



NEWS

FROM SIIA MEMBERS

2020 SEPTEMBER 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

THE PHIA GROUP ANNOUNCES PROMOTION OF JASON DAVIS TO SENIOR VICE-PRESIDENT OF PROVIDER RELATIONS

Canton, MA - The Phia Group LLC, the health benefit industry's leading cost-containment service provider, announces the promotion of Jason C. Davis to the role of Senior Vice-President of Provider Relations.

"Jason has been partnered with The Phia Group for nearly 7 years, and we have grown tremendously during this time; we now want to highlight and reward his contributions with a seat at the executive table" stated Adam Russo, CEO of The Phia Group. "Jason has proven himself to me and our clients as a person of intelligence and integrity, and I believe he is the right person to lead our Provider Relations department to the next level."

Prior to partnering with The Phia Group in 2014, Jason Davis was Vice-President US Markets for Global Excel Management, where for nearly 10 years he contributed at various levels of claim settlement, dispute resolution, R&D, product development, sales, and leadership. "I believe in The Phia Group's mission to lower healthcare costs for all, and so I am thrilled to be part of the Phia family and to build on our success," added Jason Davis.

For more information regarding The Phia Group, please contact Vice President of Sales and Marketing, Tim Callender, by email at tcallender@phiagroup.com or by phone at 781-535-5631.

About The Phia Group

The Phia Group, LLC, headquartered in Canton, Massachusetts, is an experienced provider of health care cost containment techniques offering comprehensive 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.

TOKIO MARINE HCC – STOP LOSS GROUP INTRODUCES CHRISTINE CARLSON AS SENIOR VICE PRESIDENT OF CLAIMS

TMHCC, a leading provider of medical stop loss insurance, announced that Christine Carlson has accepted the position of Senior Vice President of Claims. Ms. Carlson brings to TMHCC over 15 years of industry experience in leading change management, optimization, innovation, customer experience, and team building.

Prior to joining TMHCC, Christine held a variety of claims operations leadership positions at Blue Cross and Blue Shield of Minnesota, most recently as a Senior Director.

Christine holds a Bachelor of Science degree in Business from the University of Wisconsin.

Jay Ritchie, President of TMHCC's Stop Loss Group said "We are excited and confident that Christine will be a major contributor to our company's success and an important part of our leadership team going forward." Beata Madey, Executive Vice President, Stop Loss Group added that "TMHCC is well positioned to build upon our excellent customer experience and operational excellence by adding Christine's leadership within our organization. "

If you have any questions or need additional information, please contact Christine directly at (770) 693-6582 or email her at ccarlson1@tmhcc.com.

About Tokio Marine HCC – Stop Loss Group

For more than 45 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. Visit tmhcc.com.

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. Visit tmhcc.com/en-us/groups/stop-loss-group.

VALENZ RANKS NO. 2065 ON INC. 5000 LIST OF FASTEST-GROWING PRIVATE COMPANIES

PHOENIX, AZ – Inc. magazine announced that Valenz™ ranks No. 2065 on the annual Inc. 5000 list, the most prestigious ranking of America's fastest-growing private companies. The Inc. 5000 list represents a unique look at America's most successful independent small businesses. Over the years it has included such leading-edge organizations as Microsoft, Vizio, Intuit, Oracle, Zappos.com and many others.

"We are honored to be recognized as one of the fastest-growing companies in America, and it reinforces what our clients already know – that controlling health plan costs, serving the plan member and helping the employer group are all connected," said Rob Gelb, Chief Executive Officer at Valenz. "Our rapid growth is a function of everything we do to control costs, deliver quality, and create new paths of opportunity

for employers, TPAs, and brokers to improve plan design, reduce plan spend, and enhance member lives."

Moving forward, the company is poised for future growth. As the innovators behind an ecosystem that combines health data analytics with healthcare service delivery across the entire lifecycle of every claim, Valenz is laser-focused on changing the trajectory of healthcare costs – which they call lowering the Claim Cost Arc – for the self-insured industry.

