# Our Health Captive Story

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# Health Insurance Costs for Municipalities

# Problem:

Rising health insurance costs that compound yearly

## Solution:

Take a more active role in cost management.



# The "Why"

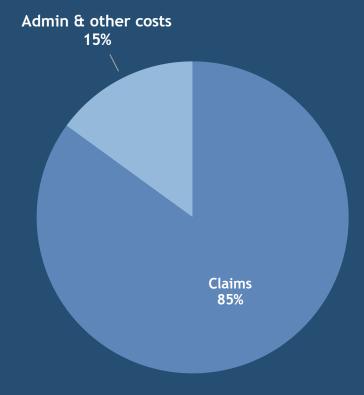
#### **Insurance Cost Increase:**

U.S. employers are bracing for the largest increase in health insurance costs in a decade next year, according forecasts from healthcare consultants, but workers may be somewhat spared this time around in a tight labor market. Benefit consultants from Mercer, Aon, and Willis Towers Watson see employer healthcare costs jumping 5.4% to 8.5% in 2024 due to medical inflation, soaring demand for costly weightloss drugs and wider availability of high-priced gene therapies. (Reuters, 2023).

#### Medical Loss Ratio (MLR) requirement with ACA:

The ACA requires health insurers in the individual and small group markets to spend at least 80% of their premium revenues on clinical care and quality improvements. For the large group market, the MLR requirement is 85%

#### **Health Insurance Costs**



## Strategy Timeline



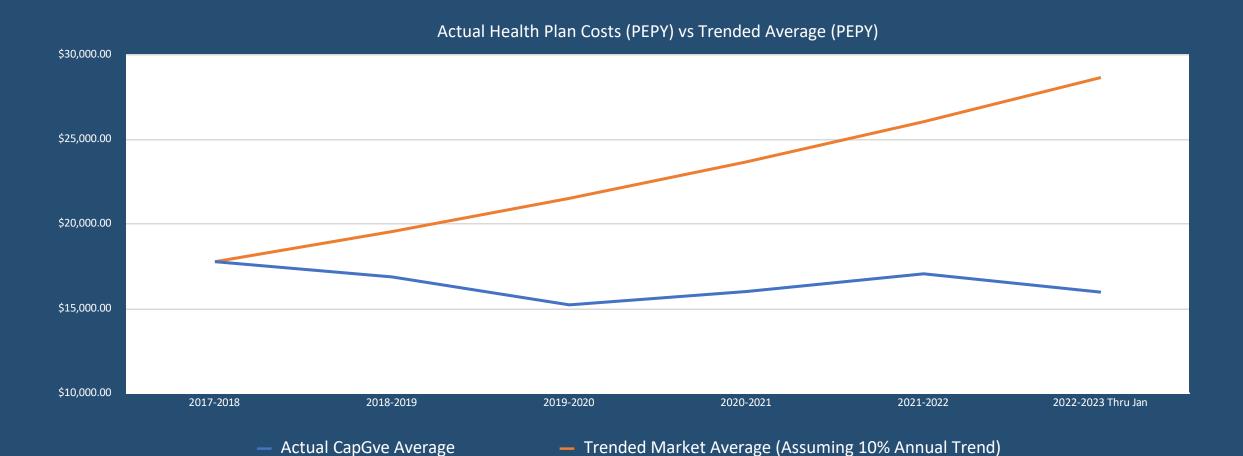
2016: established captive for the city, county, and hospital.

- Shared objectives
- Differing plan contracts with shared captive layered risk
- Combined group met 1000 life threshold for captive, leading to decreasing overall admin & ancillary cost
- Steer healthcare dollars to the local hospital through plan design resulting in a dramatic increase in revenue for the hospital

