

NEWS

FROM SIIA MEMBERS



2020 FEBRUARY MEMBER NEWS

SIIA Diamond, Gold & Silver Member News

SIIA Diamond, Gold, and Silver member companies are leaders in the self-insurance/captive insurance marketplace. Provided below are news highlights from these upgraded members. News items should be submitted to membernews@siia.org. All submissions are subject to editing for brevity. Information about upgraded memberships can be accessed online at www.siia.org. For immediate assistance, please contact Jennifer Ivy at jivy@siia.org. If you would like to learn more about the benefits of SIIA's premium memberships, please contact Jennifer Ivy at jivy@siia.org.

DIAMOND MEMBERS

BERKLEY ACCIDENT AND HEALTH ANNOUNCES RETIREMENT OF CHRISTOPHER BROWN

Berkley Accident and Health, a Berkley Company, announced that chairman Christopher Brown will retire at the end of 2019. Brown joined Berkley Accident and Health in 2009 as president and transitioned to chairman in December 2018. Under his leadership, Berkley Accident and Health grew from its early stage of operations into a national accident and health leader.

"I want to express my deep appreciation for the strong foundation Chris established at Berkley Accident and Health," said Brad Nieland, president of Berkley Accident and Health. "His vision and integrity, combined with his commitment to serving the best long-term interests of the company and our clients, have been key factors to our company's success."

Chris Brown has had a long and distinguished career in group insurance, particularly the self-funding business. Before joining Berkley Accident and Health, Chris Brown was vice president of Stop Loss at an international life/health insurance company for nine years.

He also previously worked at a U.S. insurance group for 22 years. Starting his insurance career in the 1970s, Chris held various leadership roles in that company's group segment, which included life, medical, dental, disability, and workers' comp.

For the past year, Chris Brown has served as chairman, supporting the transition of incoming president Brad Nieland. During Chris' tenure at Berkley Accident and Health, the company grew to be a market leader in employee benefit group captives, as well as the fastest growing top 25 stop loss carrier, according to NAIC data. Berkley Accident and Health is grateful for the legacy that Chris Brown leaves behind.

About Berkley Accident and Health

Berkley Accident and Health is a member company of W. R. Berkley Corporation, a Fortune 500® company. Berkley Accident and Health provides an innovative portfolio of accident and health insurance products. It offers four categories of products: Employer Stop Loss, Group Captives, Managed Care (including HMO Reinsurance and Provider Excess), and Specialty Accident. The company underwrites Stop Loss coverage through Berkley Life and Health Insurance Company, rated A+ (Superior) by A.M. Best. Visit BerkleyAH.com.

VALENZ EXPANDS LEADERSHIP STRENGTH IN CLIENT SERVICES WITH TOM COX AND GREG SHELLEY

PHOENIX, AZ -- To support continuous expansion of the Valenz™ ecosystem and deliver solutions that meet the ever-evolving needs of clients and partners, leaders at Valenz announced the appointment of two new customer service experts at the helm of its Client Services team. Tom Cox, MBA, is the firm's new Vice President of Client Services, and Greg Shelley is Senior Client Services Executive.

Cox officially joins Valenz in mid-January to lead the client services and business development support teams. With a career in customer relationship management that spans nearly two decades – most recently at Philadelphia Insurance Companies and Aqua America – Cox is known for bringing creative but data-driven approaches to service delivery. As Vice President of Client Services, he also plays a key role in providing support for Valenz's business development team.

"Tom is a versatile leader with a deep conviction for service excellence and creating value for clients, partners and shareholders," said Rob Gelb, Chief Revenue Officer. "His leadership experience and ability to leverage data for client solutions have positioned him well to head up our client services team."

Cox says this is an incredibly exciting time to join Valenz because the firm is making great strides in harnessing the power of data to deliver solutions for smarter, better, faster healthcare. "With

healthcare as complex as it is today, I am really excited about the depth of Valenz analytics,” he explained. “We have a great line of sight into client trends and needs, allowing us to pinpoint opportunities to truly bend the cost curve in healthcare.”

Shelley joined Valenz in December 2019. As Senior Client Services Executive, he says he’s highly inspired by the firm’s innovative approach to data science and looks forward to finding new ways to foster ongoing growth.

