



# NEWS FROM SIIA MEMBERS

## 2021 JANUARY 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](mailto:membernews@siia.org).*

*All submissions are subject to editing for brevity. Information about upgraded memberships can be accessed online at [www.siia.org](http://www.siia.org).*

*If you would like to learn more about the benefits of SIIA's premium memberships, please contact Jennifer Ivy and [jivy@siia.org](mailto:jivy@siia.org).*

## DIAMOND MEMBERS

### BERKLEY ACCIDENT AND HEALTH APPOINTS ELIANE OLSON AS REGIONAL SALES MANAGER

Hamilton Square, NJ – Berkley Accident and Health, a Berkley Company, has appointed Eliane Olson as Regional Sales Manager for its EmCap® Group Captive division.

In this role, Eliane will be responsible for developing business and maintaining relationships in the western U.S. to support our growing captive business. Eliane will serve the territories of California, Nevada, Arizona, New Mexico, Oregon, and Washington.

“Eliane has an established track record of market expansion and business growth in the western U.S. Her extensive professional network of broker and TPA relationships will be an asset to our organization” said Brad Nieland, President and CEO of Berkley Accident and Health. “I am excited to have her on our team.”

Eliane comes to the Berkley Accident and Health team with over 20 years of experience in medical stop loss underwriting and sales, on both the direct carrier and MGU sides of the business. Eliane holds a Bachelor of Arts degree in Political Science from UCLA, in Los Angeles, CA and resides in San Diego, CA.

### BERKLEY ACCIDENT AND HEALTH INTRODUCES OAK HARBOR REINSURANCE COMPANY

#### NEW INSURER OFFERS STOP LOSS GROUP CAPTIVE PROGRAMS

Hamilton Square, NJ– Berkley Accident and Health, a Berkley Company, is pleased to introduce Oak Harbor Reinsurance Company (Oak Harbor Re), an onshore captive insurance company offering protected cell programs.

Domiciled in North Carolina, Oak Harbor Re focuses on group captive programs that enable employers to self-fund their employee health plans with greater scale and stability.

“The creation of Oak Harbor Re provides a new onshore option for our clients and expands our suite of capabilities in a growing segment of the market,” commented Brad N. Nieland, president of Berkley Accident and Health. “Employers will



benefit from Berkley Accident and Health's management, expertise, and account support, while experiencing the many advantages of participating in a captive."

Berkley Accident and Health is a market leader in group captive solutions. Captive management services for Oak Harbor Re are provided by Strategic Risk Solutions, one of the nation's largest independent captive managers.

For additional information about programs offered by Oak Harbor Re, please visit [www.OakHarborRe.com](http://www.OakHarborRe.com) or contact David Littlehale at [davidlittlehale@strategicrisks.com](mailto:davidlittlehale@strategicrisks.com).

**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. For more information, please visit [BerkleyAH.com](http://BerkleyAH.com).*

**VÄLENZ APPOINTS RANDY DORSHORST AND PATTY ONION AS VICE PRESIDENTS**

PHOENIX, AZ – Välenz™ is pleased to announce the appointments of Randy Dorshorst and Patty Onion to the leadership team. Dorshorst joins the company as Vice President, Ecosystem Success, while Onion will serve as Vice President, Claim Operations.

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Dorshorst will lead and advance the innovation behind the Valenz health administrative ecosystem, combining health data analytics with care service delivery to reduce health costs for the self-insured industry and promote quality care.

“We are thrilled to welcome Randy to our senior leadership team to oversee the continuing success of our product, data and client program solutions,” said Rob Gelb, Chief Executive Officer of Vālenz. “Randy offers 30 years of expertise in driving growth, technology and value through custom solutions, which makes him an outstanding fit to lead Valenz in the purposeful expansion of our ecosystem.”

Most recently, Dorshorst served as Vice President for AViDEL Medical Management in Irving, Texas.

With his comprehensive leadership and management skills, he directed the successful launch of AViDEL as a sister company to Service Lloyds Insurance Company, where he was Vice President for Medical Management Service.

Dorshorst also has held executive positions at HealthSmart Casualty Claims

Solutions, Web TPA and CorVel Corporation.

Onion will draw from more than 30 years' experience in managed care, workers' compensation and third-party administration to lead Claim Operations.

“Patty's proven success in setting strategic direction and implementing managed-care platforms and services makes her uniquely well-positioned for this role,” said Amy Gasbarro, Chief Operating Officer of Valenz. “She brings tremendous expertise in claim operations and process improvements that will help us go even farther to drive results for our clients and offer the highest possible level of service.”

Onion most recently served as principal for Milana Health Systems in Kansas City, Mo., specializing in workers' compensation managed-care consulting. She was CEO of Berkley Medical Management Solutions and has held executive roles with numerous health-related companies including Coventry Health Care, Premera Blue Cross and Mercy Health Plan.

“I have been fortunate to know Patty and Randy for years, and most recently we have benefited from their guidance and counsel as consultants to Valenz,” Gelb said. “Today, I couldn't be happier to have them on board full time, as they both bring outstanding leadership and deep expertise that will empower us to further deliver on our promise of smarter, better, faster healthcare.”

