

MyHealthGuide

Newsletter for the Self-Funded Community

MyHealthGuide Newsletter

News for the Self-Funded Community

9/25/2023

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Clicking a job listing below will open a webpage with job summary, details and links to additional information (when available). Initial publish date is shown right of listing. Listings are generally published for 1 month. This format helps reduce this Newsletter under the size limits of most email applications.

- [Swiss Re Corporate Solutions Seeks Claims Expert \(Hybrid Work Model\)](#) (9/25)
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General & Company News

Välentz® Health and zakipoint Health Join Partnership

Create Innovative Digital Front Door to Care

MyHealthGuide Source: Välentz® Health, 9/22/2023

PHOENIX, AZ — Välentz® Health announces a partnership with zakipoint Health as they introduce a fully integrated digital front door to care for self-insured employers and their members. Together, the two companies have created zConnect, a user-friendly mobile app that engages members and enhances access to key healthcare data — including cost and quality ratings, plan benefit details, comprehensive lists of in-network procedures and providers, and more.

The zConnect app, piloted among thousands of members, is now available for self-insured employers to integrate into their health plans for improving engagement and connecting members to the [Välentz Healthcare Ecosystem Optimization Platform](#).

“It’s increasingly important to give members omnichannel access to the information they need – when and where they need it – to make more informed decisions about their care,” said **Rob Gelb**, Chief Executive Officer of Valenz. “Not only are we delivering a key provider search tool in zConnect, but we are also offering insights at every major touchpoint of the healthcare journey – from provider selection and one-on-one chats with nurse navigators to administrative features such as claims and care history, coverage details, ID cards, and much more. Engaging early and often with members via zConnect is a critical component of the Valenz promise to ensure smarter, better, faster healthcare.”

The zConnect app uses a simple, configurable approach to integrate data from the complete range of benefit partners: medical, pharmacy, vision, dental and more.

“Members have lacked price transparency, benefits navigation, and a clear understanding of what actions to take – creating massive inefficiencies in the way they consume healthcare,” said **Ramesh Kumar**, Chief Executive Officer of zakipoint Health. “By combining our member-facing and employer-facing tools with the unique work Valenz Health does to manage risks and costs, we have an effective offering for self-insured plans.”

Already utilized by thousands of members, zConnect aims to seamlessly decrease plan spend for employers while empowering members to take charge of their care for improved health outcomes.

“Expect Valenz and zakipoint Health to accelerate innovation and uncover new ways to expand the support from this solution, as together we facilitate the potential for greater consumerism in healthcare,” Kumar said.

More information can be found at valenzhealth.com/members/digital-solutions.

About Vālenz® Health

Vālenz® Health simplifies the complexity of self-insurance for employers through a steadfast commitment to data transparency and decision enablement powered by its Healthcare Ecosystem Optimization Platform. Offering a strong foundation with deep roots in clinical and member advocacy, alongside decades of expertise in the validation, integrity and accuracy of claims, and a suite of risk affinity solutions, Valenz optimizes healthcare for the provider, payer, plan and member. By leveraging data transparency and delivering an omnichannel approach across the healthcare journey, Valenz improves cost, quality and outcomes for employers and their members – engaging early and often for smarter, better, faster healthcare. Visit valenzhealth.com

About zakipoint Health, Inc.

zakipoint Health is a company on a mission to bring transparency, direction and personalization to healthcare consumers, bringing all benefit services, data, insights and tools into one place for members on a self-insured plan. With a best-in-class platform, reporting, and engagement tools, we identify risks, drive action, connect with members and track success, empowering companies to reduce risk and costs while creating healthier, more engaged members. Visit zakipointhealth.com

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Generative AI Startup Co:Helm Secures \$3.2M in Seed Funding Led by Sequoia to Alleviate the \$950 Billion U.S. Healthcare Admin Burden

From Hours to Minutes: Co:Helm's first AI product streamlines Prior Authorization for TPAs and other Health Plan Administrators

MyHealthGuide Source: Co:Helm, 9/11/2023

LONDON, UK / MANHATTAN, NY – [Co:Helm](#), a generative AI startup building co:pilots for healthcare administration, is delighted to announce a \$3.2 million seed funding round led by [Sequoia Arc](#), Sequoia Capital’s pre-seed and seed stage catalyst alongside other prominent AI founders and investors.

Co:Helm's mission is to make a significant dent in the skyrocketing \$950 billion administrative burden in

U.S. healthcare, starting with insurance prior authorization workflows for Third Party Administrators working with self-funders. Today, their first product is aimed exclusively at TPAs and they have built an AI "co-pilot" system that integrates into the everyday workflow of clinical teams. Early results show productivity acceleration by up to 10x.

Co-founded by MD-turned-engineer **Abdel Mahmoud** and AI insurance tech veteran [Zahid Mahmood](#), Co:Helm's team combines healthcare with domain-specific technical expertise to move health plans beyond manual administration workflows and towards increasingly capable AI co-pilots that drive real savings in operational overheads.

"As a doctor, I became acutely aware of how ripe the healthcare industry is for AI solutions, especially those focused on the low-level everyday bureaucracy that drives up costs and burns out healthcare workers," said Abdel, co-founder and former Google Product Manager. "We're excited to have the backing of Sequoia and other health AI experts who share our vision for transforming healthcare administration."

