee Barrett, Comments on Finalization of HHS Rules on Interoperability and Data Blocking Regulations**


FARMINGTON, CT -- On March 9, 2020, the U.S. Department of Health and Human Services (HHS) announced the finalization of two rules on Interoperability, Information Blocking, and the ONC Health IT Certification Program as mandated by the 21st Century Cures Act.

**Lee Barrett**, executive director and CEO of the [Electronic Healthcare Network Accreditation Commission](https://ehnac.org) (EHNAC), and member of the HHS Cybersecurity Task Force 405(d), the Healthcare Sector Coordinating Council Cybersecurity Working Group and the ONC FAST Tiger Team initiative, issued the following insights on the finalized rules and their implications on providers, insurers and patients:

- "The U.S. Department of Health and Human Services has finalized two transformative rules that provides patients with unprecedented safe, secure access to their health data. Complete interoperability in healthcare remains a significant challenge and opportunity to address throughout the ecosystem and the implementation of these rules take us another step closer to providing patients true access to their healthcare data to make informed healthcare decisions and better manage their care. Placing patients in charge of their health records is a critical foundational element of giving patients more control of their healthcare. These new provisions set forth by ONC and CMS not only benefit patients who will be better informed about the care they receive but will provide caregivers with access to a patient's healthcare information using API's to assist in managing their care.

- "EHNAC applauds the announcement of these new rules and continues to support the implementation of 21st Century Cures Act provisions, including TEFCA, with our accreditation programs. These programs are focused on protecting and assuring all stakeholders maintain the privacy, security, business, as well as technical, operational aspects to address the continued evolution of healthcare and deliver the infrastructure that provides patients with accessibility and control of their information."

Last year, EHNAC, along with a coalition of multi-disciplinary industry stakeholders, established the [Trusted Network Accreditation Program](https://tnap.org) (TNAP) which seeks to align with the 21st Century Cures Act as well as Trusted Exchange Framework and Common Agreement (TEFCA).
For more information along with resources from CMS and ONC on the final rules, click here.

About EHNAC

The Electronic Healthcare Network Accreditation Commission (EHNAC) is a voluntary, self-governing standards development organization (SDO) established to develop standard criteria and accredit organizations that electronically exchange healthcare data. These entities include accountable care organizations, data registries, electronic health networks, EPCS vendors, e-prescribing solution providers, financial services firms, health information exchanges, health information service providers, management service organizations, medical billers, outsourced service providers, payers, practice management system vendors and third-party administrators. The Commission is an authorized HITRUST CSF Assessor, making it the only organization with the ability to provide both EHNAC accreditation and HITRUST CSF certification.

EHNAC was founded in 1993 and is a tax-exempt 501(c)(6) nonprofit organization. Guided by peer evaluation, the EHNAC accreditation process promotes quality service, innovation, cooperation and open competition in healthcare. Visit www.ehnac.org, contact info@ehnac.org, or follow us on Twitter, LinkedIn and YouTube.

People News

Ace Benefit Partners Announces Leo Latraverse as Vice President of Sales

MyHealthGuide Source: Ace Benefit Partners, Inc., 3/10/2020

Ace Benefit Partners, Inc. is pleased to announce the addition of Leo Latraverse to its sales team. Leo will serve as Vice President of Sales and will be responsible for growing Ace’s presence in the Eastern US markets.

Leo brings over 12 years of employee benefits and stop loss expertise to Ace Benefit Partners, Inc. Most recently, Leo was a Stop Loss Sales Executive with Liberty Mutual, where his responsibilities included development of East Coast Broker and TPA market relationships. Leo has proven to consistently exceed sales goals and is highly skilled in all aspects of stop loss. His strengths include negotiation, underwriting, contract review, complex claim management, process implementation, and statistical analysis/reporting.

You can reach Leo Latraverse at leo@acebenefitpartners.com or by phone at (978) 479-1943.

About Ace Benefit Partners, Inc.

Ace Benefit Partners, Inc. is a stop loss intermediary offering a full suite of services to assist Brokers, Consultants and Third Party Administrators manage the stop loss benefit process from start to finish. ACE Benefit Partners works to provide the best overall solution by providing strategic planning and execution, market research and comparative analysis, vendor contract negotiation, ongoing service evaluation, stop loss considerations and statistical reporting and analysis to their clients. At Ace Benefit Partners, Inc. we understand the value our partner brokers and consultants place in their relationship with their clients and we place that same value in our relationship with them. Contact Jason Lankford, Managing Partner, at (208) 908-9204, jlankford@acebenefitpartners.com and visit www.acebenefitpartners.com.
People Who Cycle to Work Have Higher Risk of Injury, But the Benefits Offset this Risk


Commuters who cycle to work are at higher risk of injury compared to those who walk to work, use a car or take public transport.

Study findings

- Overall, commuting exclusively by bicycle was associated with a 45% higher risk of injury that required a visit to hospital, and cycling commuters were also at a

- 3.4 fold higher risk of injury where the cause was listed as a transport accident.

- The risk of injury was higher still in those that cycled longer distances to work.

However, the researchers found that the risk of injury is counterbalanced by the lower risk of cancers, heart disease and deaths seen in cycling commuters.

- The British Social Attitudes survey of adults suggests that only 4% of people cycle to work once a week despite 39% owning a bicycle. Crucially, 64% of respondents agreed or strongly agreed that cycling on the road is too dangerous.

Senior author of the study, Dr. Paul Welsh, from the University of Glasgow, said: “We know there is a perception that cycling in commuter traffic is dangerous, and that this perception may be putting people off actively commuting by bike to work.

“Now, as a result of this research, we can to some extent quantify the risk associated with this form of commuting.

- If 1000 people incorporate cycling into their commute for 10 years we would expect
  - 26 more injuries,
  - but 15 fewer cancers,
  - 4 fewer heart disease events, and
  - three fewer deaths.

So, the benefits offset the risks, and this should be encouraging, but more needs to done to make commuter cycling safe.”

While authors of the study did not carry out research into the methods and facilities that could be used to make commuting by bicycle safer, they were able to put their findings into the wider context of current cycle safety.

Dr. Welsh said: “Although we did not investigate strategies to make cycling safer, initiatives such as segregated cycle lanes, speed reductions and traffic calming have been shown, in previous work, to
provide improved safety.

“Our work along with other research in this area suggests that, there is a need for both local and central government in the UK to consider a wide range of options for improving cycling-specific, as well as general, road safety. Without improvements, many people simply won’t consider cycling as a viable commute option”

Data for the study was collected from 230,390 commuters recruited from 22 sites across the UK who participated in UK Biobank. Of those included in the research 52% were female with a mean age of 52.4 years, and 47% lived within 5 miles of work, though only 2.5% of participants said that cycling was their main form of commuter transport, and 8.3% used cycling at all.