#### **About Vālenz**

*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. Vālenz solutions integrate data from comprehensive care management services (Vālenz Care), high-value provider networks (Vālenz Access), claim flow management (Vālenz Claim), and solutions for payment integrity, revenue cycle management and eligibility compliance (Vālenz Assurance) into the ecosystem. Visit [valenzhealth.com](http://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](http://www.gppfunds.com).*

## **RENALOGIC INTRODUCES CAREINSIGHTS.AI THE COMPLETE INTERVENTION PROGRAM THAT PUTS AN END TO SURPRISE CATASTROPHIC DIALYSIS CLAIMS COSTS**

Cost containment alone is no longer the gold standard for managing risks associated with Chronic Kidney Disease (CKD). It's better to avoid catastrophic dialysis, and

CKD claims costs altogether. Now, CareINSIGHTS.ai enables Renalogic to manage cohort risks by predicting health states and future costs.

Renalogic, the leader in comprehensive kidney care and dialysis risk management, announced CareINSIGHTS.ai. CareINSIGHTS.ai is the first of its kind clinical intervention program powered by AI-based predictive modeling and is proven to help bend the catastrophic claims cost curve.

CareINSIGHTS.ai is the industry's most advanced kidney care management program combining intelligence with tailored intervention to reduce the associated risk.

"We're putting an end to surprise dialysis claims and changing the prognosis while reducing the hidden risk associated with CKD," Mark Masson, President at Renalogic, said. "The shift to identifying previously hidden risk results in a new, higher standard of chronic condition management. Today, we are identifying future CKD risk earlier than anyone else. CareINSIGHTS.ai can accurately predict when individuals will progress to higher acuity stages of chronic kidney disease and when they will progress to dialysis without proper intervention. This enables us to control future risks and provide the right care at the right time. We are helping to avoid growing claims costs associated with CKD and dialysis."

CareINSIGHTS.ai arrives at a time when CKD continues to be the third-highest medical claims cost category.

In 2020, estimated claims cost associated with CKD, which is often referred to as "the silent epidemic," will total over \$100 billion for commercial health plans.

With new predictive modeling and AI, using hundreds of data dimensions, CareINSIGHTS.ai can accurately predict each plan member's propensity to advance to the next CKD stage, including dialysis within the next 12 months.

That's every member, even those without a CKD diagnosis. This makes it possible to avoid the risk associated with CKD and dialysis by delivering personalized intervention based on much more than the member's CKD stage, including their trajectory and expected progression toward dialysis.

For more than a decade, Renalogic has been using data to mitigate CKD and dialysis risk. Now, CareINSIGHTS.ai is the next evolution of predictive modeling powered by AI.

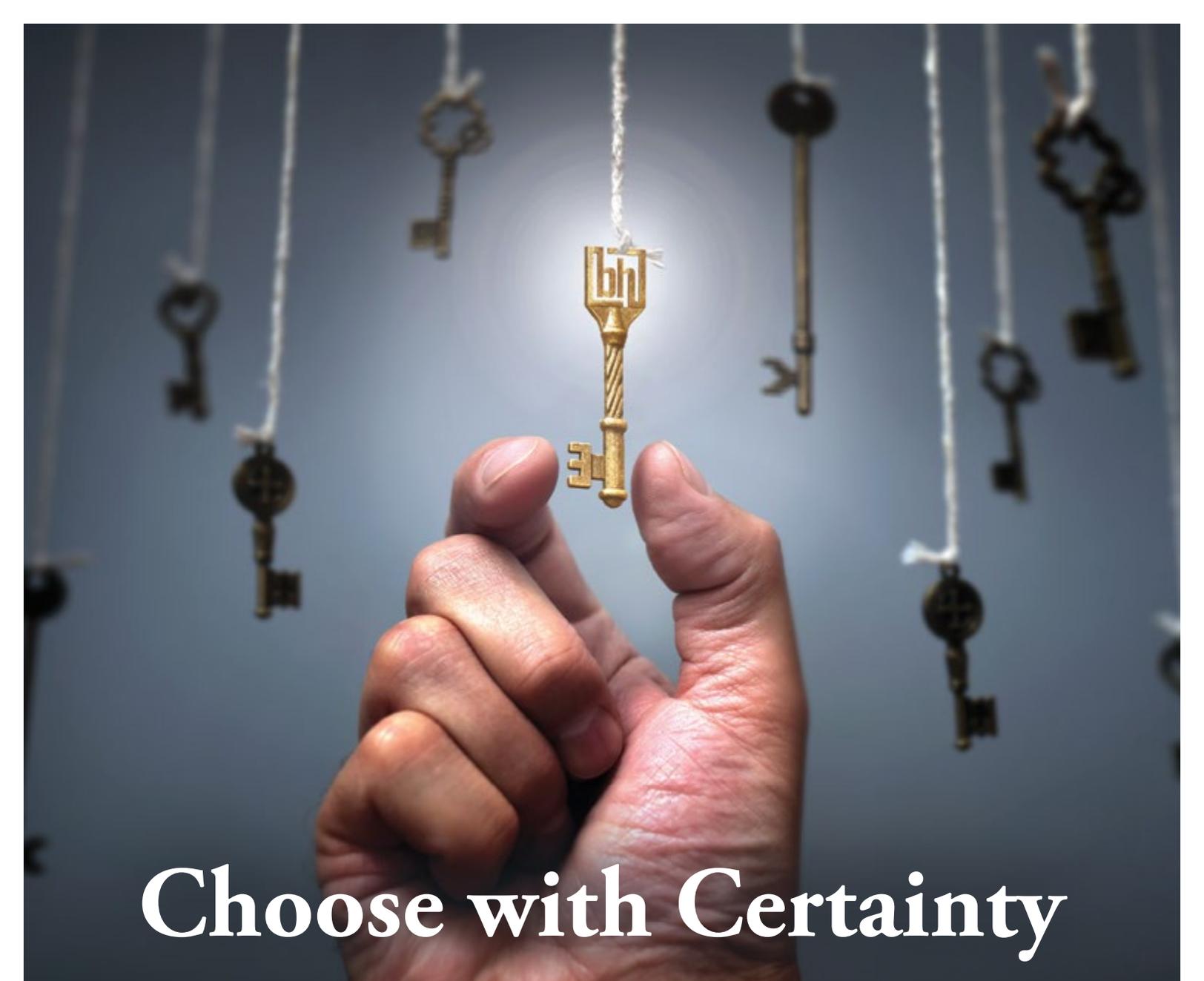
CareINSIGHTS.ai reports with 90% accuracy in identifying where and when CKD and dialysis claims will appear in the future. Over time, predictive modeling will improve as it continues to think and learn as a "doctor."