Co:Helm's software has already been rolled out to partners covering nearly 3 million American lives, including a leading health payer and a top 5 health plan administrator in the U.S. Last month, Abdel delivered a keynote to executives in the health administration industry at the [HCAA TPA Summit](#) in Dallas, Texas. In a speech, he revealed the company's early success with design partners in saving costs, and announced their waitlist for health plan administrators.

"Large Language Models (the technology underpinning ChatGPT) are quickly proving to be well-suited to mundane and repetitive administrative tasks on unstructured data. There are many inefficiencies we are exploring in Healthcare and our first Prior Authorization product crunches the time our customers spend on administration tasks from hours to minutes," CTO and second-time founder, Zahid Mahmood, explains.

The pair met in 2016 whilst Abdel was in medical training and Zahid was working on AI for the London Insurance Market. Several years later, driven by the skyrocketing costs of healthcare operations post-pandemic and the widespread burnout felt by medical professionals, they left their jobs to found Co:Helm.

"Abdel and Zahid bring together backgrounds in medicine, product management, AI and insurtech, and it's rare to find a team with such a strong founder-to-problem fit," said **George Robson**, Partner at Sequoia. "We're excited to partner with Co:Helm in this next phase of growth as they create a more efficient healthcare system, remove costs and lead to better patient outcomes."

The funding round also included prominent healthcare and AI investors such as **Mustafa Suleyman**, DeepMind and Inflection AI's founder, alongside notable former AI executives from Google, founders of unicorn healthcare startups and investors with a16z, Kleiner Perkins, Atomico, Lightspeed and Gradient Ventures. Funds participating include Blue Lion Global, Nebular, Ventures Together, Four Acres and Anamcara. This follows a pre-seed investment last year by [Neo Accelerator](#)'s **Ali Partovi** and Twitter's co-founder Biz Stone.

The startup aims to use the funding to double down on its early momentum and scale its engineering workforce to keep up with the demand from health plan administrators. Co:Helm has already established a team of highly capable AI engineers and is expanding its engineering presence in New York by end of year.

About Co:Helm

Co:Helm - AI co-pilots for US healthcare administration Co:Helm aims to significantly reduce the \$950 billion administrative burden on the U.S. healthcare system by empowering Third Party Administrators with AI co-pilots for their workflows. Built on healthcare-ready LLM infrastructure, their first co:pilot tackles Prior Authorizations, streamlining them from hours to minutes and saving millions of dollars in operational overheads. Co:Helm is founded by ex-clinicians and AI engineers from Google and Insurtech. They have early access partnerships with Google, OpenAI/Microsoft, and are backed by Sequoia, Neo, and founders of healthcare unicorns Deepmind, Inflection, and Google AI. Visit co-helm.com

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Underwriting Management Experts (UME) Partners with WellVisor

MyHealthGuide Source: Underwriting Management Experts (UME), 9/22/2023

Philadelphia, PA – Underwriting Management Experts (UME), one of the largest privately-held MGUs in the country, has partnered with WellVisor, a health and wellness technology company, to increase employee autonomy and empower members with the tools they need to make more informed healthcare decisions.

The WellVisor program, a comprehensive wellness benefit, impacts self-funded health plans and their members in three significant ways. First, as an engagement tool, WellVisor consolidates all member benefit resources into a user-friendly mobile app. Second, it serves as a transparency and advocacy tool by providing benefit assistance in addition to recommendations about the most cost-efficient and high-quality care options. This enables employees to make informed choices about the price of their care, leading to significant cost savings for all parties involved. Finally, WellVisor's medical records partner will allow members to compile their medical records from all providers, allowing WellVisor and its plan partners to offer more timely and individualized health recommendations.

Kimberly Schmidt, Chief Underwriting Officer, said, "This innovative program is a seamless solution that creates a win-win-win scenario, for the employee, the employer, and for us. It will help us improve transparency and provide greater cost savings for our valued partners."

UME plans to implement WellVisor throughout its entire book of business in an effort to reduce overall claims spend, and thus more favorably price new business proposals and renewals.

Patrick Cooper, CEO of WellVisor, said, "WellVisor is committed to improving lives and lowering costs, and we couldn't be more thrilled with the UME partnership. We're learning new insights from their unique perspective, and the UME team's expertise is contributing greatly to our abilities to make a positive impact on lower healthcare costs for everyone."

WellVisor empowers people to live their best lives. With extensive research and expertise, they have developed a method that simplifies and personalizes the path to well-being. Unlike traditional solutions that prescribe one-size-fits-all answers, WellVisor guides members to concentrate on their priorities and make proactive choices in line with their goals. This shift in healthcare focuses on empowerment over prescription, leading to increased productivity, better decisions, greater empathy, cost savings, and reduced stress.

About UME

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

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Noyo Unveils Command Center for Benefits Software Platforms

MyHealthGuide Source: Noyo via [PRNewswire](#), 9/20/2023

SAN FRANCISCO -- Noyo, the leader in benefits data management, launched the Command Center, a first-of-its-kind interface that gives HR and ben-admin software platforms full visibility and control of their enrollment data, all in one easy to navigate place. Typically, this data is trapped in siloed EDI files, spreadsheets, email chains, and black box insurance systems that make it difficult to access key

information about an employee or group's insurance coverage.