Compared to non-active commuters – which made up 77.5% of the group studied – cycle commuters had lower BMI, were more likely to be male, and less likely to be a current smoker or have a history of cardiovascular disease, diabetes, cancer, or other longstanding health issues. Even after accounting for these differences in profile, cycling commuters were at lower risk of cancer, heart disease and death.

Contact Elizabeth McMeekin, elizabeth.mcmeekin@glasgow.ac.uk at University of Glasgow.

Legislative News


MyHealthGuide Source: The Phia Group, 3/13/2020


Description: In this special edition of Empowering Plans, Brady Bizarro and Jennifer McCormick discuss the recent outbreak of COVID-19 (coronavirus). Join them for their insight into how you should be preparing, what concerns you should have about your benefits documents, and how to navigate applicable law. Podcast Link.

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.

Medical News

Care for Critically Ill Patients With COVID-19

MyHealthGuide Source: Srinivas Murthy, MD, CM, MHSc; Charles D. Gomersall, MBBS; Robert A. Fowler, MD, CM, MSc, 3/11/2020, JAMA Network
Initial reports suggest that COVID-19 is associated with severe disease that requires intensive care in approximately 5% of proven infections. Given how common the disease is becoming, as in prior major severe acute respiratory infection outbreaks—SARS (severe acute respiratory syndrome), MERS (Middle East respiratory syndrome), avian influenza A(H7N9), and influenza A(H1N1)pdm09—critical care will be an integral component of the global response to this emerging infection.

Factors Associated With Requiring Intensive Care

Appreciating typical clinical features and disease course are crucial both to prepare for increasing numbers of patients and to determine how to best treat infected persons. Patients who have required critical care have tended to be older (median age ≈60 years), and 40% have had comorbid conditions, commonly diabetes and cardiac disease. Children generally have been observed to experience a milder illness, although perinatal exposure may be associated with substantial risk.

The small numbers of pregnant women infected thus far have had a mild course, but limited cases make predictions about disease course uncertain; however, severe illness in pregnant women was a major concern with influenza A(H1N1)pdm2009. The median duration between onset of symptoms and ICU admission has been 9 to 10 days, suggesting a gradual deterioration in the majority of cases. The most documented reason for requiring intensive care has been respiratory support, of which two-thirds of patients have met criteria for acute respiratory distress syndrome (ARDS).2

Differentiating From Other Diseases

Given the presence of a number of circulating respiratory viruses, differentiating COVID-19 from other pathogens, particularly influenza, is important and chiefly done using upper (nasopharyngeal) or lower (induced sputum, endotracheal aspirates, bronchoalveolar lavage) respiratory tract samples for reverse transcriptase–polymerase chain reaction and bacterial cultures. There are suggestive but nonspecific radiographic changes, such as ground-glass opacities on computed tomography. Rapid access to diagnostic testing results is a public health and clinical priority, allowing for efficient patient triage and implementation of infection control practices.

Clinical Management and Outcomes

Management of severe COVID-19 is not different from management of most viral pneumonia causing respiratory failure. The principal feature of patients with severe disease is the development of ARDS: a syndrome characterized by acute onset of hypoxemic respiratory failure with bilateral infiltrates. Evidence-based treatment guidelines for ARDS should be followed, including conservative fluid strategies for patients without shock following initial resuscitation, empirical early antibiotics for suspected bacterial co-infection until a specific diagnosis is made, lung-protective ventilation, prone positioning, and consideration of extracorporeal membrane oxygenation for refractory hypoxemia.

In settings with limited access to invasive ventilation or prior to patients developing severe hypoxemic respiratory failure, there may be a role for high-flow nasal oxygen or noninvasive ventilation. However, the high gas flow of these 2 techniques is less contained than in the closed circuitry typical of invasive ventilators, which poses the risk of dispersion of aerosolized virus in the health care environment, such as in the setting of a poorly fitting face mask. Determining the magnitude of this risk, and mitigation strategies, is a crucial knowledge gap.

Septic shock and specific organ dysfunction such as acute kidney injury appear to occur in a significant proportion of patients with COVID-19–related critical illness and are associated with increasing mortality, with management recommendations following available evidence-based guidelines.

While no antiviral or immunomodulatory therapies for COVID-19 have yet proven effective, a majority of severely ill patients described to date have received numerous potentially targeted therapies—most commonly neuraminidase inhibitors and corticosteroids—and a minority of patients have been enrolled
Mortality

While mortality among all infected patients may be in the range of 0.5% to 4%, among patients who require hospitalization, mortality may be approximately 5% to 15%, and for those who become critically ill, there is currently a wide mortality range, from 22% to 62% in the early Hubei Province case series.

The exact cause of death is unclear at this point, with progressive hypoxia and multiorgan dysfunction being the presumed causes. Case-fatality proportions, both among all COVID-19 patients and among severely ill patients, will likely become more precise and generalizable with increased surveillance to better clarify the number of individuals infected and as greater numbers of infections occur around the globe.

Protecting Patients and Health Care Workers

Reducing the risk of nosocomial outbreak amplification through transmission of virus to other patients and health care workers is of critical importance. Maintaining appropriate distancing of at least 2 m between patients with suspected or confirmed to have COVID-19, consideration of use of medical masks for symptomatic patients, and, ideally, admission of patients with suspected disease to private rooms are important considerations. Ensuring hospital staff are well trained in standard, contact, and droplet infection prevention and control precautions, including the use of relevant personal protective equipment, is an imperative. Clinicians involved with aerosol-generating procedures such as endotracheal intubation and diagnostic testing using bronchoscopy should additionally use airborne precautions, including N95 respirators or equivalent face masks and face shields or goggles for eye protection.

Surge Preparation

If increasing numbers of patients with COVID-19 develop severe illness, plans should be made at local and regional levels for how to best manage the potential surge in the need for critical care resources. Furthermore, if access to lifesaving interventions such as hospital beds, ventilators, extracorporeal membrane oxygenation, or renal replacement therapy is likely to be strained, clear resource allocation policies should be determined by clinicians, policy makers, the general public, and ethicists. These active preparation measures can be organized well before large numbers of infected patients require hospital preparation.

Major Knowledge Gaps

COVID-19 is a novel disease with an incompletely described clinical course, especially for children and vulnerable populations. Risk factors for severe illness remain uncertain (although older age and comorbidity have emerged as likely important factors), the safety of supportive care strategies such as oxygen by high-flow nasal cannula and noninvasive ventilation are unclear, and the risk of mortality, even among critically ill patients, is uncertain. There are no proven effective specific treatment strategies, and the risk-benefit ratio for commonly used treatments such as corticosteroids is unclear.