CareINSIGHTS.ai gives health plan administrators a look into future healthcare claims costs and utilization. "When we know what's coming, we have time to avoid an emergent start to dialysis," Masson said.

Renalogic, a pioneer in dialysis cost containment, is again leading the industry by adopting a modern, AI-driven approach. "By taking the guesswork out of hidden risk, we're giving health plan fiduciaries an extraordinary advantage compared to other dialysis cost containment options. CareINSIGHTS.ai layers claim cost containment and cost avoidance. What's more, the proprietary predictive intelligence indicates plan needs and could present additional savings for plans year over year."

The Renalogic Kidney Dialysis Avoidance Program (KDAP) successfully slows, stops, and even reverses CKD progression. Nearly 80% of active KDAP members who have participated for six months or more have maintained or improved their CKD disease state.

CareINSIGHTS.ai identifies additional risk earlier, identifies gaps in care, and is the leading indicator for each member's dialysis trajectory. This makes personalized intervention as unique as



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each member's fingerprint a reality for Renalogic clients.

**About Renalogic**

*For nearly two decades, we continue to be proud, forward-thinking leaders in a niche industry that is in crisis. We are an ambitious disruptor driving positive change to contain the catastrophic costs of dialysis. We are changing the way plan administrators think about dialysis. Chronic Kidney Disease (CKD) costs are an epidemic issue that will not resolve on its own. The logical approach is to get ahead of the curve. We are one company, one cause, leading the industry by empowering our clients to avoid dialysis altogether with solutions and technology for kidney disease management. No one does what we do. We exist to open minds, achieve sustainable results for our clients, and advocate for kidney disease management, dialysis cost containment, and prevention. Contact Renalogic at [mschaefer@renalogic.com](mailto:mschaefer@renalogic.com) and visit [www.renalogic.com](http://www.renalogic.com).*

**THE PHIA GROUP NAMED A TOP PLACE TO WORK FOR 2020 BY THE BOSTON GLOBE**

Canton, MA – It is with great honor and humility that The Phia Group announces it has been named by The Boston Globe as one of the Top Places to Work in Massachusetts.

In its 13th annual employee-based survey, The Boston Globe – having assessed anonymous employee feedback, and details about the company – determined that The Phia Group provides one of the most rewarding, meaningful employment

experiences in the Commonwealth of Massachusetts.

Each year, The Boston Globe publishes in its “Top Places to Work” issue, a list of employers it recognizes as being the most admired workplaces in the state, voted on by the people who know them best – their employees.

The survey measures employee opinions about their company’s direction, execution, connection, management, work, pay and benefits, and engagement.

When the results were tallied and analysis was completed, The Phia Group was ranked #27 of the top 55 medium sized companies. “This was a particularly challenging year to be a great place to work, and the companies that made our list went above and beyond to keep their employees safe, engaged, and cared for,” said Katie Johnston, the Globe’s Top Places to Work editor. “From offering help with childcare to making the workplace more equitable, to holding virtual events, these employers showed that the best get better in crisis.”

The rankings are based on confidential survey information collected by Energage (formerly Workplace Dynamics), an independent company specializing in employee engagement and retention, from more than 80,000 individuals at hundreds of Massachusetts organizations.



# Delaware's Captive Bureau is business at the next level

*In Delaware, our captive regulators are dedicated exclusively to our captive insurance clients' needs, and work under the direction of our Captive Bureau leadership, directed by Steve Kinion.*



**STEVE KINION, DIRECTOR**  
Bureau of Captive &  
Financial Products  
Department of Insurance  
Steve.Kinion@state.de.us

There are 34 people working on Delaware's Captive team. Of this total 15 are financial analysts. Under Delaware's regulatory organization, the financial analyst is the first-line regulator who communicates with the captive manager or owner.