With the Command Center, ben-admin operations teams have a single source of truth for enrollment in one, central place, making it faster and easier to respond to customer inquiries; proactively identify and resolve data discrepancies; and manage technical processes without relying on engineers. Unlike other solutions that provide a limited view of enrollment data, the Command Center offers ben-admins a complete picture of every group, employee, and their coverages — including real-time enrollment statuses and member change histories.

Whether ben-admins are looking to improve existing operations tools or need a solution out-of-the-box, Command Center delivers new capabilities and insights with enrollment data.

The Command Center is powered by the Noyo Enrollment Engine™, which continuously cleans, audits, and transmits member data so it stays up to date between ben-admin and carrier systems. While ben-admin platforms have always been able to access Noyo data to power their own tools and product experiences, with the Command Center they can now get a powerful suite of tools right out of the box — no code required.

"With the Command Center, benefits software platforms have everything they need at their fingertips to manage enrollments with full transparency and control," said **Shannon Goggin**, CEO and co-founder of Noyo. "No more wasted time sorting through portals, spreadsheets, and email chains. Just a single source of truth that lets anyone get a detailed, near real-time view of every member enrollment, regardless of their technical skills. It's a fantastic example of how Noyo is using technology — and great design — to solve the benefits industry's toughest challenges in an elegant, accessible way."

The Command Center is part of Noyo's complete enrollment solution, a technology suite that enables ben-admins to offer a seamless enrollment experience, quickly expand their carrier network, and automate manual work.

Here's how ben-admins are using the Command Center today

- **A bird's eye view of all enrollment data.** The Command Center provides on-demand access to normalized plan, demographic, and change information for every group and employee across all connected carriers.
- **Discrepancy management and issue prevention.** Noyo automatically surfaces mismatches between ben-admin and carrier data; the Command Center then displays each discrepancy with all the information needed to resolve issues.
- **Streamlined ticket triage.** Any group or member can be found through a simple search, as well as near real-time statuses for every change that's being processed through Noyo. Detailed change histories provide further detail on any issues with open tickets.
- **Track high-priority groups and members.** Important groups, members, or filtered lists can be saved as items to the sidebar in the Command Center for quick access.
- **No-code workflows.** Operations teams can do more without engineering support, including connecting groups to new coverage, removing groups no longer being managed, and troubleshooting issues, all with simple, no-code workflows.
- **Developer tools.** Engineers can use the Command Center to generate new API keys for sandbox and production testing, check on test groups during the build process, and investigate enrollment issues once live.

With the Command Center, Noyo is raising the bar for what's possible with enrollment and eligibility data, empowering ben-admins with the tools they need to streamline daily operations and save their teams hours of work. To learn more, read the [blog announcement](#) or explore the [demo](#).

About Noyo

Noyo is the benefits data platform providing the modern data infrastructure to make frictionless employee benefits possible. Founded by leaders in benefits, insurance, and API technology, Noyo is the first company transforming the underlying infrastructure of the benefits industry through seamless digital

connectivity. With Noyo, crucial benefits data is synchronized and made instantly available anywhere it's needed, unlocking new possibilities for how benefits are designed and delivered and enhancing the benefits experience for all. Visit noyo.com

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The Phia Group Announces Webinar: *Choking on the Gag Clause*

MyHealthGuide Source: The Phia Group, 9/23/2023

Webinar: *Choking on the Gag Clause*

Description: Based on numerous requests to host a presentation dedicated to this topic, join The Phia Group on October 4 at 1 PM (Eastern) for a special thirty-minute presentation on gag clauses!

The Consolidated Appropriations Act of 2021 (CAA) introduced many significant industry changes, including a prohibition on “gag clauses” – that is, contractual provisions that restrict health plans from disclosing certain important provider cost and quality information. This prohibition has the self-funded industry scrambling for answers amidst vague guidance – not only as TPAs and health plans seek to avoid being bound by gag clauses, but also as these entities work to submit mandatory compliance attestations to the federal government. Needless to say, there are many compliance nuances and business decisions for both health plans and TPAs.

Whether you're a health plan, TPA, broker, or anyone else, join The Phia Group's consulting team leaders on October 4 as they gather to discuss the prohibition on gag clauses, best practices, and next steps to ensure a gag-free tomorrow!

[Registration Link](#)

About The Phia Group

The Phia Group, LLC, is an experienced provider of health care cost containment techniques offering comprehensive claim repricing, No Surprises Act support, claims recovery, plan document and consulting services designed to control health care costs and protect plan assets. By providing industry leading consultation, plan drafting, subrogation and other cost containment solutions, The Phia Group is truly empowering plans. Contact **Garrick Hunt** at GHunt@phiagroup.com and visit phiagroup.com

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Society of Actuaries (SOA) Offers Webcast: *Hospital & Health Plan Price Transparency*

MyHealthGuide Source: Society of Actuaries (SOA), 9/20/2023

CMS has required hospitals to publish their chargemaster rates, cash discounts, and negotiated rates since January 1st, 2021.

Our panel of experts is ready to discuss the latest updates and implications of this new rule.