“Greg brings a unique mix of strengths to this role, including his skills in relationship-building, client service, strategic execution and data analysis,” said Gelb. “Those attributes, combined with his consultative spirit and passion for helping clients solve challenges, make him a perfect fit for our team.”

Shelley’s previous work experience includes a variety of management and leadership roles, most recently at One Call, a provider of healthcare solutions for the workers’ compensation industry. “It’s an honor to join Valenz because this team truly understands how to reduce the total cost of care,” he said. “Valenz is making the smart, strategic moves necessary to bring results-driven solutions to our clients,”

Cox and Shelley join a wave of new additions at Valenz as the company continues to build on the strength of its complete health administrative ecosystem, which it officially unveiled in 2019. Other new leadership appointments in recent weeks

include Larry Eisel as Chief Financial Officer; Kevin Gorham as Vice President of Human Resources; Colin Glen as Vice President of Product; and Ben Inabinet as Senior Sales Executive. More information about these and other new developments is available at valenzhealth.com/news.

VALENZ ELEVATES HR FUNCTION WITH APPOINTMENT OF KEVIN GORHAM AS NEW VICE PRESIDENT

PHOENIX, AZ -- As healthcare companies grow and evolve, so too does the need for enhanced talent acquisition, employee engagement, cultural cohesion and more. Those and other HR functions



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are what Kevin Gorham, SPHR, SHRM-SCP, plans to address strategically in his new role as Vice President of Human Resources at Valenz™.

"As the nation's first fully integrated health administrative ecosystem, Valenz is charting significant growth, underscoring the need to invest in our human resources infrastructure," said Larry Eisel, Chief Financial Officer.

"Because much of our growth will continue to come from leveraging the integration of new and existing companies and partners into one synergistic ecosystem, we knew Kevin's previous successes with corporate integration, employee engagement and cultural alignment made him the ideal fit to lead our human resources department."

An award-winning human resources executive with 20 years' experience leading organizations in such industries as healthcare, technology and financial services, Gorham describes his leadership style as a strategic business partnership model and says his guiding philosophy is "best people, best practices." That approach has led to a career filled with corporate successes, from improving operations to achieving record-high employee engagement.

"For me, professional fulfillment comes from being part of a growing company, which brings many opportunities to evolve through innovative and forward-thinking practices," explained Gorham. "I am honored to join the Valenz team and look forward to contributing to our ongoing success through excellence in human resources management and team support."

Gorham has both a master's and bachelor's degree in English from Eastern Illinois University, where he learned the art and science of effective communication. Later, while at Household International (now part of HSBC Corporation), he received the company's Award for Excellence for his work in human resources and employee communications.

In his HR leadership role at Avnet, he was one of three finalists for the President's Award for his work in talent management. Gorham is a Senior Certified Professional in Human Resources and an active member of the Society for Human Resources Management.

About Valenz

Through a complete health administrative ecosystem, Valenz connects cost and quality data on a single-source, end-to-end analytics platform for smarter, better, faster healthcare. Serving self-insured employers, third-party claim administrators, brokers and benefit consultants, trust and labor organizations, stop-loss carriers, integrated healthcare delivery networks, and health/dental plan payers, Valenz solutions integrate data from comprehensive care management services (Valenz Care), high-value provider networks (Valenz Access), claim flow management (Valenz Claim) and solutions for payment integrity, revenue cycle management and eligibility compliance (Valenz Assurance) into the ecosystem. More information is available online at valenzhealth.com. Valenz is backed by Great Point Partners. Call (866) 762.4455 and visit www.valenzhealth.com.



About Great Point Partners

Great Point Partners ("GPP"), founded in 2003 and based in Greenwich, CT, is a leading health care investment firm, currently with approximately \$1.8 billion of equity capital currently under management and 28 professionals, investing in the United States, Canada, and Western Europe. GPP is currently making new private equity investments from GPP III.

Great Point manages capital in private (GPP I, \$156 million and GPP II, \$215 million of committed capital, and GPP III which has \$306 million in committed capital) and public (BioMedical Value Fund family, approximately \$1.1 billion) equity funds. Great Point Partners has provided growth equity, growth recapitalization, and management buyout financing to more than 100 growing health care companies. The private equity funds invest across all sectors of the health care industry with particular emphasis on biopharmaceutical services and supplies, outsourcing and alternate site care, pharmaceutical infrastructure and information technology enabled businesses.