As a result, all inquiries, business plan changes, dividend requests, and other related matters are first addressed by the analyst. The experience level of these analysts is unmatched.

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Our team has 15 analysts

- ◆ **12 hold the Associate in Captive Insurance (ACI) designation**
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- ◆ **9 hold the Certified Financial Examiner (CFE) designation**
- ◆ **2 are Certified Public Accountants (CPA)**



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The winners share a few key traits, including offering progressive benefits, giving their employees a voice, and encouraging them to have some fun while they're at it.

"This is one of the proudest days of my life." The Phia Group's CEO, Adam Russo, remarked. "I say this team is like family; but we don't usually get to choose who is a part of our family. Our employees choose to be part of this family."

"Ensuring that people have access to the best health care at the lowest cost possible is our purpose. It's what we provide to our clients, and it's what we provide to our own staff." Adam continued. "When your people are happy, your clients are happy. It's not always the easiest or quickest path to success, but it is a lot more permanent."

### **About The Phia Group**

*The Phia Group, LLC, headquartered in Canton, Massachusetts, and with offices in Hartford, Boise, and Louisville, is an experienced provider of health care cost containment techniques offering comprehensive claims recovery, plan document and consulting services designed to control health care costs and protect plan assets. By providing industry leading consultation, plan drafting, subrogation and other cost containment solutions, The Phia Group is truly Empowering Plans. Contact Garrick Hunt at [ghunt@phiagroup.com](mailto:ghunt@phiagroup.com), 781-535-5644 and visit [www.PhiaGroup.com](http://www.PhiaGroup.com).*

### **About Boston Globe Media Partners LLC**

*Boston Globe Media Partners, LLC provides news and information, entertainment, opinion and analysis through its multimedia properties. BGMP includes The Boston Globe, [Globe.com](http://Globe.com), [Boston.com](http://Boston.com), [STAT](http://STAT.com) and [Globe Direct](http://Globe Direct.com). Visit [www.bostonglobe.com](http://www.bostonglobe.com).*

## **SUN LIFE NAMED A TOP TEN EMPLOYER BY THE BOSTON GLOBE'S 2020 TOP PLACES TO WORK**

WELLESLEY, Mass.-- For the third year in a row, Sun Life U.S., a national provider of medical stop-loss and other lines, has been named a Top Place to Work in Massachusetts by The Boston Globe, making the top ten for the state's largest employers.

Top Places to Work recognizes the most admired workplaces in the state, voted on by the people who know them best—their employees. The survey measures employee opinions about their company's direction, execution, connection, management, work, pay and benefits, and engagement.

This year, Sun Life engaged employees in new and unique ways to offer family support and a healthy work/life balance during the pandemic with everyone working from home.

"This year has brought many new challenges, and with them a new sense of commitment and camaraderie," said Dan Fishbein, M.D., president of Sun Life U.S. "Even while working virtually our employee engagement has never been higher, and we are extremely fortunate to be able to support our employees while maintaining strong levels of productivity and service for our clients, who we know are also facing challenges during this difficult time."

Since March 16, Sun Life has had nearly all employees working from home. Over the summer, Sun Life partnered with the Boston Children's Museum to create a virtual summer camp program for employees' children, providing families with fun and educational activities to do at home.

Sun Life leaders also took flexibility to a new level with a Flexibility Pledge that encouraged employees to take time to spend with children during the day, get groceries, check on loved ones, or simply step away and take a walk.

Continuing that initiative into the fall, Sun Life implemented Flexibility 2.0, an arrangement allowing employees to flex up to 12 hours per week without manager approval in order to accommodate homeschooling or other caregiving commitments.

As part of Sun Life's focus and commitment to supporting racial equality and equity, the company partnered with the NAACP Legal Defense and Education Fund and the Smithsonian National Museum of African American History & Culture to support voting and educational initiatives.



# AccuRisk

## A VALUED PARTNER FOR 2021 AND BEYOND

AccuRisk's goal from day one has been to be a real partner. We listen to and collaborate with our partners to ensure they are able to offer the best, most customized products to their clients. We are leaders in benefit and service solutions, and product development with a staff that has diverse skills and broad expertise.

As we embark on the New Year, we continue to lead the way with dynamic solutions to fit our ever-evolving world with the launch of our Ancillary and Captive Products.

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Additionally, Sun Life's Team Up Against Diabetes grant program is supporting community organizations around the country who are fighting diabetes and health disparities in communities of color.

"We believe in an inclusive workplace that recognizes the value of diversity in our business and our culture," said Tammi Wortham, vice president of human resources at Sun Life U.S. "We also recognized the urgency of acknowledging and addressing racial inequity and inequality in our communities and the country. We have assembled a cross-functional team of employees called Allies Acting for Change, to ensure that we are supporting all aspects of equality within our workforce and our industry."