- **Dave Cardelle, RPh**, Chief Strategy at AMS Intelligent Analytics, will provide an overview of the CMS Final Rule for Hospital Price Transparency & Health Plan Transparency in Coverage requirements, highlighting key differences between the two.
- **Rob Verrengia**, COO at Northwell Direct, will explore how the newly available Price Transparency information impacts hospital contracting strategies, compliance rates, and data quality.
- **Liang Zhou Ph.D., FSA, MAAA**, Actuarial Manager at Optum, will provide an overview of Machine Readable Files (MRFs) and a walkthrough of a MRF sample with a focus on contract rates and actuarial use cases. Join us as we delve into the implications and opportunities of this

new regulation.

- **Lina S. Chan FSA, MAAA**, (Moderator) Managing Partner, CP Risk Solutions, LLC

Come and ask the panel how they use technology to harvest and debias data made available in MRFs, how they model the data and how they use the data in business applications.

Hospital & Health Plan Price Transparency Webcast

October 30, 2023 12:00 - 1:30 PM ET

[Information and Registration](#)

About the Society of Actuaries

With roots dating back to 1889, the Society of Actuaries (SOA) is the world's largest actuarial professional organization with more than 32,000 actuaries as members. Through research and education, the SOA's mission is to advance actuarial knowledge and to enhance the ability of actuaries to provide expert advice and relevant solutions for financial, business and societal challenges. The SOA's vision is for actuaries to be the leading professionals in the measurement and management of risk. Visit [soa.org](https://www.soa.org)

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Specialty Care Management Announces A Live Webinar: *Specialty Drug Costs - "The Approaching Tsunami-Beyond the Numbers"*

MyHealthGuide Source: Specialty Care Management, 9/21/2023

Webinar: *Specialty Drug Costs - "The Approaching Tsunami-Beyond the Numbers"*

Date: Thu, Sep 27, 2023 11:00 AM EST

[Registration Link](#)

Description: With Specialty Pharmaceuticals representing half of U.S. Pharmaceutical Spend, self-funded plans need to be aware and concerned with the cost and financial impact of these medications in the pipeline. Please join **Andy Reeves RPH CEO** of Optimed in an informative discussion regarding today's Specialty Pharmaceutical Market, the forces creating this trend of increasing utilization and costs, therapies and battle tested strategies to mitigate and combat these market forces. If interested in attending, please use the link above to save your spot today.

About Specialty Care Management

Specialty Care Management (SCM) is the industry leader in risk management solutions surrounding the normalization of high-cost renal dialysis and CKD claims. SCM partners with clients to optimize claims cost, deploying a menu of innovative solutions, including data analytics, Chronic Kidney Disease (CKD) Management, outpatient dialysis cost containment and performance guarantees. Further, with exclusive dialysis programs featuring flat case rates, no set-up fees, and a full administrative carve-out, SCM doubles your savings compared to typical network discounts without any of the hidden fees, delivering a solution that completely pays for itself. Visit [specialtycm.com](https://www.specialtycm.com)

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D.W. Van Dyke To Distribute Results of *Medical Stop Loss Industry Persistency and New Business Survey*

MyHealthGuide Source: D.W. Van Dyke & Co., Inc., 9/22/2023

Joe Sabol, Senior Vice President at D.W. Van Dyke & Co., Inc., announced that results for the recently completed *Medical Stop Loss Industry Persistency and New Business Survey* will be distributed the week of September 25th to the participants (MGUs and Direct Carriers) representing over \$10.8B in annualized Stop Loss Premiums. The July 2022 results reflect renewal premium persistency remain

annualized Stop Loss Premiums. The July 2023 results reflect renewal premium persistency remains high.

Included in the survey this year, DWVD asked about actual observed large claims attributable to Gene Therapies over the past twelve months as a follow up to expected large claims from Gene Therapy. The results indicate that observed claims differed significantly from the claims costs expected last year.

Stop Loss MGUs and Carriers interested in learning more about DWVD's Industry surveys and services should contact **Joe Sabol** at jsabol@dwvd.com or **Michelle Marzella** at mmarzella@dwvd.com.

About D.W. Van Dyke & Company

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

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Old Republic Announces Formation of a New Accident & Health Company for Stop Loss and More

MyHealthGuide Source: Old Republic International Corporation (NYSE: ORI) via [PRNewswire](#), 9/18/2023

CCHICAGO -- Old Republic International Corporation announced that it is forming a new underwriting subsidiary to provide Accident & Health insurance products.

The new company, Old Republic Accident & Health, Inc., will focus on providing specialized coverages such as employers stop loss and will be led by **Gary Nidds** as President. As a Fellow of the Society of Actuaries (FSA), Mr. Nidds has more than 33 years of industry experience and a strong underwriting track record in Accident & Health products, with successful executive leadership experience at Crum & Forster, Swiss Re and Munich Re.

In making this announcement, **Craig R. Smiddy**, ORI's President and Chief Executive Officer, noted that, "Old Republic Accident & Health will expand our risk expertise and appetite into a new segment that aligns with our specialized approach and focus on underwriting excellence. We look forward to leveraging Gary's experience and leadership with the Old Republic brand, resources and financial strength."

Old Republic Accident & Health will be the sixth new company that Old Republic has launched in the last eight years, adding to the depth and talent of the Old Republic General Insurance Group.

