




# Excess Claims Management

Delivering Service, Expertise, and Dependability

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 Davies North America

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# Excess claims management

Davies delivers specialty reinsurance claims management services to risk-bearing entities, including: insurance carriers, employer stop-loss coverage providers, MGUs, and hospital and physician organizations.

Our highly skilled technical staff and proprietary claims system provide significant cost savings to our clients. Working with Davies allows our clients to spend more time on value-added activities for their expanding specialty product lines while our team alleviates the burden of investing in internal staff and claims processing platforms.

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The cost savings generated by our claims reviews exponentially surpass client investments in our partnership.

\$32 billion

estimated annual value of employer stop-loss market



Proprietary claims system eliminates client need to maintain internal claim processing system



Staff cross-trained to assess accident and health self-funded, fully insured, and managed care products

Annual Medical Reinsurance represents \$375-\$450 million



30 years

of experience in specialty reinsurance claims management



Services led by highly skilled technical claim reviewers

# Employer stop-loss auditing and claims management

**Employers rely on stop-loss coverage to manage and protect themselves from the risk associated with catastrophic health-related claims. The coverage is typically purchased directly through a health plan or stop-loss carrier.**

Davies monitors and evaluates self-funded employer stop-loss specific claims, establishes reserves, and reports to clients and intermediaries. Our team of specialists recommends reimbursement on behalf of our clients as an extension of their in-house claims department. Additionally, we deliver claim backlog support by directly accessing our clients' claim platforms or using Davies' reporting tools.

## **We help our clients by:**

- ✓ **Monitoring and evaluating self-funded employer stop-loss claims**
- ✓ **Establishing reserves**
- ✓ **Providing extensive reporting**
- ✓ **Recommending reimbursement values**
- ✓ **Delivering claim backlog support by using the client's platforms or through our own reporting tools.**

# Managed care auditing and claims management

**For the managed care market, Davies produces claim review recommendations and reporting for clients. These entities bear the risk of catastrophic costs for a particular group or population, such as hospital and physician organizations, accountable care organizations, independent physician associations, health plans, etc. We confirm their risk exposure as found in data submissions, which are often provided by external sources, data warehouses, intermediaries, and other organizations that manage medical claims data.**

One of our key differentiators in processing results for HMO Reinsurance and Provider Excess of Loss is our proprietary claims processing system. We validate claim limits against nationally recognized fee schedules, per diems, and monthly or annual maximum coverage limits and maintain a library of these pricing mechanisms. Our experts use this automated system to quantify and verify reinsurance and excess of loss claims in an efficient and timely fashion.

Clients also rely on our industry experience to draft policy language, analyze and resolve coverage issues, and provide insight and commentary pertaining to specific managed care risk-bearing providers, TPAs, HMOs, ACOs, and other health plans.

The healthcare industry continues to focus on greater patient access, outcomes, and quality of care initiatives. Reporting on these standards directly impacts Medicare's reimbursement, fee schedules, and, in turn, managed care policies as well as reimbursement for HMO and Provider Excess. Companies that sell HMO Re and Provider Excess of Loss policies rely on Davies to ensure that claims are reimbursed according to the coverage.

# Repricing services

Davies' proprietary claims system automates the fee schedule process and claims submission activity for policy over policy. This allows our team to identify duplicates and streamline the data process for thousands and even millions of transactions. As part of our repricing services, we incorporate Medicare, Medicaid, or other custom fee schedules into a table of valuations based on excess policy terms to use during the claim adjudication process.

To help our clients maximize value, our system highlights the following during the pre-adjudication phase:

- ✓ Policy limits
- ✓ Potential duplicates
- ✓ Treatments and conditions that may require additional review to determine eligible expenses



## Ready to handle the complexities of managed care, medical excess, and employer-stop loss

At Davies, we understand the complexities that come along with audits and managing claims in the managed care and employer-stop loss markets. Over the past 30 years, we've continued to invest in our people, processes, and technology to adapt to changing client needs. We see ourselves as an extension of your team, here to assist you in expanding operations while safeguarding your organization's interests.

Whether you want to evaluate the management of employer stop-loss specific claims or quantify excess of loss claims, Davies can help.

If you're interested in learning more about how our specialists regularly deliver claims **savings of 30 to 50%**, please contact our Excess Claims Management team.



Davies US, Inc.

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