**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 September 30, 2020, Sun Life had total assets under management of C\$1,186 billion. Visit [www.sunlife.com](http://www.sunlife.com).*

*In the United States, Sun Life is one of the largest group benefits providers, serving more than 60,000 employers in small, medium and large workplaces across the country. Sun Life's broad portfolio of insurance products and services in the U.S. includes disability, absence management, life, dental, vision, voluntary and medical stop-loss. Sun Life and its affiliates in asset management businesses in the U.S. employ approximately 5,500 people. Group insurance policies are issued by Sun Life Assurance Company of Canada (Wellesley Hills, Mass.), except in New York, where policies are issued by Sun Life and Health Insurance Company (U.S.) (Lansing, Mich.). Visit [www.sunlife.com/us](http://www.sunlife.com/us).*





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## GOLD MEMBERS

## BERKSHIRE HATHAWAY SPECIALTY INSURANCE ANNOUNCES LAUREN FINNIS TO LEAD CUSTOMER & BROKER ENGAGEMENT, CENTRAL REGION

BOSTON -- Berkshire Hathaway Specialty Insurance (BHSI) announced that Lauren Finnis has been named Vice President, Customer & Broker Engagement, for the Central Region, based in Chicago. She was previously Vice President of Customer & Broker Engagement for the Eastern Region.

"Since joining BHSI in 2014, Lauren has played an integral role in BHSI's success in building our customer and broker intelligence platforms. Most recently she has been responsible for working with our underwriting team to strengthen customer and broker relationships throughout the Eastern U.S. region. We are excited about the impact Lauren will continue to have on our business, spearheading our growth strategies and deepening our customer and broker relationships in the Central region," said Lori Spoon, Head of Customer & Broker Engagement, BHSI.

Lauren has more than a decade of industry experience. Before joining BHSI, she held various roles focused on broker relationship management and global property underwriting.

Lauren holds a master's degree in Accountancy from Vanderbilt University and a bachelors degree in Business Administration from the University of North Carolina at Chapel Hill. She holds Associate in Risk Management and Chartered Property Casualty Underwriter (CPCU) certifications.

### About BHSI

*Berkshire Hathaway Specialty Insurance provides commercial property, casualty, healthcare professional liability, executive and professional lines, transactional liability, surety, marine, travel, programs, accident and health, medical stop loss, homeowners, and multinational insurance. It underwrites on the paper of Berkshire Hathaway's National*

*Does managing specialty costs feel like a balancing act?*

### Script Care's Flexible Specialty Copay Program (FSCP) offers the best of both worlds.

Specialty costs are tricky: Lean too hard on copays and members can no longer afford their medications – leading to expensive medical complications. But if copays are set too low, *the plan* is left shouldering additional costs for these expensive medications.

Script Care's FSCP helps navigate this troublesome cost dilemma: Our team of specialists secures every available penny of copay assistance for members and, at the same time, the program **reduces the plan's overall specialty costs by as much as 22%!**

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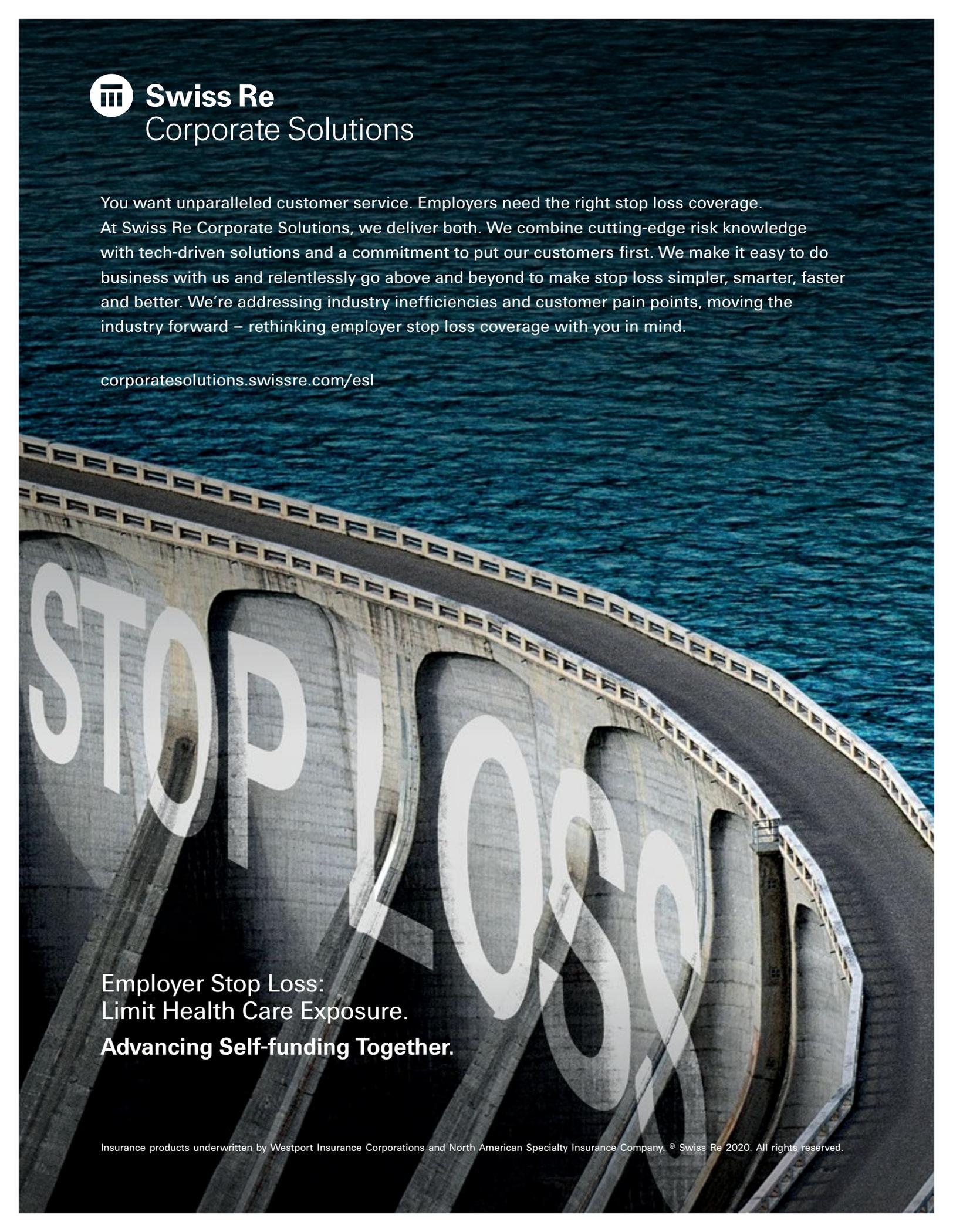