Data and information flow through the Valenz ecosystem from the company's core products, clients, platform partners and industry sources, and in doing so, it fuels ever-expanding analytic and predictive capabilities. That data-driven decision enablement, coupled with member- and client-centric service delivery, creates continuous value for every individual and organization within the ecosystem.

"If you are excited about what Valenz has accomplished for your business in the three years since we first envisioned our ecosystem, you will be very pleased with what the future holds," said Gelb. "By engaging early and often for smarter, better, faster healthcare, we are continuously creating new opportunities for self-insurers to target the small percentage of claims that drive their majority of health plan costs."

"From health and software to media and hospitality, the 2020 list proves that no matter the sector, incredible growth is based on the foundations of tenacity and opportunism," said Inc. editor-in-chief Scott Omelianuk.

Together, the companies in the 2020 Inc. 5000 achieved three-year average growth of more than 500 percent and a median rate of 165 percent, with aggregate revenue accounting for more than 1 million jobs in the same time frame. Complete results of the Inc. 5000 can be found at www.inc.com/inc5000.

INTRODUCING HPGPS

MOBILE APP AND WEBSITE FOR H.H.C. GROUP RBP PLANS

User friendly Health Plan GPS (HPGPS) is designed to increase member engagement and satisfaction while reducing plan and member healthcare costs for **H.H.C. Group** Reference Based Pricing Plans.

HPGPS is ideal for secure member engagement, communications, steerage to safe harbor providers, balance bill appeal support, e-payments to providers and much more...

Contact Stella Chung for a HPGPS demo | schung@hhcgroup.com, 301-963-0762 ext. 130



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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. 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. Visit valenzhealth.com. Valenz is backed by Great Point Partners.

About Great Point Partners

Great Point Partners (“GPP”), founded in 2003 and based in Greenwich, CT, is a leading healthcare investment firm, currently with approximately \$1.8 billion of equity capital under management and 28 professionals, investing in the United States, Canada and Western Europe. Visit www.gppfunds.com.

About Inc. Media

The world's most trusted business-media brand, Inc. offers entrepreneurs the knowledge, tools, connections, and community to build great companies. Its award-winning multiplatform content reaches more than 50 million people each month across a variety of channels including websites, newsletters, social media, podcasts, and print. Its prestigious Inc. 5000 list, produced every year since 1982, analyzes company data to recognize the fastest-growing privately held businesses in the United States. Visit www.inc.com.

BERKLEY ACCIDENT AND HEALTH ANNOUNCES 2020 WINNER OF FIRST-EVER BERKLEY EDGE EXCELLENCE IN HEALTH RISK MANAGEMENT AWARD

Hamilton Square, NJ – Berkley Accident and Health, a Berkley Company, is proud to announce BevCap Health as the winner of our first-ever Berkley Edge Excellence in Health Risk Management award. The Excellence in Health Risk Management award recognizes a stop loss group captive program that has demonstrated strong health risk management strategies and best practices over the past year.

BevCap manages multiple health captives, including both heterogenous and homogenous captive programs. This year's award goes to BevCap's single-industry, homogenous captive focusing on beer distribution companies. BevCap's goal this year was to increase usage of surgical center medical tourism during 2019.

In the first quarter of 2019, surgical center medical tourism usage among health plan participants was at 30%. In an effort to encourage utilization, the members made adjustments to their plan documents, and none of the changes included penalties to their employees.

As a result, usage of surgical center medical tourism jumped to 50% in the second quarter of 2019. In addition, the captive members had estimated savings of almost \$1 million in the first 6 months.

“We're very honored to win this award. Our members are truly committed to employee health and well-being, so this recognition is a tribute to all the hard work they've done,” said Jason Dixon, Partner at BevCap. “We've seen our hard work really pay off this year, and we look forward to further improvements in the years to come.”

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 www.BerkleyAH.com and connect with us at Contact@BerkleyAH.com.

SUN LIFE MAKES IN-PERSON BENEFITS ENROLLMENT A VIRTUAL REALITY

WELLESLEY, Mass. – As benefits enrollment season approaches and the pandemic continues, insurance providers and self-funded employers need to evolve to ensure that all enrollment needs can be met while maintaining everyone's health and safety.