It is essential to learn as much as possible through observational studies and clinical trials across a breadth of patient populations and care settings. These should incorporate clear measurements of severity of critical illness so that outcomes can be risk adjusted, and use sufficiently common outcome measures to combine data and validly compare observations across regions. Ideally, clinical trials should be structured to promote maximum learning from around the world, such as through the use of master protocols or adaptive platform designs.

Conclusions
In a very short period, health care systems and society have been severely challenged by yet another emerging virus. Preventing transmission and slowing the rate of new infections are the primary goals; however, the concern of COVID-19 causing critical illness and death is at the core of public anxiety.

The critical care community has enormous experience in treating severe acute respiratory infections every year, often from uncertain causes. The foundation for care of severely ill patients with COVID-19 must be grounded in this evidence base and, in parallel, ensure that learning from each patient is maximized to help those who will follow.

**Recurring Resource Links**

**Medical Stop-Loss Providers Ranked by 2018 Annual Premium**

Source: MyHealthGuide

The Stop-loss Premium Ranking tables reflect Direct Earned Premium from the "Accident and Health Policy Experience Exhibit" ("Supplemental Pages, Insurance Expense Exhibit" section) of publicly available Statutory Reports filed annually by each insurance carrier.

- [2017 Stop-loss Premium Ranking](#) (updated 12/31/2018) **Total: $17.0 Billion**
- [2016 Stop-loss Premium Ranking](#) (updated 12/23/2018) **Total: $15.6 Billion**

**Upcoming Conferences**

**March 16-18, 2020**
CANCELED: Self-Insured Health Plan Executive Forum presented by [Self-Insurance Institute of America](#). Belmond Charleston Place Hotel. Charleston, SC. [Information & Registration](#).

**March 17-19, 2020** *(Five seminars, five locations)*
First Commonwealth Insurance Agency (FCIA) is hosting five seminars across Pennsylvania and Ohio for business owners, attorneys, accounting professionals and other c-suite executives on how they can reduce their healthcare costs. FCIA is partnering with Advanced Medical Pricing Solutions (AMPS) and Buchanan, Ingersoll & Rooney PC to help businesses gain control of Healthcare costs, current and future market conditions, and surefire cost-saving tips to succeed in 2020. **Presenters at the seminar include:**

- Brandt Stiggins - VP; FCIA Benefits Consulting Group
- Scott Fuqua - VP of Business Development; AMPS
- Christian Antkowiak-Esquire and Shareholder; Buchanan, Ingersoll & Rooney PC
- David Laurent - Shareholder and co-chair of Labor, Employment, Benefits & Immigration Division; Buchanan, Ingersoll & Rooney PC

The seminars will be held at the following times and locations:

- March 17; 3:30 p.m.-6:30 p.m. (Drinks/Appetizers)
• Columbus, OH
  The Lakes Golf & Country Club
  6740 Worthington Road
  Westerville, OH 43082

  March 18; 7:30 a.m.-10:30 a.m. (Full Breakfast)

  • St. Marys, PA
    The Red Fern
    421 Old Kersey Road
    Kersey, PA 15846

  March 18; 3:30 p.m.-6:30 p.m. (Drinks/Appetizers)

  • DuBois, PA
    Luigi's Villa
    800 W Weber Avenue
    DuBois, PA 15801

  March 19; 7:30 a.m.-10:30 a.m. (Full Breakfast)

  • Altoona, PA
    Blair Convention Center
    1 Convention Center Drive
    Altoona, PA 16602

  March 19; 3:30 p.m.-6:30 p.m. (Drinks/Appetizers)

  • Pittsburgh, PA
    Doubletree by Hilton - Cranberry
    910 Sheraton Drive
    Mars, PA 16046

For more details on this event and to register, please visit [www.fciaevents.com](http://www.fciaevents.com).

**March 25-27, 2020**

*Texas Association of Benefit Administrators’ 2020 Spring Conference.* The Woodlands Waterway Marriott in The Woodlands, TX. Contact [pcampbell@tabatpa.org](mailto:pcampbell@tabatpa.org) and visit [www.tabatpa.org](http://www.tabatpa.org) for more information or contact.

**March 29 - April 1, 2020**

*Self-Insurance Strategy Track* presented by Employer Health Care Congress - EMPower. Join private and public sector employers, TPAs, brokers, and benefits advisers to discuss innovations in self-insurance to improve outcomes and bend the cost curve. Explore strategies to modify benefit plans and effectively adopt value-based models that promote transparency and eliminate care misappropriation. Washington, DC. [Information & Registration](#).

**April 6-7, 2020**

*Mentor Connection Forum* (For Younger SIIA Members) presented by *The Self-Insurance Institute of America*. The Notary Hotel, Autograph Collection. Philadelphia, PA. [Information & Registration](#).

**April 15-17, 2020**

*SPBA Spring Meeting (members only).* Washington, DC. Society of Professional Benefit Administrators (SPBA). [www.SPBATPA.org](http://www.SPBATPA.org)
April 21-22, 2020
*Washington, DC Fly-In (Meet Your Members of Congress)* presented by The Self-Insurance Institute of America. Washington, DC.

May 5-6, 2020
*InstaMed Healthcare Payments Summit 2020* presented by InstaMed, a J.P. Morgan company. Keynote speaker is Billie Jean King. Payers, providers and healthcare IT systems of all sizes from across the country are invited. Discussion will foster collaboration across all healthcare stakeholders to improve the convenience, efficiency and security of healthcare payments. Westin Hotel, Philadelphia. [Registration and information.](#)

May 12-14, 2020
*Self-Insured Workers’ Compensation Executive Forum* presented by The Self-Insurance Institute of America. Renaissance Cincinnati Downtown Hotel. Cincinnati, OH. [Information & Registration.](#)

May 12-14, 2020
*Northshore’s 31st 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 seaside 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 include 8 topical industry sessions. This is an invitation-only event if you are interested in attending, Contact Susan Arsenault at sarsenault@niis.com.

May 12-15, 2020
*WLT Software Client Conference 2020.* Clearwater Beach Marriott Suites on Sand Key, Clearwater, Florida. Contact Joe Torina, Marketing Director / Business Partner Development, WLT, at jtorina@wltsoftware.com.

June 9-11, 2020
*7th Annual AMS Claims Symposium* presented by Advanced Medical Strategies (AMS). The Symposium will commence with the *Predict Suite Member Workshop.* Wentworth by the Sea in New Castle, New Hampshire. Contact Stephanie Belschner, Vice President of Client Relations, at stephanie@mdstrat.com and 781-224-9711.