#### 2019-Now

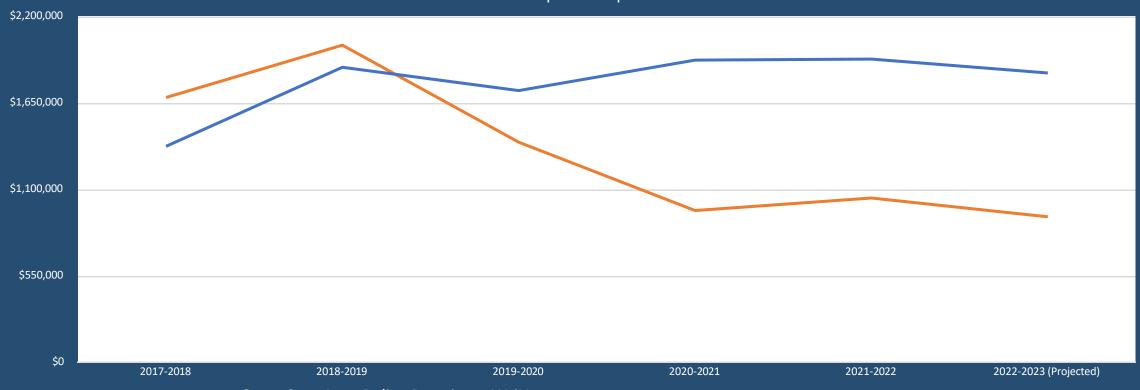
- Direct contracting with facilities locally and regionally (facility focused) at < 150% Medicare</li>
- Negotiate with non-local facilities (prior to service) at < plan allowable (200%) Medicare factor
- Plan design to steer and consult with members for utilization of cooperative providers

## Results - Actual Captive Health Plan Costs (PEPY) vs Trended Average (PEPY)



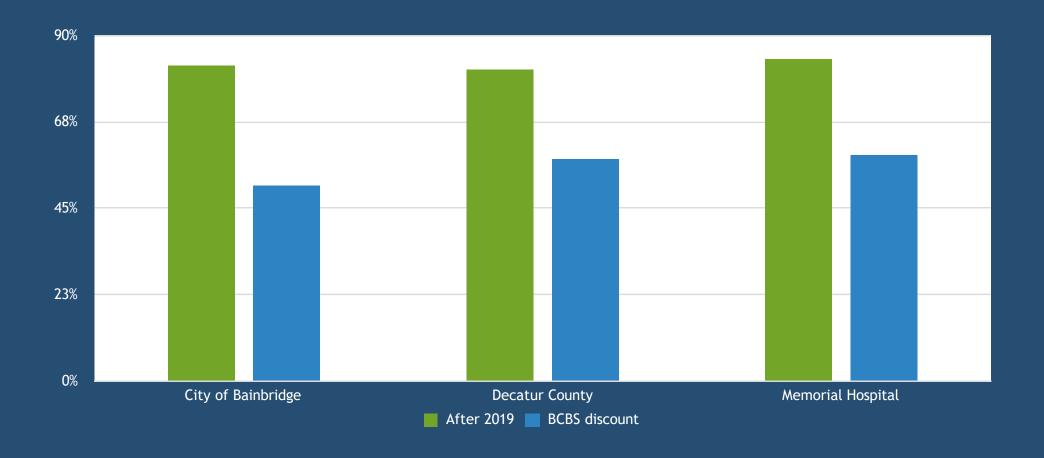
## Results – Medical Stop-Loss Captive Performance

### Medical Stop-Loss CapGve Performance



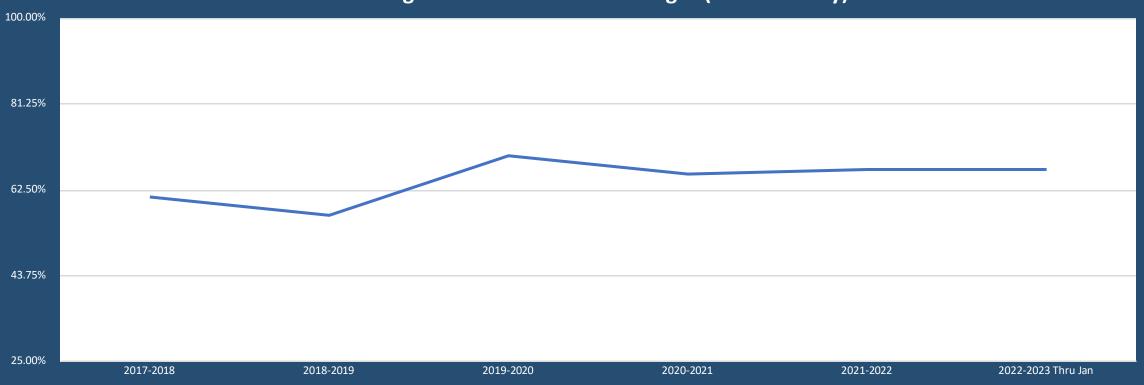
- Gross Stop-Loss Policy Premiums WriUen
- Net Stop-Loss Premiums (Stop-Loss Premium WriUen minus ParGcipant CapGve Fund Balance)