Sun Life's virtual enrollment capability provides employers and employees with the tools they need to understand and choose their benefits without in-person meetings.

Through remote technologies, Sun Life benefits counselors engage directly with employees at the 1:1 or small group level, offering individualized guidance and support, open Q & A sessions, and even facilitating the complete enrollment process.

So far demand for Sun Life's fully digital enrollment services has increased significantly, with more than half (54 percent) of enrollment clients engaging in the virtual enrollment process this year.

"Enrollment season is already a challenging time for employees, as there are many benefit options to consider and a lot of decisions to make," said David Healy, senior vice president of Group Benefits at Sun Life U.S. "We recently expanded our technology solutions to provide more customized options for digital benefits enrollment, and we are constantly innovating to continue to improve this support in the future."

Sun Life also provides a customized landing page for the employer, giving employees a familiar, company-branded portal to navigate.

The landing page offers live or recorded informational sessions with a benefits counselor, informational videos, the employer's enrollment materials and a link to their enrollment page. Interest in the customized landing pages has increased dramatically during the pandemic, as employers seek engaging digital options to replace traditional on-site meetings. Approximately 98 percent of employees who register for their employer's landing page utilize it for enrollment.

"We expect even more interest in virtual enrollment as we get closer to enrollment season in the fall," added Healy. "The way people engage with their benefits is changing, and now more than ever it's important for us to serve employers and employees where they are."



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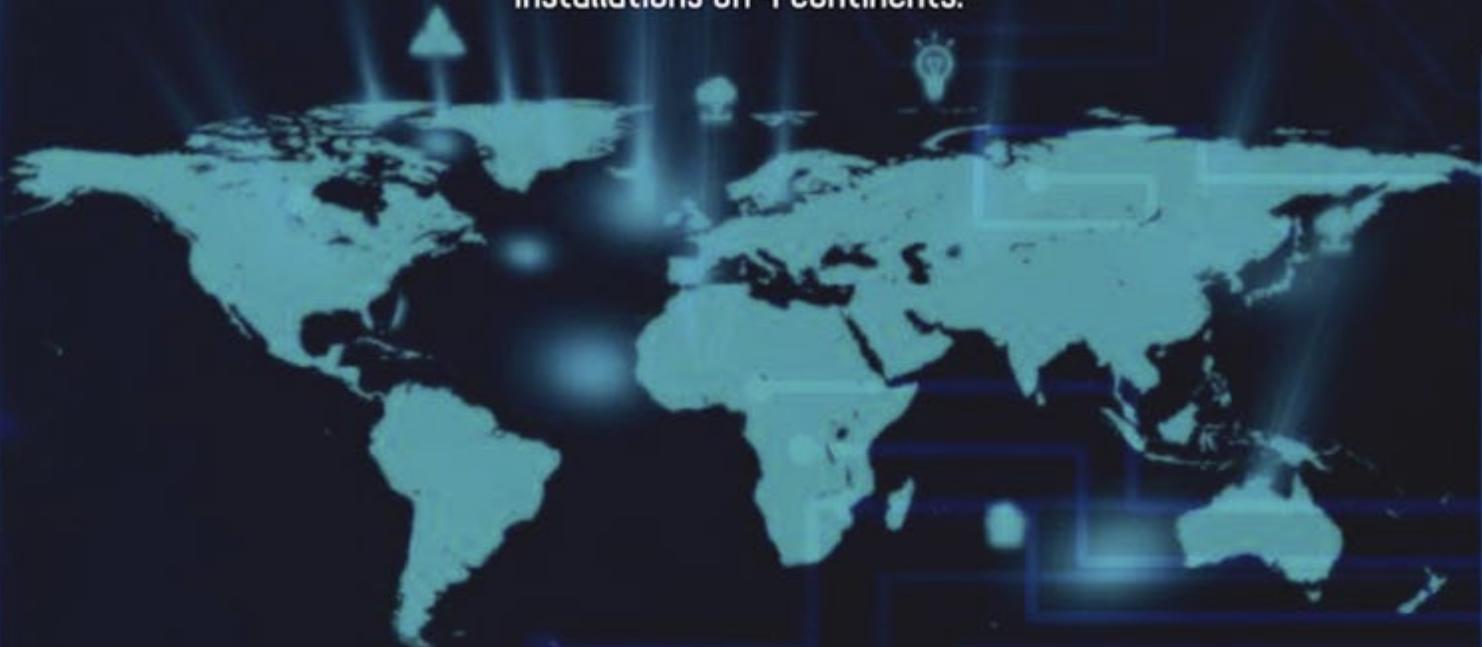
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For employers already using a dedicated benefits administration platform, Sun Life still provides benefits communication and enrollment support, and employees can reach a benefits counselor 24/7 via phone.