The firm pursues a proactive and proprietary approach to sourcing investments and tuck-in acquisitions for its portfolio companies. Visit Great Point at www.gppfunds.com.

GOLD MEMBERS

ECHO HEALTH ANNOUNCES TOM DEAN AS PRESIDENT

Westlake, OH -- ECHO Health, Inc. is pleased to announce the appointment of Tom Dean as President, effective immediately. Tom will be responsible for all ECHO® operating units. He will report to Chairman and Chief Executive Officer, Bill Davis, who will continue in his roles.

"Over the past three decades, Tom has built an impressive track record of strategic, operational and commercial accomplishments," Bill Davis said. "He has proven to be a successful and trusted leader who brings a strong reputation for developing people and inspiring teams. Tom has a wealth of experience in leading financial services and healthcare IT organizations, including Advanced Financial Solutions, Critical Technologies, Revenue Management Solutions, and most recently, the payments business at Change Healthcare. He will be a valuable asset as we continue to accelerate growth at ECHO Health. Tom has the right blend of innovation and entrepreneurship, combined with a background of growing business in large organizations. These skills are critical for ECHO to continue our tradition as a leader in the healthcare financial services space."

For the past seven years, prior to joining ECHO Health, Tom was Senior Vice President and General Manager of the Payments business unit at Change Healthcare. Under Tom's leadership, the Payments unit became one of the fastest growing businesses at Change Healthcare.

Prior to Change Healthcare, Tom was the founder and CEO of Revenue Management Solutions, a provider of payment and remittance services to some of the largest banks and healthcare delivery systems in the USA. This company is now part of the Thompson Street Capital Partners.

Tom also helped Advanced Financial Solutions, an Oklahoma City based financial services company, grow its business from 30 employees and \$5 million in revenue to over 300 employees and \$100 million in revenue in seven years.

"ECHO's Senior Management team unanimously agrees that Tom Dean's leadership experience, strategic thinking and proven ability to deliver results make him the right person to help execute ECHO's strategic priorities and drive sustainable growth," Ryan Davis, ECHO's Chief Operating Officer said. "Tom's skills will complement Bill Davis' abilities, making them a formidable team as they work to advance ECHO's growth."

About ECHO Health, Inc.

ECHO Health, Inc. was founded in 1997 by William Davis, a payment visionary and pioneer with over 30 years' industry experience. He developed a proprietary, patented payment system, and today ECHO offers revolutionary payment solutions for healthcare payers of all sizes.

Payers, vendors, employers, providers and members benefit from the association with ECHO, realizing dramatic reductions in the costs of fulfillment and customer service.



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ECHO's services comply with ERISA (Employee Retirement Income Security Act), HIPAA (Health Insurance Portability and Accountability Act), CORE (Committee on Operating Rules for Information Exchange), OFAC (Office of Foreign Assets Control), and Taft-Hartley regulations. Visit echohealthinc.com.

PARTNERS MANAGING GENERAL UNDERWRITERS INTRODUCES COST SAVING RX PLAN

Phoenix, AZ -- Partners Managing General Underwriters (Partners), a full-service underwriting company specializing in excess stop loss re-insurance for self-funded health plans, is introducing its newly negotiated agreement with a top ten pharmacy benefit manager and specialty drug solution. Self-funded health plans are able to save as much as 30% on the cost of their prescription benefit plans through this agreement.

As Mark Mertel, CEO of Partners, states, "At Partners, we continually strive to bring our producers value-add products and services that help lower their clients' health plan costs. Today, I am proud to introduce the Partners Pharmacy Solution, another such value-add product, for the exclusive use of our producer partners.

The Partners Pharmacy Solution will give our producer partners a real advantage in the marketplace with the significant savings they will be able to offer to their clients".

Mertel goes on to say, "In the last few months, we have begun producing cost saving estimates and are very pleased with the results we have seen thus far. In fact, there hasn't been a plan that we were not able to project significant savings. Below are just three examples of the cost saving power of the Partners Pharmacy Solution:

525-employee life group \$1,122,000 cost savings.

210-employee life group \$470,000 cost savings.

2,280-employee life group \$1,450,000 cost savings.