About Old Republic

Chicago-based Old Republic International Corporation is one of the nation's 50 largest shareholder-owned insurance businesses. It is a member of the Fortune 500 listing of America's largest companies. The Company is organized as an insurance holding company whose subsidiaries actively market, underwrite, and provide risk management services for a wide variety of coverages mostly in the general and title insurance fields. Old Republic's general insurance business ranks among the nation's 50 largest, while its title insurance business is the third largest in its industry. Visit oldrepublic.com

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Perspecta Announces Merger with TalisPoint

The Perspecta and TalisPoint merger expands the Company's reach into the workers' compensation

... industry, enhances technological capabilities, and positions the Company for strong growth

MyHealthGuide Source: Perspecta, 9/18/2023

Philadelphia, PA – [Perspecta](#), a leading provider of physician directories and provider data management solutions in workers' compensation, government and commercial healthcare, announced it has merged with [TalisPoint](#), a San Francisco-based provider of workers' compensation directory and data management solutions as well as other workers' compensation and property & casualty insurance and medical data validation services. Talis was formerly a subsidiary of [Medcor](#) which provides leading employer health services related to onsite clinics, telehealth, and employer safety programs. This merger creates an industry leader and strengthens the combined company's position across the group health, property & casualty and self-funded workers' compensation markets. The merger will benefit clients through enhanced technological offerings and investments, complementary domain and product expertise, and world-class customer service.

For the past 25 years, TalisPoint has been driving innovation in the property & casualty industry. The company's solutions help ensure compliance, streamline network management, and drive cost containment. TalisPoint empowers insurance carriers, third party administrators and employers to utilize provider data with confidence through its proprietary validation services.

Perspecta, the leader in provider data management solutions, brings deep commercial healthcare expertise and a robust technology platform that has allowed the Company to scale significantly with leading blue-chip payers. Perspecta's solutions are primarily focused on driving similar benefits as TalisPoint. Perspecta solutions ensure enhanced consumer and beneficiary experiences and improved cost containment and payer network management, while providing rich analytic solutions.

"We are truly excited to be bringing these organizations together," said **Howard Koenig**, President and CEO at Perspecta. "Adding TalisPoint's deep workers' compensation expertise and cutting-edge service offerings to our existing capabilities will provide both firms' clients with a full suite of service offerings. We are truly building a world-class team that will continue to drive innovation to enhance our clients' experience."

As part of the merger, **Howard Koenig**, CEO of Perspecta, will lead the combined organization. **Monique Barkett**, who is a co-founder and CEO of TalisPoint, will now serve as President of the Workers' Compensation and Property & Casualty Division. While **April Stiles**, a co-founder of Perspecta and its Chief Operating Officer, will now be President of the Group Health and Government Divisions.

"Speaking for the entire TalisPoint team, we are excited about bringing together two strong industry players that have complimentary client offerings," Barkett said. "Combining the strengths of both companies really positions us to take advantage of the many growth opportunities in the market today while providing our clients with best-in-class services."

"The benefits of the combination of both firms are more than just technology platform based," Stiles said. "The cultures of both firms are extremely compatible and will make for a stronger and more successful organization moving forward that can serve our clients with the highest standards."

The TalisPoint and Perspecta merger comes on the heels of Perspecta's investor, 5th Century Partners, announcing the appointment of executive industry veteran, [Will Smith](#) as Operating Partner. In February 2023, [5th Century Partners](#) acquired Perspecta to help accelerate the company's growth strategy and provide access to capital. DLA Piper served as legal counsel to Perspecta, and CIBC Innovation Banking provided debt financing to support the transaction. Terms of the transaction were not disclosed.

About Perspecta

Perspecta is the leader in provider data management solutions designed to optimize the business of healthcare. With a portfolio powered by industry leading technologies, Perspecta is reimagining provider data management. Through deep domain expertise and spirit of innovation, Perspecta accelerates the transformation of provider network management, delivering value to customers and the providers, consumers and partners they serve. Perspecta's provider data management solutions create a better user experience and significant return on investment for health plans, workers' compensation and provider organizations. With the industry's highest accuracy rating of more than 95%, Visit

goperspecta.com

About TalisPoint

TalisPoint, a San Francisco-based company founded in 1998 is a technology services platform firm that is a provider of data and network management solutions for the workers' compensation, and property and casualty markets. Its solutions primarily target insurance companies, insurance plans and third-party administrators. The Company's services are primarily meant to help payors maintain compliance with provider network regulations and requirements and cost containment, in addition to creating a better patient / user experience for those seeking accurate healthcare and provider information. Visit talispoin.com

About 5th Century Partners

5th Century Partners is a purpose-driven private investment firm that invests in middle-market companies within healthcare, consumer and business services that are committed to driving economic value and social impact. The firm provides capital, operating expertise and strategic relationships that lead to sustainable growth, which in turn allows partner companies to realize their full potential and deliver positive outcomes to their stakeholders. Visit 5cpartners.com

About Medcor

Medcor simplifies the healthcare process for employers. We provide onsite and mobile clinics, injury and illness triage, telemedicine, and safety services so employees get the right care, at the right time, in the right place. Our 24/7 availability allows early intervention; our use of evidence-based medicine is the foundation and platform to deliver our prevention and treatment services. Founded in 1984, Medcor's clients include companies of all size in the public and private sectors serving a broad range of markets and industries throughout the United States and Canada. Visit medcor.com

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People News

SimplifiHC Announces Addition of Executive Administrator - Julius Frago, JD, BS Nursing

MyHealthGuide Source: SimplifiHC 9/22/2023

Orlando, FL – SimplifiHC (HealthCare Advisors), is a strategic advisory firm exclusively focused on the healthcare industry representing innovative client partners who drive process improvement, deliver cost control measures, and improve patient outcomes in the healthcare ecosystem, announces the appointment of **Julius Frago** as Executive Administrative Assistant.