Telephonic enrollment for Sun Life clients has increased 16 percent since the pandemic began. Enrollment support is also available through Sun Life's own digital benefits administration platform, Sun Life + Maxwell Health.

For all of Sun Life's virtual enrollment resources, visit Sun Life's enrollment services page on www.sunlife.com/us.

About Sun Life

Sun Life is a leading international financial services organization providing insurance, wealth and asset management solutions to individual and corporate Clients. Sun Life has operations in a number of markets worldwide, including Canada, the United States, the United Kingdom, Ireland, Hong Kong, the Philippines, Japan, Indonesia, India, China, Australia, Singapore, Vietnam, Malaysia and Bermuda. As of June 30, 2020, Sun Life had total assets under management of C\$1,122 billion. Visit www.sunlife.com.

GOLD MEMBERS

AMPS ANNOUNCES BRUCE RALSTON JOINS SENIOR LEADERSHIP TEAM AS CHIEF TECHNOLOGY OFFICER AND CHIEF INFORMATION SECURITY OFFICER

PHOENIX – Advanced Medical Pricing Solutions (AMPS), a pioneer in cost management for the self-insurance industry, announces the appointment of Bruce Ralston as Chief Technology Officer and Chief Information Security Officer.

Mr. Ralston's technology leadership is an ideal fit within AMPS, a technology-driven company. He brings a mixture of experience, spanning healthcare insurance, security, architecture, and engineering.

"We've given Bruce a tall order; now that our services are fully cloud enabled, his initial focus will be extending our data insights and capabilities beyond our four walls, empowering our partners and self-insured groups, while maintaining a strong security posture. Bruce's expertise in workflow, claims processing and information security will play a large role in our new mobile enablement efforts and member services," stated Kirk Fallbacher, President and Chief Executive Officer at AMPS.

Ralston's Insight: Technology Trends and Industry Advancements

Mr. Ralston will also lead AMPS efforts with partners to contribute to the overall advancement of technology in the healthcare insurance industry by enabling a more integrated and secure experience for employer-sponsored plans and the members they serve through:

1. Secure information sharing to enable increased cost transparency of provider services
2. Mobile enablement of direct member access to healthcare benefits and claims information
3. Transparent bundled pricing, resulting in savings for both the plan and member expected out of pocket expenses
4. 'Zero-trust' security controls that address weaknesses of legacy network security paradigms

Mr. Ralston brings to AMPS a career dedicated to leading software development teams across the healthcare, travel, and financial services industries. His prior roles included managing security for six (6) hospital campuses and 125 clinics at HonorHealth; serving as Director of Architecture at Pegasus, leading engineers, developers, and quality assurance; and leading technology at Eldorado as Chief Technology Officer, responsible for engineering, quality assurance, and business analysis.

The addition of Mr. Ralston at AMPS follows the continued expansion of its executive team, which recently added several healthcare and health insurance industry veterans to its leadership team.

The addition of these industry-seasoned leaders, who together bring decades of experience in bending the cost curve to control the skyrocketing cost of healthcare, will help AMPS greatly enhance its ability to serve self-funded employer groups, brokers, third-party administrators and, most importantly, members.