July 13-15, 2020
*HCAA TPA Summit 2020* presented by Healthcare Administrators of American (HCAA). St. Louis. [Information](#)

July 14-16, 2020
*Annual Conference of The Montana Captive Insurance Association.* The program will feature key captive regulators, captive owners and leading service providers addressing a variety of timely educational topics. The conference also serves as the premier networking event for those doing captive insurance business (or would like to) in the growing Montana captive domicile. For companies interested in promoting their corporate brand at the conference, there are sponsorship opportunities now available. For immediate sponsorship assistance, please contact Shane Byars at 866/388-6242, or via e-mail at sbyars@mtcaptives.org. The Lodge at Whitefish. Whitefish, MT. [Information and Registration.](#)

September 16-18, 2020
*SPBA Fall Meeting (members only).* San Antonio, TX. Society of Professional Benefit Administrators (SPBA). [www.SPBATPA.org](http://www.SPBATPA.org)

September, 2020 (Tentative)
*International Conference* presented by The Self-Insurance Institute of America. Watch for date and location details to be announced soon.

September 24-25, 2020
October 3-5, 2021
National Conference & Expo presented by Self-Insurance Institute of America. Austin, TX.

Job News (Listings are generally published for 1 month)

Regional Care Inc., a TPA, Seeks President

MyHealthGuide Source: Regional Care Inc. (RCI), a unit of Regional West Health Services, 3/16/2020

Position: President RCI

Under the general direction of the RCI Board of Directors and CEO of Regional West Health Services is accountable for the operations and performance of RCI. This will include the development and execution of a strategic plan to accomplish the Company’s goals and to assure the profitability and growth of the organization. The President will oversee the company’s operations to insure appropriate integration of human resources, business processes, quality customer service and effective management of the organizations resources. The President will work closely with operations and sales and marketing staff and will represent the Company in public forums both locally and nationally.

Reports To: Reports to the CEO of Regional West Health Services and RCI Board of Directors.

Qualifications

Education: The knowledge and skills require a combination of the completion of a bachelor’s degree with a masters preferred. Other candidates may be considered if their unique qualifications match the requirements of the Corporation.

Experience: Ten years of experience in a leadership role in a complex organization. Experience in strategic planning and execution to include the execution of marketing plans. Knowledge of contracting, negotiating, and change management. Skill in examining and developing business processes impacting operations and procedures. Experience in formulating policy, and developing and implementing new strategies. Demonstrated ability to develop financial plans and manage resources. Ability to analyze and interpret financial data. Demonstrated success/knowledge of public relations principles and practices. Ability to develop and deliver presentations. Demonstrated skill at establishing and maintaining positive working relationship with varied audiences to include staff, business partners, clients and the community.

Primary Job Duties

Administrative and Business Services:

- Plan, develop, and implement strategies for generating resources and revenues for the Company.
- Lead the Corporation with a clearly defined sense of business direction and purpose.
Develop and present plan and budget to the RCI Board of Directors and report on status and progress toward the goals.

Identify and evaluate business opportunities for additional products/services and/or potential mergers or acquisitions.

Ensure programs are in place that will aid in the retaining and attracting top management and staff personnel.

Develop a strategic plan to advance the company’s objectives and to promote growth and profitability.

**Human Resource Management:**

- Assure compliance with governmental requirements and other industry standards.
- Approve Company operational procedures, policies, and standards.
- Evaluate performance of appropriate staff based on productivity, financial results and effective internal and external business relationships.

**Client Services and Business Development:**

- Through the RCI Leadership Team, oversee the Company operations to help assure effective use of resources and establishment of quality measures through effective business processes.
- Develop and maintain positive relationships with brokers, clients, vendors and others instrumental to the success of the Company.
- Maintain technical expertise in the marketing and operations of third party administrative services.
- Represent the Company and/or participate in industry meetings, committees or with other organizations.
- Position requires professional written and verbal communication and interpersonal skills. Ability to communicate and interact with government officials and to work effectively with a wide range of constituencies. Ability to establish positive work atmosphere and simultaneously manage multiple projects.

Apply online at [www.rwhs.org/careers](http://www.rwhs.org/careers).

**Scottsbluff/Gering, Nebraska** is booming with Energy & Excitement, surrounded by unmatched beauty of the Scotts Bluff. It’s home to campfires and nights under the stars, fish caught, trails hiked, and discoveries made. We’re home to dripping ice cream cones and hot air balloons soaring through the western sky. Landmarks are more than just Scotts Bluff and Chimney rock. Landmarks are how we find our way. Visit [www.scottsbluffgering.net](http://www.scottsbluffgering.net), [www.scottsbluff.org](http://www.scottsbluff.org) and [visitscottsbluff.com](http://visitscottsbluff.com).

**About Regional Care, Inc. (RCI)**

Regional Care, Inc. (RCI) is one of the nation’s premier independent third-party administrators. RCI offers a complete portfolio of products and services for self-insured companies, either directly or through partnerships. RCI serves over 200 clients with members in all 48 states. We have teamed up with best-
in-class business partners, from leading PPO networks in each geographic area, to care management companies, telemedicine providers, and transparency tools - all the components needed to manage costs and provide a great member experience. Visit www.regionalcare.com.

Anthem Seeks Claims Auditor II or Sr

MyHealthGuide Source: Anthem, 3/16/2020

Your Talent. Our Vision. At Anthem, Inc., it’s a powerful combination, and the foundation upon which we’re creating greater access to care for our members, greater value for our customers, and greater health for our communities. Join us and together we will drive the future of health care.

This is an exceptional opportunity to do innovative work that means more to you and those we serve at one of America’s leading health benefits companies and a Fortune Top 50 Company.

Position: Claims Auditor II/Sr (Remote) (PS34506)

Location: This role is remote/work from home unless you are within an hour of the Minnetonka MN office.

Please note: This position will be filled at either the I, II, or III level. The hiring manager will determine the appropriate level based upon the selected applicant's experience and skill set relative to the qualifications listed for this position.

Level II

Responsible for pre and post payment and adjudication audits of high dollar claims across multiple lines of business, claim types and products including specialized claims within Service Experience. Works independently and without significant guidance.

Primary duties may include, but are not limited to:

- Performs audits of and may adjudicate high dollar claims while maintaining acceptable levels of claims inventory and age.

- Ensures claim payment accuracy by verifying various aspects of the claim including eligibility, system coding and pricing, pre-authorization, and medical necessity.