How Partners Pharmacy Solution Can Achieve Such Significant Cost Savings

When asked how the Partners Pharmacy Solution can achieve such significant cost savings, Mertel answers: "First, a little history. The Principals of Partners have deep experience in the PBM business, having built the 10th largest PBM in the country and selling it to Magellan Health. Using our industry knowledge and close relationships, we have negotiated extremely competitive pharmacy and specialty drug contracts."

The Partners Pharmacy Solution allows our clients to receive significant discounts and rebates that an average plan cannot typically negotiate on their own". Mertel emphasizes that the Partners Pharmacy Solution is offered on a TOTAL PASS THROUGH basis. Plans receive 100% of the value of all discounts and rebates from

the Partners agreement with a national network of over 67,000 pharmacies!

Lastly, Mertel points out: "Another advantage for producers is that they don't need to be a PBM expert to take advantage of the Partners Pharmacy Solution. With the PBM expertise we have in house, along with the help of our partners, we are able to guide our producers through each step of converting their clients to the Partners Pharmacy Solution."

About Partners Managing General Underwriters

Partners is a full service world class MGU that was started in 2016 and has grown to one of the largest independently owned MGUs in the country. Partners believes in a true Partnership approach to building its company and sharing its value with its producers with a focus on achieving the lowest possible health benefit costs for health plans. For more information about the Partners Pharmacy Solution, please contact Matt Ward, CSMO at matt.ward@partnersmgu.com and visit www.partnersmgu.com.

SILVER MEMBERS

H.H.C. GROUP ANNOUNCED THE RETIREMENT OF JEANNIE HURLEY

H.H.C. Group announced the retirement of Jeannie Hurley, its Business Services Director, effective December 31, 2019.

Jeanne has been responsible for overseeing the company's for accounting, payroll, and benefits coordination and has been a member of the company's senior management team since joining the company January 1, 2007.

"Following 13 years as Director of Business Services at H.H.C. Group, I am excited to start another chapter: retirement. H.H.C. Group has offered me many opportunities and I am proud to have played a small part in the company's success. I leave with mixed emotions: looking forward to starting my new endeavors and sad to leave behind the many colleagues and friends I have been fortunate to work with," says Hurley.

"Jeanne has been a key contributor to H.H.C. Group's success over the last thirteen years," said Dr. Bruce Roffe, H.H.C. Group's President and CEO. "She has done a wonderful job of meeting the needs of our clients and the other members of the H.H.C. Group team. We wish her well."

About H.H.C. Group

H.H.C. Group provides containment solutions for Insurers, Third Party Administrators, Self-Insured Employee Health Plans, Health Maintenance Organizations (HMOs), ERISA and Government Health Plans. H.H.C. Group utilizes a combination of highly skilled professionals and advanced information technology tools to consistently deliver targeted solutions, significant savings and exceptional client service.

H.H.C. Group's services include Claim Negotiation, Claim Repricing, Medicare Based Pricing, DRG Validation, Medical Bill Review (Audit), Claims Editing,

Medical Peer Reviews/Independent Reviews, Independent Medical Examinations (IME), and Pharmacy Consulting. H.H.C. Group is an URAC accredited Independent Review Organization for Internal and External Reviews.

For additional information about H.H.C. Group and our services, visit www.hhcgroup.com or contact Bob Serber at rserber@hhcgroup.com or 301-963-0762 ext. 163.

GILSBAR ADDS PHARMACIST DR. DAVID DUPRE TO MEDICAL ADVISORY COMMITTEE

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drugs come with a high price tag. To help our clients manage the growing cost of prescription drugs, particularly specialty medications, Gilsbar has established an employment relationship with a pharmacist with more than 30 years of experience helping manage healthcare expenses.

In his role, Dr. David Dupre will act as a professional resource and peer advisor for Gilsbar's Medical Directors when they make determinations concerning the most appropriate course of treatment and prescriptions used. Gilsbar's Nurse Case Managers will also use Dr. Dupre's expertise when caring for patients who have been prescribed high-cost specialty drug treatments.

Dr. Dupre also sits on Gilsbar's Medical Advisory Committee, which meets to review cases and provide guidance to Gilsbar's Medical Directors and Population Health Management team members.

"We are always looking for ways to improve the health of our clients and at the same time, lower costs. Dr. Dupre's extensive experience as a lead investigational pharmacist for new drug therapies in California and as a member of the University of California San Francisco's Institutional Review Board brings an exceptional perspective to our clinical decision making and treatment plan review. The new challenge in the health care industry is the high costs of specialty drugs and gene therapy. Dr. Dupre will help us address this challenge," says Paul Johnson, Senior Director of Gilsbar's Population Health Management.