Julius Frago, JD, BS Nursing
Executive Administrative Assistant
SimplifiHC

"Julius is a seasoned professional with 14+ years of experience. He has the philosophy and mind set we embrace. He combines a diverse educational background in Nursing and Law with strong organizational and communication skills," states **Kay Van Der Vaart**, SimplifiHC President, Chief Operating Officer.

"He's a tremendous addition to our Executive Team. His background is impressive; yet, it's the skill set of managing projects and attention to detail that make him shine for SimplifiHC, our client partners and customers," she added.

Below is a short summary of Julius' previous experience:

- Senior Executive/Personal Administrative Assistant at Teleperformance.
- Sales and Customer Service Manager at CRMWorks Asia, Inc: Recruited, trained, supervised, and monitored KPIs for remote Virtual Assistants worldwide
- National President for the Association of Law Students of the Philippines (A.L.S.P.)
- Juris Doctor degree, graduating with honors
- Bachelor of Science in Nursing
- Senior Executive / Administrative Assistant (Real Estate and E-Commerce)
- Quality Compliance and Risk Manager (Healthcare)
- Human Resources and Recruitment Manager (Manufacturing)
- Business Continuous Improvement Expert
- Complaints Manager
- Senior Sales and Marketing Consultant

About SimplifiHC

SimplifiHC (HealthCare Advisors) was established to simplify the complex healthcare ecosystem by bringing innovative technology and solutions designed for employers, advisors, payers, TPAs, Stop-Loss, MGUs, Hospitals, Accountable Care Organizations, and Healthcare Providers, with the very latest technology tools to reduce health plan and member expenses, and improve patient outcomes. Contact **Ken DiBella** at 614.581.6221, Ken@SimplifiHC.com and **Kay Van Der Vaart** at 920.973.7627, Kay@SimplifiHC.com and visit SimplifiHC.com

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Dr. Steven Goldberg Joins Goodroot as Chief Medical Officer

MyHealthGuide Source: Goodroot via [PRNewswire](#), 9/19/2023

COLLINSVILLE, CT -- **Steven Goldberg, MD, MBA** has been named chief medical officer at Goodroot, a community of companies dedicated to increasing access and affordability in healthcare. In this role, Dr. Goldberg will support Goodroot's efforts to bring solutions to market that enhance healthcare outcomes while simultaneously reducing costs.





Steven Goldberg, MD, MBA
Chief Medical Officer
Goodroot

Dr. Goldberg's background in and deep knowledge of benefit design and population health strategy will enrich the offerings in Goodroot's portfolio of innovative solutions. His expertise will be particularly valuable for Sola Health, a Goodroot company with a comprehensive offering of self-funded health plans. Being able to analyze predictive data, spot trends and determine cost-drivers and opportunities for containment is a key component of self-insurance.

"Dr. Goldberg's résumé and reputation are equally impressive," says Goodroot CEO **Mike Waterbury**. "He's a passionate professional and innovative thinker who's dedicated his career to managing healthcare costs and ensuring the delivery of quality care. Dr. Goldberg will be an integral part of the team as Goodroot continues to implement strategies to improve member health outcomes."

In addition to providing guidance to Sola and representing the company in various external capacities, Dr. Goldberg further expands Goodroot's bench of clinical experts on the medical side and complements an already-robust team of pharmaceutical clinicians. Earlier this year, Goodroot's clinical team published widely cited reports on Humira biosimilars and weight-loss drugs.

During Dr. Goldberg's tenure as chief health officer at Quest Diagnostics, the company was honored with the prestigious *C. Everett Koop Award*, and he was ranked No. 39 in Modern Healthcare's 2020 "100 Most Influential People in Healthcare." At Quest, he significantly contributed to enterprise medical affairs and provided clinical strategy guidance for the company's enterprise investment fund and new ventures. Prior to Quest, he served as an executive at WellCare Health Plans, Aetna and Express Scripts.

About Goodroot

Goodroot is a community of companies reinventing healthcare one system at a time. With a shared mission of increasing affordability and access in healthcare, Goodroot provides business infrastructure to help visionary healthcare professionals launch their own companies to fix chronic problems in the system. Goodroot's community companies — AlignRx, Breez, CoeoRx, Empara, Emry Health, Nuwae, Penstock, RemedyOne and Sola — offer innovative services and strategic guidance for healthcare stakeholders such as employers, brokers, PBMs, health plans, third-party administrators, pharmaceutical manufacturers and hospitals. Goodroot was named a 2023 Top Impact Company by Real Leaders. Visit goodrootinc.com

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Market Trends Studies, Books & Opinions

Why it's Essential to Review In-Network Claims

MyHealthGuide Source: **Mike Lanza**, Senior Vice President, USBenefits Insurance Services, LLC, 9/19/2023

In our industry, there is much hesitancy to review in-network claims for billing errors and unnecessary treatment. One concern is that an audit will take too much time and may violate prompt pay rules, but that concern should not prevent a detailed audit process that could potentially save the Plan (i.e., employer) significant claim costs. Prompt pay rules are in place for clean and uncomplicated claims. If a payer believes a claim audit is necessary to validate the payment because of the complicated nature of a

claim, the claim is no longer a clean claim. The payer has the right and responsibility to request additional information from the provider to audit the claim.