- Contacts others to obtain any necessary information.

- Completes and maintains detailed documentation of audit which includes decision methodology, system or processing errors, and monetary discrepancies which are used for financial reporting and trending analysis.

- Provides feedback on claims processing errors; identifies quality improvement opportunities and initiates basic and complex system requests related to coding or system issues.

- Refers overpayment opportunities to Recovery Team.

- Independently interprets Medical Policy and Clinical Guidelines.
Responsible for pre and post payment and adjudication audits of high dollar claims across multiple lines of business, claim types and products including complex specialized claims within Service Experience. Serves as the subject matter expert for the unit.

**Primary duties may include, but are not limited to:**

- Performs audits of and may adjudicate complex high dollar claims while maintaining acceptable levels of claims inventory and age.

- Ensures claim payment accuracy by verifying various aspects of the claim including eligibility, system coding and pricing, pre-authorization, and medical necessity.

- Contacts others to obtain any necessary information.

- Completes and maintains detailed documentation of audit which includes decision methodology, system or processing errors, and monetary discrepancies which are used for financial reporting and trending analysis.

- Provides feedback on claims processing errors; identifies quality improvement opportunities and initiates complex system requests related to coding or system issues.

- Refers overpayment opportunities to Recovery Team.

- Serves as a subject matter expert for Policy and Clinical Guidelines.

- Associates at this level serve as a mentor and resource to other audit staff.

**Qualifications**

**Level II**

- Must possess strong research and problem solving skills.

- Requires a High School diploma or GED;

- 5+ years of claims processing experience including a minimum of 1 year related experience in a quality audit capacity (preferably in healthcare or insurance sector) with consistent above target performance;

- Working knowledge of insurance industry and medical terminology;

- Detailed knowledge of relevant systems and proven understanding of processing principles, techniques and guidelines;

- Ability to acquire and perform progressively more complex skills and tasks in a production environment

- Or any combination of education and experience which would provide an equivalent background.
Level SR.

- Must possess strong research and problem solving skills.
- Requires a high school diploma or GED;
- 4+ years related experience in a quality audit capacity (preferably in healthcare or insurance sector) with consistent above target performance;
- Working knowledge of insurance industry and medical terminology;
- Detailed knowledge of relevant systems and proven understanding of processing principles, techniques and guidelines;
- Ability to acquire and perform progressively more complex skills and tasks in a production environment
- Any combination of education and experience which would provide an equivalent background.
- BA/BS degree or RN preferred.

If you are interested please apply directly on our website using the following link: https://careers.antheminc.com/jobs/claims-auditor-ii-sr-remote-ps34508-51474

About Anthem

Anthem, Inc. is ranked as one of America’s Most Admired Companies among health insurers by Fortune magazine and is a 2018 DiversityInc magazine Top 50 Company for Diversity. To learn more about our company and apply, please visit us at careers.antheminc.com. An Equal Opportunity Employer/Disability/Veteran.

Berkshire Hathaway Specialty Insurance Seeks Regional Stop Loss Sales Director

MyHealthGuide Source: Berkshire Hathaway Specialty Insurance, 3/9/2020

Position: Regional Stop Loss Sales Director

Job Opportunity:

The Medical Stop Loss Division of Berkshire Hathaway Specialty Insurance Company (BHSI) has an opening for a Regional Stop Loss Sales Director for the South Central Territory. This position is responsible for establishing, developing and expanding customer, broker, and third-party administrator relationships. This person will partner with their Regional Stop Loss Underwriting team to establish and achieve sales and pricing strategies, as well as manage a book of business while achieving new business sales and renewals.

We are seeking candidates who have 5+ years of sales/marketing experience selling medical stop loss insurance, thrive in an entrepreneurial and collaborative environment, and possess a proven track record of sales.

This Sales Director will cover what we refer to as our South-Central Territory, (Texas, Oklahoma, Kansas
Duties & Responsibilities:

- Establish, develop and expand customer, broker and third-party administrator relationships within a defined territory
- Make strategic decisions and negotiate complex situations while delivering unparalleled service
- Manage a book of business with emphasis on achieving new business sales and renewal persistency, while consistently meeting and exceeding loss ratio targets
- Partner with BHSI Stop Loss underwriters to establish and achieve sales strategies and pricing objectives
- Continually improve local area market knowledge

Qualifications, Skills and Experience:

- 5+ years of medical stop loss sales/marketing experience
- Extensive medical stop loss product and market knowledge
- Strong marketplace relationships
- Proven sales track record
- Customer focused
- Advanced sales and negotiation skills
- Excellent interpersonal and communication skills
- Passionate and professional demeanor that supports a collaborative and team-oriented environment
- Willingness to travel
- BA/BS degree or equivalent experience

BHSI Offers:

- A competitive package and exciting growth opportunities with a growing global organization
- A liberating, fast-paced culture, centered on always doing the right thing for our customers, teammates and our business
- A purposely non-bureaucratic organization that embraces simplicity over complexity, encourages innovation, and emphasizes individual excellence in a team framework
About Berkshire Hathaway Specialty Insurance

We make choosing your Medical Stop Loss insurer simple. As part of Berkshire Hathaway Specialty Insurance, we come to the table with a name you know and trust. People with industry track records that span decades. And the financial strength to tailor your coverage, pay covered claims quickly…and keep pace with your evolving needs, year after year. Visit www.bhspecialty.com.

The Phia Group Open Positions

MyHealthGuide Source: The Phia Group, 3/9/2019

The Phia Group has a variety of open positions that can be viewed by clicking here. Contact us at jobs@phiagroup.com for employment questions.

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.

PACE Underwriters Seeks Medical Underwriting Nurse

MyHealthGuide Source: PACE Underwriters, 3/2/2020

PACE Underwriters currently has an opening for a Medical Underwriting Nurse in their Carrollton, TX office. Candidates for this position should be able to use professional and clinical knowledge to assess medical risk.

Job duties would include the following:

1. Evaluate new and renewal business claims data to identify known and potential risks to make potential cost recommendations to the stop loss underwriting team.

2. Set cost estimates for claims and potential claims on an ongoing basis and document in the underwriting system.

3. Work with claims department on potential disclosure issues and medical necessity of treatment for large and/or complex claims.

4. Provide education to underwriters, claims, and sales staff on medical conditions as needed.

Requirements:

1. Nursing degree and current RN license required.

2. At least one year of case management or utilization review, preferably in the insurance industry,
3. Proficiency with Microsoft Office products, particularly Excel.

4. Clear verbal and written communication skills.

Preference will be given to candidates with stop loss experience.