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We're a leading third party administrator for self-funded employers of all sizes, in all industries. Driven by the unique needs of our employers and brokers, our proprietary technology systems give you the flexibility of customized plan design combined with the utmost in data security and online tools.

In addition to claims and benefits administration, we offer pharmacy benefit management, health management and wellness programs, stop-loss insurance, and print and payment solutions.

We offer a broader range of services and customized plans compared with other TPAs and have the flexibility of seamlessly integrating our solutions with your vendors.



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About AMPS

Advanced Medical Pricing Solutions (AMPS) provides market leading healthcare cost containment services for self-funded employers, public entities, brokers, TPAs, and reinsurers. AMPS mission is to help clients attain their goals of reducing healthcare costs while keeping members satisfied with quality healthcare benefits. AMPS leverages 15 years of experience in auditing and pricing medical claims to deliver “fair for all” pricing both pre-care and post-care. AMPS offers innovative dashboards and analytics to provide clients with insights based on Plan performance. Contact Amanda Hertig, Marketing, at ahertig@advancedpricing.com and visit www.advancedpricing.com.

SILVER MEMBERS

NOVA HEALTHCARE ADMINISTRATORS RECOGNIZED AS ONE OF THE BEST PLACES TO WORK IN HEALTHCARE IN 2020

Chicago, IL – Nova Healthcare Administrators (Nova) has been selected by Modern Healthcare as one of the 2020 Best Places to Work in Healthcare. The complete list of this year's winners, in alphabetical order, is available at ModernHealthcare.com/bestplaceslist.

Modern Healthcare will publish a special supplement featuring a ranked list of all the winners along with the October 12 issue.

Nova is an innovative health plan solutions company headquartered in Buffalo, New York. With over three decades of experience, they work with organizations to build custom health plans that create better outcomes for their clients and their members.

“It has been an especially trying year for the world, and healthcare in particular as COVID-19 ravages our communities and your workplaces,” said Aurora Aguilar, Modern

Healthcare's editor. “But the organizations recognized on this year's list rose to the top and continued to be a source of strength for their teammates. They have seen their colleagues fall ill to the virus and struggled with the economic impact of the pandemic. The loyalty and trust between employers and their workers is being put to the test now more than ever. We congratulate the Best Places to Work in Healthcare for continuing to serve their workforce and communities during such an unprecedented time.”

“There is no doubt 2020 has been a trying year. However, it has highlighted the importance that every associate plays in day-to-day operations and achieving our mission. We have spent this year focusing on making adjustments to a variety of

internal initiatives to reinforce our sincere appreciation for their work and emphasize the fact that the value of workplace culture isn't about a physical location but rather an overall approach to work, and living our core values,” noted Nova's President, Jim Walleshauser.

This award program identifies and recognizes outstanding employers in the healthcare industry nationwide. Modern Healthcare partners with the Best Companies Group on the assessment process, which includes an extensive employee survey.

Nova will find out their ranking on the Best Places list and be celebrated at the 2020 Best Places to Work in Healthcare awards gala taking place virtually on October 8 in conjunction with the Workplace of the Future Conference. Information on the award celebration and conference is available at ModernHealthcare.com/WOTF.

For more information or questions on the 2020 Best Places to Work in Healthcare recognition program or awards gala, please contact Jodi Sniegocki, Director, Education and Events, at jsniegocki@modernhealthcare.com and 312.649.5459.

About Nova

Evolving over the last 30 years, Nova aims to manage trend to reduce health care spend and improve self-funded health plan performance. Headquartered in Buffalo, NY, Nova is a wholly-owned affiliate of Independent Health. One size does not fit all. We work with flexibility to provide the solutions you need in the way you need them including medical, dental, vision, COBRA, reimbursement account

administration, and private-labeled partnerships. Nova provides clients with unique reimbursement pricing arrangements, customized strategies and personalized service. Visit novahealthcare.com.

H.H.C. GROUP NOW REPRICES WORKERS' COMP CLAIMS IN 40 STATES

H.H.C. Group (HHC) announced that it has begun repricing Workers' Comp claims to the fee schedule for the states of Washington, Oregon, Hawaii and Idaho.