While it's true that the PPO contract controls the rate paid, it should not control how the claim is billed. In other words, just because a provider is in-network does not mean the Plan has no right to audit the bill to ensure it is paid according to the Plan document.

Example

USBenefits reviewed a high-dollar in-network claim for billing errors. The claimant was transferred to two different hospitals during their treatment and had billed charges of almost \$4 million. The main hospital stay was billed at over \$3 million for just over a month inpatient, with a PPO allowable of \$1.7 million. Quick math tells you the PPO was ready to pay an astronomical \$56,000 a day for this treatment compared to the norm acceptance of \$10,000 a day.

USBenefits sent the claim to a cost containment vendor who identified a treatment that was not medically necessary because it did not follow the proper medical treatment protocol. The vendor prepared an extensive report citing the correct medical protocols that the provider should have followed. This reduced the payable from \$1.7 million to just under \$600,000 – a savings of over \$1.1 million. While we'd like to say this was the end of the story, take the win, and move on, unfortunately, the saga continued.

The claimant was transported by air to another hospital in the same city. Reviewing the air ambulance log and medical records, the vendor determined that the air transportation was not medically necessary. In their determination, ground transportation would have been faster and more cost-effective. Therefore, the TPA denied the air ambulance charge of seventy-six thousand dollars as not medically necessary.

The stay at the second hospital also had treatment that was not medically necessary for an additional savings of over \$225,000, bringing the overall savings to almost 1.5 million dollars.

This success can only be accomplished with a strong partnership between the stop-loss carrier, the TPA, and the vendor.

About USBenefits

USBenefits Insurance Services, LLC dba Employer Stop Loss Insurance Services, LLC (USB) is a full-service Managing General Underwriter. Contact USBenefits at info@usbstoploss.com and 877-877-4USB (4872) and visit usbstoploss.com

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Medical News

Hospital Online Price Does Not Match to Telephone Price ... Over 80% of the time

MyHealthGuide Source: **Merina Thomas, BS; James Flaherty, BS; Jiefei Wang, PhD; et al Morgan Henderson, PhD; Vivian Ho, PhD; Mark Cuban, BS; Peter Cram, MD, MBA, 9/18/2023, [JAMA Internal Medicine](#)**

In this cross-sectional study of 60 US hospitals, online and phone cash prices were poorly correlated within a given hospital for vaginal childbirth and brain magnetic resonance imaging.

US hospitals are required to publicly post their prices for specified shoppable services online. However, the extent to which a hospital's prices posted online correlate with the prices they give to a telephone caller is unknown.

Objective To compare hospitals' online cash prices for vaginal childbirth and brain magnetic resonance imaging (MRI) with prices offered to secret shopper callers requesting price estimates by telephone.

This cross-sectional study included cash online prices from each hospital's website for vaginal childbirth and brain MRI collected from representative US hospitals between August and October 2022. Thereafter, again between August and October 2022, simulated secret shopper patients called each hospital requesting their lowest cash price for these procedures.

Main Outcomes and Measures We calculated the difference between each hospital's online and phone prices for vaginal childbirth and brain MRI, and the Pearson correlation coefficient (r) between the online and phone prices for each procedure, among hospitals able to provide both prices,

Study findings

- A total of 60 representative US hospitals (20 top-ranked, 20 safety-net, and 20 non-top-ranked, non-safety-net hospitals) were included in the analysis.
- For vaginal childbirth, 63% (12 of 19) of top-ranked hospitals, 30% (6 of 20) of safety-net hospitals, and 21% (4 of 19) of non-top-ranked, non-safety-net hospitals provided both online and telephone prices.
- For brain MRI, 85% (17 of 20) of top-ranked hospitals, 50% (10 of 20) of safety-net hospitals, and 100% (20 of 20) of non-top-ranked, non-safety-net hospitals provided prices both online and via telephone.
- Online prices and telephone prices for both procedures varied widely.
- For example, online prices for vaginal childbirth posted by top-ranked hospitals ranged from \$0 to \$55 221 (mean, \$23 040), from \$4361 to \$14 377 (mean \$10 925) for safety-net hospitals, and from \$1183 to \$30 299 (mean \$15 861) for non-top-ranked, non-safety-net hospitals.
- Among the 22 hospitals providing prices both online and by telephone for vaginal childbirth, prices were within 25% of each other for 45% (10) of hospitals, while 41% (9) of hospitals had differences of 50% or more (Pearson $r=0.118$).
- Among the 47 hospitals providing both online and phone prices for brain MRI, prices were within 25% of each other for 66% (31) of hospitals, while 26% ($n=12$) had differences of 50% or more (Pearson $r=-0.169$).
- Among hospitals that provided prices both online and via telephone, there was a complete match between the online and telephone prices for vaginal childbirth in 14% (3 of 22) of hospitals and for brain MRI in 19% (9 of 47) of hospitals.

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Recurring News

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

Source: MyHealthGuide, 6/12/2023

The *Medical Stop-Loss Provider Ranking* has been updated based on 2022 Annual Premium. In addition, Rankings from prior years are incorporated into a single table. Click below to view full listing with premium: *The Medical Stop-Loss Provider Ranking*.