Should you be interested, please send your resume to Jeff Petty, President of PACE Underwriters, at jpetty@paceunderwriters.com.

About PACE Underwriters

Founded in 2017 by Jeff Petty and Edgar Carbonell, PACE Underwriters is a full service MGU representing Gerber Life Insurance Company and Sirius America Insurance Company, both “A” rated by A.M. Best. We provide our producers with the highest level of customer service and an in-depth knowledge of the industry that is designed to give you and your client the best possible solution in this ever changing marketplace. Visit paceunderwriters.com.

Anthem Seeks Claims Auditor II or Sr

MyHealthGuide Source: Anthem, 3/2/2020

Your Talent. Our Vision. At Anthem, Inc., it’s a powerful combination, and the foundation upon which we’re creating greater access to care for our members, greater value for our customers, and greater health for our communities. Join us and together we will drive the future of health care.

This is an exceptional opportunity to do innovative work that means more to you and those we serve at one of America's leading health benefits companies and a Fortune Top 50 Company.

Position: Claims Auditor II or Sr.

Location: Minnetonka, MN. The selected candidate will work from this office daily. This is not a work from home position.

Claims Auditor II

This role is responsible for pre and post payment and adjudication audits of high dollar claims across multiple lines of business, claim types and products including specialized claims within Service Experience. Works independently and without significant guidance.

Primary duties may include, but are not limited to:

- Performs audits of and may adjudicate high dollar claims while maintaining acceptable levels of claims inventory and age.

- Ensures claim payment accuracy by verifying various aspects of the claim including eligibility, system coding and pricing, pre-authorization, and medical necessity.

- Contacts others to obtain any necessary information.

- Completes and maintains detailed documentation of audit which includes decision methodology,
system or processing errors, and monetary discrepancies which are used for financial reporting and trending analysis.

- Provides feedback on claims processing errors; identifies quality improvement opportunities and initiates basic and complex system requests related to coding or system issues.

- Refers overpayment opportunities to Recovery Team.

- Independently interprets Medical Policy and Clinical Guidelines.

**Claims Auditor Sr.**

This role is responsible for pre and post payment and adjudication audits of high dollar claims across multiple lines of business, claim types and products including complex specialized claims within Service Experience. Serves as the subject matter expert for the unit.

**Primary duties may include, but are not limited to:**

- Performs audits of and may adjudicate complex high dollar claims while maintaining acceptable levels of claims inventory and age.

- Ensures claim payment accuracy by verifying various aspects of the claim including eligibility, system coding and pricing, pre-authorization, and medical necessity.

- Contacts others to obtain any necessary information.

- Completes and maintains detailed documentation of audit which includes decision methodology, system or processing errors, and monetary discrepancies which are used for financial reporting and trending analysis.

- Provides feedback on claims processing errors; identifies quality improvement opportunities and initiates complex system requests related to coding or system issues.

- Refers overpayment opportunities to Recovery Team.

- Serves as a subject matter expert for Policy and Clinical Guidelines.

- Associates at this level serve as a mentor and resource to other audit staff.

**Qualifications:**

**Claims Auditor II**

- Must possess strong research and problem solving skills.

- Requires a High School diploma or GED;

- 5+ years of claims processing experience including a minimum of 1 year related experience in a quality audit capacity (preferably in healthcare or insurance sector) with consistent above target performance;
Working knowledge of insurance industry and medical terminology;

Detailed knowledge of relevant systems and proven understanding of processing principles, techniques and guidelines;

Ability to acquire and perform progressively more complex skills and tasks in a production environment

Or any combination of education and experience which would provide an equivalent background.

**Claims Auditor Sr.**

- Must possess strong research and problem solving skills.

- Requires a high school diploma or GED;

- 4+ years related experience in a quality audit capacity (preferably in healthcare or insurance sector) with consistent above target performance;

- Working knowledge of insurance industry and medical terminology;

- Detailed knowledge of relevant systems and proven understanding of processing principles, techniques and guidelines;

- Ability to acquire and perform progressively more complex skills and tasks in a production environment

- Any combination of education and experience which would provide an equivalent background.

- BA/BS degree or RN preferred.

If you are interested please apply directly on our website using the following link: [https://careers.antheminc.com/jobs/claims-auditor-ii-sr-minnetonka-mn-ps33137-50116](https://careers.antheminc.com/jobs/claims-auditor-ii-sr-minnetonka-mn-ps33137-50116)

**About Anthem**

Anthem, Inc. is ranked as one of America’s Most Admired Companies among health insurers by Fortune magazine and is a 2018 DiversityInc magazine Top 50 Company for Diversity. To learn more about our company and apply, please visit us at [careers.antheminc.com](https://careers.antheminc.com). An Equal Opportunity Employer/Disability/Veteran.

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**Anthem Seeks Claims and Underwriting Support Specialist**

MyHealthGuide Source: Anthem. 3/2/2020

Your Talent. Our Vision. At Anthem, Inc., it’s a powerful combination, and the foundation upon which we’re creating greater access to care for our members, greater value for our customers, and greater health for our communities. Join us and together we will drive the future of health care.

This is an exceptional opportunity to do innovative work that means more to you and those we serve at
Position: Claims and Underwriting Support Specialist

Location: Minnetonka, MN. The selected candidate will work from this office daily. This is not a work from home position.

This role is responsible for working independently reviewing claims and interpreting contracts. Works with complex concepts of excess loss, manages a large volume of files and interacts with multiple reinsurance carriers as well as various internal departments, clients, and brokers.

Primary duties may include, but are not limited to:

- Assists marketing with obtaining information for underwriting renewals and coordinates large case management services with utilization review vendors and reinsurance carriers.

- Tracks payments from reinsurance carriers and coordinates payment of reinsurance claims that have been advance funded.

- Prepares management reports and identifies areas where improvement is needed to prevent future erroneous payments.

- Serves as the liaison with reinsurance auditors when clients hit an aggregate claim.

Qualifications:

- Requires a HS diploma or equivalent,

- 3-5 years claims and/or customer service experience;

- Or any combination of education and experience, which would provide an equivalent background.

- Experience in excess loss claims preferred.

- Strong written and oral communication skills.

If you are interested please apply directly on our website using the following link: https://careers.antheminc.com/jobs/claims-and-underwriting-support-specialist-minnetonka-mn-ps33136-50077

About Anthem

Anthem, Inc. is ranked as one of America’s Most Admired Companies among health insurers by Fortune magazine and is a 2018 DiversityInc magazine Top 50 Company for Diversity. To learn more about our company and apply, please visit us at careers.antheminc.com. An Equal Opportunity Employer/Disability/Veteran.