This brings to 40 the number of fee schedule states for which HHC reprices Workers' Comp claims. Additionally, HHC will negotiate with providers and accesses multiple Workers' Comp Preferred Provider Organization networks to secure discounts below fee schedule in these four states, as it does in all fee schedule states.

“Our proprietary software reprices claims based on specific provider data and our Workers' Comp Compliance Officer makes sure all claims are being repriced utilizing the latest available fee schedules to ensure repricing accuracy. Consequently, providers challenge our calculations

less than 1% of the time.” said Dr. Bruce D. Roffe, HHC's President and CEO.

“Very importantly, we're able to turnaround the repriced claims with the discounts below fee schedule in 3 days or less. Our clients tell us our turnaround is faster and our repricing accuracy better than the companies they used before switching to HHC.”

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. Contact Bob Serber at rserber@hhcgroup.com, 301-963-0762 ext. 163 and visit www.hhcgroup.com.

PAYER COMPASS LAUNCHES COMPASSCONNECT: TRANSPARENCY FOR HEALTH PLANS AND MEMBERS

Plano, TX – Payer Compass, a leading provider of healthcare cost control solutions, announces the launch of CompassConnect, a transparency tool that will reshape the healthcare experience for third-party administrators, brokers, self-funded employer groups and plan members.

Using data intelligence from proprietary and multiple outside data sources, such as CMS and Physician Compare, CompassConnect is designed to drive increased plan utilization and healthier outcomes through transparency.

The platform contains an array of provider data – general contact info, specialty, cost, geographic location and quality ratings. Users have the freedom to compare and select physicians, ultimately giving the plan members control over how they spend their healthcare dollars.

The tool makes it easier to comprehend member health benefits through the dashboard feature that will show a full view of the member's utilization summary, individual claim history and overall plan terms.

The app was designed with the user experience in mind, keeping information easily digestible. Providers are identified in written and visual, color-coded form based on their level of acceptance for reference based pricing plans, ranging from “Safe Harbor Providers” to those that are not RBP friendly.

Employers' costs for plan benefits are driven by employees and their insured family members. To generate operational efficiencies and design a plan that best fits the members, CompassConnect gathers member data that is shared with the plan administrator.

This firsthand insight helps the plan admin or advisor identify high utilization members, design programs for them and specify terms to meet members with the care they need. Plans can also take this data to address member engagement, build trust, and ideally improve the organization's population health.

“CompassConnect is our next step in delivering the most innovate and client-centric solutions, supporting our mission to control the cost of care. The current state of healthcare – the accessibility and out-of-pocket-cost for the members – is so crucial at this time, and we feel like we have something that will genuinely make a difference,” says Greg Everett, President and CEO of Payer Compass.

Early results of the solution's impact show noticeable results – groups are seeing an uptick in plan utilization and more cases of plan acceptance by providers. It is proving to be helpful for members located in rural or remote areas where care options are limited by specialty or geographic location.

CompassConnect is an add-on solution for clients already integrated with our full reference-based pricing program, Innovate360, but it can also function as a standalone solution.

For additional information, please view CompassConnect video and the solution-specific page.

About Payer Compass

Payer Compass is an innovator in healthcare cost control, developing solutions dedicated to tackling spiraling costs and a lack of price transparency. Offering the most trusted proprietary healthcare reimbursement technology and price transparency solutions, we are dramatically reducing the cost of claims reimbursement for today's employers. Payer Compass' solutions – including the company's core, next-gen pricing platform Visium™ and Innovate360, an end-to-end RBP program, are used by a wide variety of customers within the self-funded community to manage any type of plan and the claims supported. As healthcare cost control experts, we deliver solutions needed to regain control of costs. Additional offerings include predictive plan modeling and data analysis reporting, care management and bundled payments. Contact Ginger Barrientez, Director of Marketing, at GBarrientez@payercompass.com and visit www.payercompass.com. ■

SIIA 2020

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SEPTEMBER 2020

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