[View full listing of stop loss carriers](#)

- The top 94 stop loss carriers are ranked.
- The *Medical Stop-Loss Provider Ranking* table data reflect Direct Earned Premium from the "Accident and Health Policy Experience Exhibit" ("Supplemental Pages, Insurance Expense

Exhibit" section) of publicly available Statutory Reports filed annually by each insurance carrier.

Stop Loss Premium Growth

Stop Loss premium based on 2022 annual premium is **\$31,508,195** (thousands), over a 2X increase over 2016 annual premium of \$15,004,224 (thousands) for a compounded annual rate of 13.2%.

Top 10 and 20 Carriers Premium Concentration

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

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

Changes for 2022

In the new 2022 ranking compared to 2021, there were

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

Top 20 Carriers

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

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

17. Allstate Corp.
18. Western & Southern Financial
19. Blue Cross Blue Shield of MI
20. Nationwide

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Upcoming Conferences & Webinars

September 27, 2023 - 11:00 AM EST

Specialty Drug Costs - "The Approaching Tsunami-Beyond the Numbers" presented by [Specialty Care Management](#) (SCM). With Specialty Pharmaceuticals representing half of U.S. Pharmaceutical Spend, self-funded plans need to be aware and concerned with the cost and financial impact of these medications in the pipeline. Please join **Andy Reeves RPH CEO** of Optimed in an informative discussion regarding today's Specialty Pharmaceutical Market, the forces creating this trend of increasing utilization and costs, therapies and battle tested strategies to mitigate and combat these market forces.

[Registration Link](#)

September 28-29, 2023

2023 National Telemedicine Summit. Key Strategies to Revolutionize & Transform Healthcare Delivery, Optimize Quality Patient Care & Outcomes, Increase Accessibility, Enhance Data Analytics, and Reduce Costs!. The Roosevelt, A Waldorf Astoria Hotel, New Orleans, LA. [Information and reservation](#)

October 4, 2023 - 1 PM (Eastern)

Choking on the Gag Clause presented by [The Phia Group](#). Based on numerous requests to host a presentation dedicated to this topic, join The Phia Group on October 4 at for a special thirty-minute presentation on gag clauses! The Consolidated Appropriations Act of 2021 (CAA) introduced many significant industry changes, including a prohibition on "gag clauses" – that is, contractual provisions that restrict health plans from disclosing certain important provider cost and quality information. This prohibition has the self-funded industry scrambling for answers amidst vague guidance – not only as TPAs and health plans seek to avoid being bound by gag clauses, but also as these entities work to submit mandatory compliance attestations to the federal government. Needless to say, there are many compliance nuances and business decisions for both health plans and TPAs. Whether you're a health plan, TPA, broker, or anyone else, join The Phia Group's consulting team leaders on October 4 as they gather to discuss the prohibition on gag clauses, best practices, and next steps to ensure a gag-free tomorrow! [Registration Link](#)

October 8-10, 2023

SIIA National Conference and Expo. presented by [Self-Insurance Institute of America](#). JW Marriott Desert Ridge, Phoenix, AZ

October 30, 2023 - 12:00 - 1:30 PM ET

Hospital & Health Plan Price Transparency Webcast presented by Society of Actuaries (SOA). CMS has required hospitals to publish their chargemaster rates, cash discounts, and negotiated rates since January 1st, 2021. Our panel of experts is ready to discuss the latest updates and implications of this new rule.

- **Dave Cardelle, RPh**, Chief Strategy at AMS Intelligent Analytics, will provide an overview of the CMS Final Rule for Hospital Price Transparency & Health Plan Transparency in Coverage requirements, highlighting key differences between the two.
- **Rob Verrengia**, COO at Northwell Direct, will explore how the newly available Price Transparency information impacts hospital contracting strategies, compliance rates, and data quality.
- **Liang Zhou Ph.D., FSA, MAAA**, Actuarial Manager at Optum, will provide an overview of

Machine Readable Files (MRFs) and a walkthrough of a MRF sample with a focus on contract rates and actuarial use cases. Join us as we delve into the implications and opportunities of this new regulation.

- **Lina S. Chan FSA, MAAA**, (Moderator) Managing Partner, CP Risk Solutions, LLC

Come and ask the panel how they use technology to harvest and debias data made available in MRFs, how they model the data and how they use the data in business applications. [Information and Registration](#)

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February 19-21, 2024

HCAA Executive Forum 2024 presented by [Health Care Administrators Association](#). Bellagio Las Vegas. Contact [Susan Crolla](#)

April 18-19, 2024

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

May 29-30, 2024

Cell and Gene Therapy Stakeholder Forum presented by [Self-Insurance Institute of America](#) (SIIA). JW Marriott Minneapolis, Mall of America.

July 15-17, 2024

HCAA TPA Summit 2024 presented by [Health Care Administrators Association](#). Hyatt Regency St. Louis at the Arch. Contact [Susan Crolla](#)

September 22-24, 2024

SIIA National Conference. JW Marriott Desert Ridge, Phoenix, AZ [SIIA.org](#)

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February 10-12, 2025

HCAA Executive Forum 2025 presented by [Health Care Administrators Association](#). Bellagio Las Vegas. Contact [Susan Crolla](#)

October 12-14, 2025

SIIA National Conference. JW Marriott Desert Ridge, Phoenix, AZ [SIIA.org](#)

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