Top

HM Life Insurance Company Seeks Director Regional Sales - Cincinnati, Ohio

MyHealthGuide Source: HM Life Insurance Company, 2/24/2020
Position: Director Regional Sales – Cincinnati, Ohio

More information and application, [click here](J157208).

Job Description This position is responsible for the following:

- A senior level professional sales representative, the incumbent is responsible for maintaining existing business, generating new business revenue, and growing a profitable book of business in the Group Insurance market.

- This position will work with management to develop strategies for complex and unusual sales opportunities, as well as on new techniques, products, services or policies to improve the overall profitability of the company, and provide guidance to lower levels.

- The incumbent will work through distribution channels of existing and new producers, joint venture partners including Blue Plans, and work with other partners in the promotion of a core product line: Employer Stop Loss and other lines as determined by management. This sales position will work primarily through producers, such as brokers and TPAs, particularly those that represent mid and large group employers. The sales territory will vary, and will be defined by the Senior Vice President of Sales.

- The incumbent is expected to travel extensively to a specified region and work evenings and weekends. Must have a valid driver’s license and reliable transportation.

Required Qualifications

Education/ Work Experience

- Bachelors in BA or High School diploma or GED with Six years experience in sales, marketing selling group products, such as Life/AD&D, STD, LTD, DBL, Stop Loss and Vision Insurance products, as well as understanding the concepts of risk, underwriting, actuarial, pricing, loss ratio, and regulations

Licenses or Certifications

- Accident and Health Sales License.

- CLU or other industry recognized certifications such as HIAA, CEBS, CBP, etc. and/or extensive experience in group product sales.

Other Qualifications

Work Experience

- Possess a thorough knowledge of the insurance business with experience in Life, Health, and Accident and carry the required licenses to be able to sell these products.

- Above average leadership and motivational skills. Must exhibit leadership qualities to field personnel by maintaining a high level of professionalism and integrity in business and personal activities.

- Experience in managing a support staff.
• Develop, work with, and enhance relationships with HLC existing producer base, and work to develop a new group of producers, as well.

• Good people skills, fact finding skills, as well as sales skills. Must be able to close deals that will generate revenue for the corporation.

Essential Job Functions

1. Communicate effectively (please expand specific to functionality)

   1. This position requires the incumbent to work in collaboration and communicate with HM Insurance Group (HMIG) Regional Sales Directors and the Senior Vice President of Sales to identify target producers, and then independently develop, manage, and make decisions about the producers and cases that should be worked on, based on potential to generate new business revenue and profitable business for the corporation.

2. The incumbent is responsible for developing and working with new and existing partners and producers within assigned territory and build relationships with them and their customers, identifying prospects.

3. Promote HMIG products and strategies, generating new sales activity that will lead to new business revenue, and retaining profitable clients upon renewal.

   1. The incumbent will create and achieve a regional sales plan that will effectively meet the needs of the corporation in that region and promoting HMIG products and strategies, generating new sales activity that will lead to new business revenue, and retaining profitable clients upon renewal.

   2. This person will manage relationships with producers who will generate group prospects, and will manage the entire sales process that will lead to sold cases and generate new business revenue. For renewing groups, the incumbent will be responsible for retention and profitability.

   3. The incumbent will be required to build files, collect data, coordinate and manage information, build and enhance producer relationships, while promoting solutions to meet customer needs.

4. The incumbent will provide to Senior Management weekly, monthly, quarterly updates and reports on progress and activity being generated toward generating sales that will meet stated goals and objectives.

5. The position will require travel as deemed necessary to meet with prospects/clients to promote our services. The incumbent must be able to manage tasks by using technology to maximize efforts.

About HMIG

HM Insurance Group (comprised of three underwriting insurance carriers) is a national company that works to protect employers and health care entities from the financial risks associated with health care costs. With nearly 35 years in the market, HM Insurance Group (HM) is among the top carriers nationally for Stop Loss insurance, protecting self-funded clients from financial loss associated with unexpected large or catastrophic claims. Visit www.hmig.com.
HM Insurance Group Seeks Director Regional Sales - New England

MyHealthGuide Source: HM Insurance Group (HMIG), 2/24/2020

Position: Director Regional Sales – New England

More information and application, click here. (J151532)

Job Description

This position is responsible for the following:

- A senior level professional sales representative, the incumbent is responsible for maintaining existing business, generating new business revenue, and growing a profitable book of business in the Group Insurance market.

- This position will work with management to develop strategies for complex and unusual sales opportunities, as well as on new techniques, products, services or policies to improve the overall profitability of the company, and provide guidance to lower levels.

- The incumbent will work through distribution channels of existing and new producers, joint venture partners including Blue Plans, and work with other partners in the promotion of a core product line: Employer Stop Loss and other lines as determined by management. This sales position will work primarily through producers, such as brokers and TPAs, particularly those that represent mid and large group employers. The sales territory will vary, and will be defined by the Senior Vice President of Sales.

- The incumbent is expected to travel extensively to a specified region and work evenings and weekends. Must have a valid driver’s license and reliable transportation.

Required Qualifications

Education/ Work Experience

- Bachelors in BA or High School diploma or GED with Six years experience in sales, marketing selling group products, such as Life/AD&D, STD, LTD, DBL, Stop Loss and Vision Insurance products, as well as understanding the concepts of risk, underwriting, actuarial, pricing, loss ratio, and regulations

Licenses or Certifications

- Accident and Health Sales License.

- CLU or other industry recognized certifications such as HIAA, CEBS, CBP, etc. and/or extensive experience in group product sales.

Other Qualifications

Work Experience

- Possess a thorough knowledge of the insurance business with experience in Life, Health, and
Accident and carry the required licenses to be able to sell these products.

- Above average leadership and motivational skills. Must exhibit leadership qualities to field personnel by maintaining a high level of professionalism and integrity in business and personal activities.

- Experience in managing a support staff.

- Develop, work with, and enhance relationships with HLC existing producer base, and work to develop a new group of producers, as well.

- Good people skills, fact finding skills, as well as sales skills. Must be able to close deals that will generate revenue for the corporation.

**Essential Job Functions**

1. Communicate effectively (please expand specific to functionality)
   1. This position requires the incumbent to work in collaboration and communicate with HM Insurance Group (HMIG) Regional Sales Directors and the Senior Vice President of Sales to identify target producers, and then independently develop, manage, and make decisions about the producers and cases that should be worked on, based on potential to generate new business revenue and profitable business for the corporation.

2. The incumbent is responsible for developing and working with new and existing partners and producers within assigned territory and build relationships with them and their customers, identifying prospects.