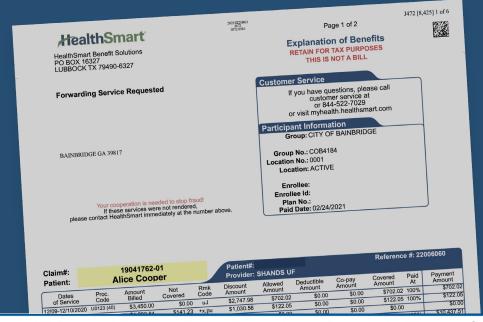
# Captive Entities Large Claim (>\$5k) History Average Discount



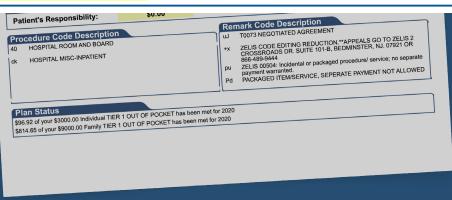
## Results- Average Captive Discount Off Billed Charges (Medical Only)

## **Average Discount Off Billed Charges (Medical Only)**



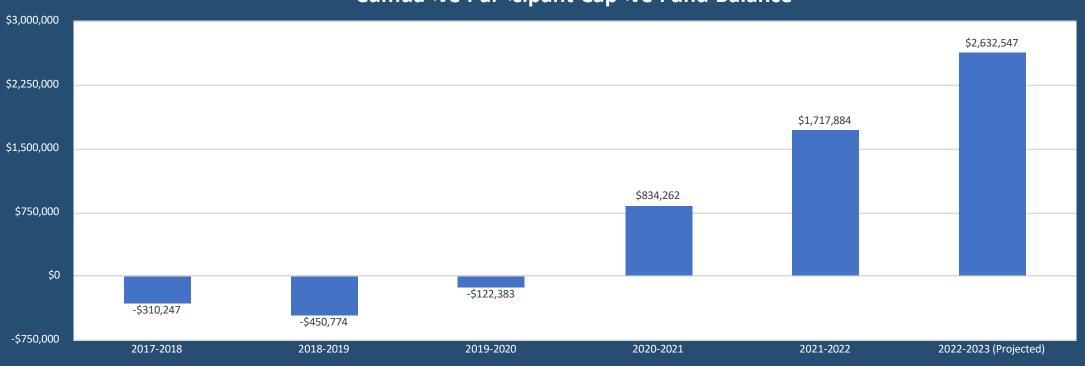


	Dates of Service	Proc. Code	Amount Billed	Not Covered	Rmk Code	Discount Amount	Allowed Amount	Deductible Amount	Co-pay Amount	Covered Amount	Paid At	Payment Amount
	Colu	ımn Totals	\$102,950.52	\$1,309.98		\$82,001.73	\$19,638.81	\$0.00	\$0.00	\$19,638.81		\$19,638.81
Ī	Detient's Despensibility			<b>#0.00</b>					Other Credits or Adjustments			\$0.00
	Patient's Responsibility:			\$0.00						Total Pay	ment	\$19,638.81



## Results – Medical Stop-Loss Captive Surplus Balance

### **Cumua<ve Par<cipant Cap<ve Fund Balance**



# Thank You

The strategies we've discussed here can be tailored to fit your specific needs, whether that entails adopting some or all of the approaches covered.

We're eager to assist you in evaluating your unique situation and exploring how we can work together to achieve greater financial stability in healthcare management. Please don't hesitate to reach out if you'd like us to review your circumstances and help pave the way for a more secure healthcare future.

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