# Swiss Re Corporate Solutions

You want unparalleled customer service. Employers need the right stop loss coverage. At Swiss Re Corporate Solutions, we deliver both. We combine cutting-edge risk knowledge with tech-driven solutions and a commitment to put our customers first. We make it easy to do business with us and relentlessly go above and beyond to make stop loss simpler, smarter, faster and better. We're addressing industry inefficiencies and customer pain points, moving the industry forward – rethinking employer stop loss coverage with you in mind.

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- Include/Exclude High Cost Members
- Dynamic Benchmarks - "BYOB" Reporting
- New! Out-Of-Pocket Distribution Report
- Enhanced User Management - Configurable Phi/Fi Rules
- Include/Exclude High cost Members

**SILVER MEMBERS**

**DEERWALK ANNOUNCES NEW RELEASE OF PLAN ANALYTICS, ITS FLAGSHIP POPULATION HEALTH ANALYTICS AND REPORTING APPLICATION**

Deerwalk's announces latest release of Plan Analytics, the flagship population health analytics and reporting application that incorporates several new and enhanced features in version 10.6. Plan Analytics is fully integrated with the clinical workflow platform, Care Manager.

We've added new functionality that makes it easy for users to omit or include high cost members when reporting on or analyzing a population. Either from the Default Settings menu or from the report generation menu, users can elect to exclude high cost members (which is

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user defined) from reports or only report on high cost members.

This allows users to quickly determine the impact high cost members have on various metrics, such as trend - making for more informed decision making.

### **Dynamic Benchmarks - “BYOB” Reporting**

Like other analytics vendors, Deerwalk's benchmarking has been based on a static benchmark dataset - meaning that the benchmark results are pulled from a table of pre-calculated values.

The Deerwalk commercial benchmark dataset, that is incorporated into our standard reports, consists of over 1,100 benchmark values that contain data from a pre-set 24-month period. Most other benchmark data sources are based on a 12 month period - which is less reliable than a 24 month period.

With the launch of dynamic benchmarking, which essentially allows users to build their own benchmark (BYOB) reporting from within the custom reporting Create Module.

In other words, users can access unique benchmark values, beyond our standard benchmark values, that can be generated on the fly by pulling data from either the Deerwalk book of business (BOB) or their own BOB data set (if applicable).

For example, if you're building a non-trended Chart report and you select certain value field operators (Average, PMPM, PMPY, PEPM, PEPY, Per 1000, or % of Total), you will be given the option to add benchmark values to the resulting chart.

Example reports show the averages for Actual Paid Amount, Prior Period Paid Amount, and Benchmark Average Paid Amount by Relationship Class. Another example could be the ability to quickly determine the average cost of a high cost drug.

### **New! Out-Of-Pocket Distribution Report**

Users can now access an Out-of-Pocket Distribution Report that allows users to answer questions such as How many members have met their deductible? How many members have met their OOP max? This report can be run on a Subscriber or Member basis for either total Out-of-Pocket expenses or Deductibles.

The top half of the report displays population distribution tables and pie charts that show the number of Individual Subscribers and Family Subscribers that (1) hit, (2) exceeded, or (3) spent less than the OOP maximum/deductible that users entered in the option fields.

The bottom half of the report displays expense distribution tables and spline charts that reflect average OOP/deductible expenses for subscribers/members with expenses that fell within any of the predefined expense ranges shown in the tables.

### **Enhanced User Management - Configurable Phi/Fi Rules**

Prior to this release, Administrative users could set up other users with either blinded or unblinded PHI access. There was an ability to define the PHI parameters which Deerwalk could configure behind the scenes.