3. Promote HMIG products and strategies, generating new sales activity that will lead to new business revenue, and retaining profitable clients upon renewal.
   1. The incumbent will create and achieve a regional sales plan that will effectively meet the needs of the corporation in that region and promoting HMIG products and strategies, generating new sales activity that will lead to new business revenue, and retaining profitable clients upon renewal.
   2. This person will manage relationships with producers who will generate group prospects, and will manage the entire sales process that will lead to sold cases and generate new business revenue. For renewing groups, the incumbent will be responsible for retention and profitability.
   3. The incumbent will be required to build files, collect data, coordinate and manage information, build and enhance producer relationships, while promoting solutions to meet customer needs.

4. The incumbent will provide to Senior Management weekly, monthly, quarterly updates and reports on progress and activity being generated toward generating sales that will meet stated goals and objectives.

5. The position will require travel as deemed necessary to meet with prospects/clients to promote our services. The incumbent must be able to manage tasks by using technology to maximize efforts.
About HMIG

HM Insurance Group (comprised of three underwriting insurance carriers) is a national company that works to protect employers and health care entities from the financial risks associated with health care costs. With nearly 35 years in the market, HM Insurance Group (HM) is among the top carriers nationally for Stop Loss insurance, protecting self-funded clients from financial loss associated with unexpected large or catastrophic claims. Visit www.hmig.com.

Tokio Marine HCC – Stop Loss Group, Has Open Positions

MyHealthGuide Source: Tokio Marine HCC – Stop Loss Group, 2/24/2020

Tokio Marine HCC – Stop Loss Group, a leading provider of medical stop loss insurance, has the following open positions:

Stop Loss Claims Supervisor – Northwest Region - Minnetonka, MN

As a Stop Loss Claims Supervisor for the Northwest Region, you will supervise a team of Claims Auditors in the investigation of claims liability and the extent of the liability of submitted claims. You will be responsible for the timely and accurate processing of claims according to existing policies and/or contracts.

Qualified candidates will possess five or more years of senior level or team lead medical claims experience in stop loss insurance with the ability to understand and interpret employer plans with health coverage and excess insurance policies. You will also responsible for reviewing and managing reserves and direct reports with excellent analytical, organizational, and communication skills.

Interested individuals should email a current resume to stoplosshr@tmhcc.com.

Senior Stop Loss Claims Auditor – Northwest Region – Minnetonka, MN

As a Senior Stop Loss Claims Auditor for the Northwest Region, you will investigate claims liability and determine the extent of liability on a submitted claim for a specific individual. You will accurately process the claim according to the policies or contracts that exist, within the departmental time frames and standards, and establish reserves for claim liability.

Qualified candidates will possess five or more years of relevant and progressive professional experience in stop loss insurance with the ability to review and interpret employer plans of health coverage and excess insurance policy to individual claims. You will also be responsible for auditing submitted claim documents for sufficient data, verify that benefits were paid correctly and in accordance with appropriate plans and policies, and determine liability.

Interested individuals should email a current resume to stoplosshr@tmhcc.com.

About Tokio Marine HCC – Stop Loss Group

For more than 35 years, HCC Life Insurance Company, operating as Tokio Marine HCC – Stop Loss Group, has been leading the way in medical stop loss insurance for employers and plans who self-fund their benefit plans. Rated A++ (Superior) by A.M. Best Company, Tokio Marine HCC – Stop Loss Group is backed by the financial stability of its parent company, Tokio Marine HCC.

Tokio Marine HCC – Stop Loss Group delivers competitive coverage through exceptional customer service. Our team of underwriters, claim specialists, actuaries and medical professionals provides
personal service and professional expertise to a network of producers and third-party administrators (TPAs) across the United States. Visit www.tmhcc.com/life.

Anthem Seeks Stop Loss Sales Account Executive / Sr

MyHealthGuide Source: Anthem, Inc., 2/17/2020

Your Talent. Our Vision. At Anthem, Inc., it’s a powerful combination, and the foundation upon which we’re creating greater access to care for our members, greater value for our customers, and greater health for our communities. Join us and together we will drive the future of health care.

This is an exceptional opportunity to do innovative work that means more to you and those we serve at one of America’s leading health benefits companies and a Fortune Top 50 Company.

Positions: Stop Loss Sales Account Executive / Sr - PS33621

Location: Any US location. This is a work from home opportunity.

Please Note: This position may be filled at either of the posted levels. The Manager will determine the level based upon the selected applicant’s skill set relative to the qualifications listed for this position.

Stop Loss Account Executive

Responsible for acquiring and renewing Stop Loss sales through brokers and consultants within an assigned territory. This role will also be a resource for assisting the Anthem medical sales teams with selling and renewing bundled stop-loss and ASO accounts if/when needed. Our target market is Employers with 500+ employees covered in a self-funded medical plan. Primary duties may include, but are not limited to: Prospects accounts and produces revenue through new and renewal Stop Loss sales. Generates stop-loss RFP activity through sales calls to brokers and consultants. Develops strategies and utilizes selling techniques to acquire new business. Solve client needs through consultative and solution based selling; build relationships with key contacts in territory to identify, develop, and negotiate sales opportunities as well as handling renewal activity.

Stop Loss Account Executive Sr

Responsible for acquiring and renewing Stop Loss sales through brokers and consultants within an assigned territory. This role will also be a resource for assisting the Anthem medical sales teams with selling and renewing bundled stop-loss and ASO accounts if/when needed. Our target market is Employers with 500+ employees covered in a self-funded medical plan. Primary duties may include, but are not limited to: Prospects accounts and produces revenue through new and renewal Stop Loss sales. Generates stop-loss RFP activity through sales calls to brokers and consultants. Develops strategies and utilizes selling techniques to acquire new business. Solve client needs through consultative and solution based selling; build relationships with key contacts in territory to identify, develop, and negotiate sales opportunities as well as handling renewal activity. Exhibits senior level sales and training competencies as defined by the business unit.

Qualifications

Stop Loss Account Executive

- Requires a BA/BS;

- 5 years plus of Stop Loss sales experience; or any combination of education and experience
Stop Loss Account Executive Sr

- Requires a BA/BS;
- 10 years plus of Stop Loss sales experience; or any combination of education and experience which would provide an equivalent background.
- Life and Health license(s) are required in state(s) and/or assigned territory.

If you are interested please apply directly on our website using the following link: 

About Anthem

Anthem, Inc. is ranked as one of America’s Most Admired Companies among health insurers by Fortune magazine and is a 2018 DiversityInc magazine Top 50 Company for Diversity. To learn more about our company and apply, please visit us at careers.antheminc.com. An Equal Opportunity Employer/Disability/Veteran.

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