Gilsbar continues to invest in the expansion of its personnel with specific skill sets that are needed now, more than ever. They are proud to continue providing solutions and support for businesses and associations looking for happier constituents and healthier bottom lines.

About Gilsbar, LLC

Established in 1959, Gilsbar, LLC® is one of the largest privately-held insurance services organizations in the country. Recognized as a catalyst for creating healthy businesses, Gilsbar, LLC® offers self-funded and fully-insured benefit plan management services, along with Wellness, Advocacy, and overall Population Health Management. Gilsbar, LLC's integrated delivery model improves the health and wellbeing of its members, resulting in significant health plan savings for its clients.

Gilsbar, LLC® has been honored by Inc. magazine for its sustained growth, Modern Healthcare and Business Insurance magazines as a Best Place to Work, and WELCOA and the American Heart Association for its proven wellness methodology. Visit www.Gilsbar.com.

DEERWALK INTRODUCES REPORTING TO SIMPLIFY STOP LOSS ANALYSIS

BOSTON -- Deerwalk, Inc., an innovative population health management, data management, and healthcare analytics software company is proud to introduce new stop loss reporting functionality.

This new reporting provides a "one-stop shop" for stop loss reporting and is available with the latest release of Plan Analytics, Deerwalk's interoperable healthcare reporting and analytics application.

From within Plan Analytics, clients now have access to a data entry portal and two new reports, Specific Stop Loss (i.e., Individual Stop Loss) and Aggregate Stop Loss.

The data entry portal allows users to enter a group's stop loss contract parameters to calculate specific or aggregate stop loss, including custom parameters such as lasered members, run-in and run-out provisions, and uncommon (i.e., non-January) contract renewal months. The reports generate an overall financial picture by combining the input contract parameters with medical/pharmacy claims and eligibility data.

Reporting that integrates the actual paid claims experience and accounts for specific contract variables simplifies analysis, allowing for a comprehensive understanding of how a group is performing in relation to its stop loss policy.

Armed with this information, healthcare decision makers can more accurately assess exposure to fluctuating claims costs, easily track where a group is in terms of meeting its stop loss deductible and reimbursement levels, and plan accordingly for budgeting for contractual purposes.


Deerwalk's Vice President of Product Ed Hausman stated, "From our experience working with a client base that includes over 45 third party administrators, as well as brokers and stop loss entities, we were aware of the need for a better, centralized solution for stop loss reporting. We've solved for this by designing a tool that draws on our data expertise to deliver easy-to-use stop loss reporting that is specific to each group's unique situation and can be easily run and distributed."

Not only does Deerwalk's stop loss reporting provide a clearer, more detailed overall picture, but having all this data in one place eliminates the need to collect information from disparate sources (such as carriers, claims databases, and numerous reporting tools) that must then be compiled and reconciled with the stop loss contract. Deerwalk's dynamic reporting replaces this manual work, essentially automating this time-consuming process by bringing together all of the critical pieces of information into one place to quickly generate a report that can be shared with stakeholders.

To see a live demo of this new functionality, visit info.deerwalk.com/demorequest or reach out to Tim Huke, Chief Growth Officer at Deerwalk, at (949) 233-4908 or thuke@deerwalk.com.

About Deerwalk, Inc.

Deerwalk is an innovative population health management, data management, and healthcare analytics software company based in Lexington, Massachusetts. Founded in 2010, Deerwalk is privately held with over 300 employees worldwide, including a technology campus in Kathmandu, Nepal. We partner with industry leaders responsible for making decisions for the health of a population to optimize costs and improve the quality of care. Deerwalk offers a complete population health management suite built on a foundation of data integrity that delivers reliable data insights and actionable intelligence. Visit www.deerwalk.com. ■




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POP QUIZ
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YOUR MEDICAL BILLS?

- A. PROVIDER NETWORK
- B. RBP VENDOR
- C. CLAIMS DEPARTMENT
- ☒ D. NONE OF THE ABOVE

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FEBRUARY 2020

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Point6 delivers Financial Savings, Risk Reduction, Growth, Innovation, Value and Efficiency to entities Managing **Large Complex Medical claims and Stop Loss Insurance** for employers.

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