With this release, we've put the configuration control in the hands of our clients and expanded these settings to allow Administrative users to choose from Deerwalk curated default PHI and FI (Financial Information) settings or the ability to create multiple custom PHI and FI parameters - and apply at the individual user level.

Other configuration options within the User Rights Module include: creating user roles; creating default user permissions; copying existing permissions; granting access to specific groups, functionality, and reports.

### **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. Deerwalk Partners 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. Contact Leslie Ricci, MBA, BSN, RN, Director of Sales, Care Management, at [Lricci@deerwalk.com](mailto:Lricci@deerwalk.com) and visit [www.deerwalk.com](http://www.deerwalk.com).



## CLAIMLOGIQ ANNOUNCES NEW VICE PRESIDENT OF OPERATIONS, DIRECTOR OF HR AND COMPLIANCE

The company structural changes combine its 50% female-owned status with a 50% female-led organization.

ClaimLogiq, a healthcare payment integrity software and technology company, today announced the addition of Jenn Voss as Vice President of Operations and Krystal Vargha as Director of Human Resources and Compliance.

These changes to the leadership team make the company a 50% female-led organization and are a result of the accelerated growth experienced by ClaimLogiq in 2020.

ClaimLogiq continues to make strategic moves to scale the company and operations amid a heightened demand for their end-to-end payment integrity solutions uniquely offered to the healthcare payer market as SaaS, Services or Hybrid models.

Mrs. Voss and Mrs. Vargha, amongst others, join a leadership team under newly-hired Chief Operating Officer, Josh Burrus.

Mr. Burrus is working to strengthen ClaimLogiq's mission to deliver a proactive approach to payment integrity for all size healthcare payers and brings with him two decades of BPO experience with a focus on payment integrity in the healthcare space.

Mr. Burrus' career in the healthcare industry is well-suited to the trajectory of ClaimLogiq's products and services as he is known for his expertise at building successful teams and programs ready for scalability.

Despite 2020 presenting challenges to many, ClaimLogiq has experienced no disruption in business and is thus maintaining year-end projections for triple-digit revenue growth alongside a record-setting year for software developments.

This has paved the way for Mr. Burrus to strategically restructure the company talent landscape for continued explosive

growth and tactical scalability.

He comments, "We are at an exciting juncture in our company growth and I am honored to be in a position to bring immense talent to the team." He continues, "The addition of subject matter experts such as Jenn Voss and the movement of already acquired talent such as Krystal Vargha to key positions within the company, adds the best possible quality to our internal infrastructure that will resonate in strength with our products and excellence in service we provide for our clients."

As Vice President of Operations, Mrs. Voss will oversee the day-to-day workflows of processes and people and align that directly with company strategic goals to over-deliver on client expectations and meet objectives at above industry-standards.

Her 17-year experience in the payment integrity field includes claim auditing at Connolly (now, Cotiviti) and following

that, Optum - before joining ClaimLogiq.

Voss has specific roots in data mining and over payment recoveries spanning both pre- and post-payment modalities and will leverage this focus to grow those product lines within ClaimLogiq.

Her previous roles in operations with service-specific focus at the Director level, has the breadth and depth of experience to take on the fast-paced growth of operations at ClaimLogiq at the VP level.

"I am beyond thrilled to be joining the team at ClaimLogiq and readily embrace their much-needed fresh perspective on disrupting the payment integrity space, that is already bringing next-generation solutions to their clients." She continues, "I am excited to be hands-on in a leadership role with a department that is vital to the beating heart of any organization and at ClaimLogiq, a key component to our success with clients. I believe we are poised with strength, experience and fortitude in our values and that these are evident in the products and innovative solutions that we bring to the market empowering our clients to have the best possible outcomes, improving the healthcare industry as a whole."

Joining the leadership team as newly appointed Director of Human Resources and Compliance is Krystal Vargha. She has spent her career in talent recruitment and development and is credited with building the future structure of human talent acquisition and retention at ClaimLogiq.

Mrs. Vargha's new role with the inclusion of compliance is "A perfect fit for her talents and attention to core values that drive ClaimLogiq's people and product foundation.

As we focus our attention to hire the best and the brightest in the payment integrity space, the privacy and compliance standards we uphold for our clients must be the same for those that are charged with delivering these day in and day out," states Josh Burrus, ClaimLogiq COO.

"It makes great sense to combine our people values and with our product values and more closely intertwine them as they really are, one and the same." Mrs. Vargha adds by commenting, "I am excited to be in a transformative position within ClaimLogiq where I am empowered to simultaneously grow the number of people who are passionate about making claims logical and share our values of trust and transparency to reflect those in our technology offerings."

She continues "The addition of compliance to my role enhances our ability at ClaimLogiq to service our clients with quality as our first focus when it comes to upholding the strictest of compliance and privacy standards and retaining the right people who are charged with delivering those high standards."

Voss and Vargha join Burrus, Chief Operations Officer, Justin Hudd, Chief Information Officer, Todd Hill, CEO, Janene Hill, Executive Vice President, Scott Strent, Senior Vice President of Sales and, Rebecca L. Price, Director of Marketing as the newly formed leadership team at ClaimLogiq, making the company 50% female-led.

"I am enjoying this exciting growth period at ClaimLogiq and can clearly see the bright future ahead for our company and our clients under this extremely driven and passionate group of people." states Todd Hill, ClaimLogiq CEO. "I know that the vision we have for our part in transforming the healthcare industry is in good hands as our bench is stacked with subject matter experts and leaders in their fields who are ready to execute our mission to deliver proactive payment integrity and a higher quality of healthcare for all."

Founded by Todd and Janene Hill, ClaimLogiq has been in the business of challenging the norm and disrupting the healthcare space for nearly two decades. ClaimLogiq believes the "black box" model for payment integrity is no longer acceptable – sending claims out for audit and waiting on the results to be delivered after an unknown period of time, without control or insight into the process.

As an industry disruptor, ClaimLogiq can offer software and technology with unparalleled accuracy and consistency, agile enough to adapt to each requirement of specific payer and provider agreements.

The payer-facing claim-analyzing software provides real-time transparency into the status of each and every claim

and empowers payers to adapt to a proactive approach to payment integrity through complete customizability and client-driven control over the software.

The platform can be implemented as a SaaS, full-services or hybrid model giving clients the power to choose how their payment integrity goals are managed.

ClaimLogiq's HITRUST CSF® certified solution leverages automation, machine learning and collaboration to support payers' payment integrity programs including Hospital DRG and Itemized Bill reviews, Facility and Professional claims, pre-pay or post-pay recovery programs and data mining. The software performs its extensive battery of claim selection rules and edits without interruption to payers' adjudication throughput regardless of claim type or volumes.

Moreover, TrueCost delivers its audit results with repeatable, predictable results, all of which is managed within a single platform providing industry-leading ROI, bar none.

**About ClaimLogiq**

*ClaimLogiq is a healthcare software and technology company that delivers a proactive approach to payment integrity through a powerful, simplified solution. The unique payer-facing, claim-analyzing solution is HITRUST CSF® certified and makes claims accessible to all size healthcare payers for in-depth insight and real-time access into the status of every claim at every stage of the audit lifecycle*

*for controlled, consistent, accurate and defensible outcomes, second to none.*

*ClaimLogiq's innovative software stands out from the crowd by allowing payers client-driven control, customizability and total transparency over the entire claim process and can applied as a SaaS model, full services, or as a hybrid, to suit the specific needs of every payer and provider agreement.*

*ClaimLogiq's groundbreaking technology produces more cost savings and all-but-removed provider abrasion impacting millions of lives annually in the pursuit of a higher quality of healthcare for all. For more information, visit [www.claimlogiq.com](http://www.claimlogiq.com) or follow ClaimLogiq on LinkedIn. ■*

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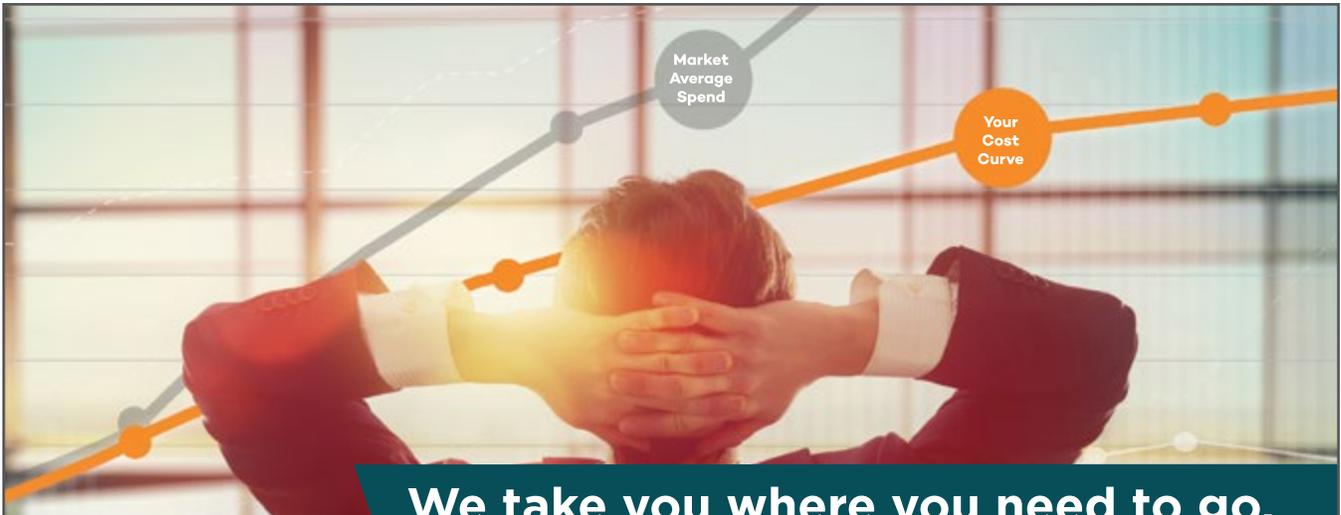
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