



Agent Bulletin

Allied National - The Small Group Benefit Experts for groups of two or more

November 2023

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Allied Debuting New Way for Members to Find Freedom Plan Providers

Funding Advantage Freedom Plan members have a new way to determine which providers are more likely to accept their reference-based pricing (RBP) plan.

We have partnered with Payer Compass to allow members to use the CompassConnect tool to find medical providers who are reference-based pricing friendly. There's no cost to use this service and this



service only is available to plans that have reference-based pricing, such as Freedom and Freedom Hybrid. If members are unsure what type of plan they have, they can check their ID card.

The CompassConnect tool also allows Freedom and Freedom Hybrid Plan members to:

- Learn whether the provider is friendly to reference-based pricing.
- Learn whether the provider specializes in a particular type of care.
- Search the provider's location and contact information.

As we announced in the last newsletter, agents have access to CompassConnect by calling Allied's Elite Experience Team at 866-332-1987. At this time, agents do not have direct access to the online tool – they only have access by calling 866-332-1987. Payor Compass is working to make this online tool available to agents sometime in the future.

Allied to File New Attestation on Behalf of Employers

We will be submitting paperwork on behalf of our level-funded employer groups to keep them in compliance with the new Consolidated Appropriations Act (CAA) Gag Clause Prohibition Compliance Attestation annual requirement.



All plans and insurers – including self- and level-funded employers – must submit an attestation by Dec. 31, 2023, that they will not enter into an agreement with insurance plans, insurance issuers or providers that would restrict a plan or issuer from sharing cost and care information.

The CAA's gag clause prohibition was designed to ensure that patients have access to the information they need to make informed decisions about their costs and care.

The requirement is one of many federal changes that the CAA of 2021 made to the U.S. health care system. The goal of the attestation is to increase transparency.

Allied National will be doing a filing as it relates to our health plans. If your employer group has any direct contracts with providers, then they will need to file their own attestation for those contracts.

Call Client Services at 800-825-7531 if you have a question or click on the button below to view details from the federal government about the compliance issue.

CMS.Gov

The Consequences of Early Termination of Level-Funded Plans

Agents need to be aware of exactly what happens when your clients choose to terminate their level-funded health plan prior to their 12-month contract and counsel them on why this is

a very bad idea!

While the employer might think they are saving money, they actually are causing some serious financial and legal difficulties.



Here's what might happen.

- The employer will immediately lose all stop-loss insurance protection that ensures all claims are paid in a timely manner. This means that all claims currently being processed and those claims that are about to hit the claims fund have no stop-loss protection and the employer is 100% responsible for the total cost of the claim. The stop-loss insurance simply caps the risk for the employer. So, in the example above, the cap is lifted, and the employer bears the cost of claims at 100%.
- Because the employer signed a 12-month contract to pay claims for the employees that are on the plan, breaking the contract does not dismiss the employer's responsibility to pay the claims for the employees.
- In Funding Advantage Plans, the stop-loss carrier automatically advances dollars into the claims fund any month there is insufficient dollars available to pay claims. This is also called an accommodation feature. When an employer prematurely terminates prior to the 12-month plan year the employer is billed for loans that have been paid into the claims fund. Normally, as the employer makes their regular monthly payments, any loans advanced to the claims fund are subsequently paid off through the employer's monthly payment. When an early termination occurs, the contract is broken, and the stop-loss carrier bills the employer for advancement of loans paid to the claims fund. This can be significant should there be a catastrophic medical issue at hand.
- The employer also loses the benefits of having Allied National as the benefits administrator. The employer could be responsible for paying claims from their own account. Allied can pay claims for what is left in the claims fund; however, the claims fund can only absorb so many claims before it is depleted, and the employer will be left to pay upcoming claims on their own.
- Employees might seek compensation if the employer cannot pay claims.

These are just a few of the crucial reasons you need to stress to your clients why it is in their best interest to stay on the plan for the full 12 months.

If the group, prior to purchasing the plan reveals they are facing some financial issues and might not be able to provide coverage for a full 12 months – the group would be better served waiting to level fund a plan until they are more financially stable.

HealthChoices - A Great Optional Benefit

Funding Advantage groups that have the HealthChoices benefit know that

they are getting an immediate premium discount, and that certain services, benefits and care are greatly enhanced.

In addition, an Allied HealthCare Assistant helps members find appropriate care when they find themselves in need of services ranging from diabetes and lifestyle management to behavioral health management and specialty drug management.

If your group has HealthChoices, or if you are interested in suggesting this benefit to a group at renewal, then check out our flyer showing HealthChoices benefits.

HealthChoices





The HealthChoices benefit option provides members with an immediate premium discount and is here to help members get the right diagnosis, the right treatment plan and the right provider for an optimal medical outcome.

Participation in the HealthChoices program is mandatory for members with the HealthChoices benefit option. Failure to participate may result in reduced benefits.

Call the Allied HealthCare Assistant line at 844-287-6078 for assistance with HealthChoices

HealthChoices Benefits





testing supplies, weight & high blood pressure management.

What do HealthChoices members get?

Free testing supplies, free coaching, participation incentives and reduced or no copay for insulin.

BEHAVIORAL HEALTH

What is it?
Coaching & care
management for
anxiety, depression,
eating disorders,
PTSD & substance
abuse including Opioid
clinical management
and education.

What do HealthChoices members get? General incentives, free coaching, including 24/7 crisis intervention line.



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HealthChoices Flyer



Get to Know Allied's Yann Passet

Yann Passet is the Director of Product Management; he joined Allied in 2019 as a Program Manager. Originally from France, Yann moved to America in 2014 to pursue playing soccer at the collegiate level. He graduated from MidAmerica Nazarene University with a Bachelor of Art in Business Administration and subsequently with a Master's degree in Science of Management.

Prior to Joining Allied National, Yann served in various critical roles in the sport's industry. Notably, he served on the executive committee for the successful Kansas City 2026 FIFA World Cup bid from 2019 to 2023, helping bring the largest event in the world to Kansas City in 2026.



Q. What does a Director of Product Management do?

A. The director of Product Management is tasked with overseeing product operations including assisting with the design and implementation of new products that are smarter and more efficient about how health care funds are spent. Additionally, since my department manages cost-containment vendor relationships and operations, I get to oversee the performance of some of our cost containment measures to help ensure the best, most cost-effective solution is in place for our employer groups and individually covered members.

Lastly, my team and I manage multiple facets of reporting, from compliance to risk management to product performances snapshots.

Q. How does your job tie in with Sales and Underwriting?

A. In my position, my primary focus is to ensure all lines of communication are open but also that the feedback we receive is effectively used to develop new products or enhance existing ones. A good example of that is the newly released MEC program – fruit of collaboration between those departments.

Q. What would you like agents to know about you?

A. I'd want them to know I'm thankful for their willingness to provide constructive feedback to us even and perhaps more particularly when this means challenging us outside of our comfort zone!

Q. What's the best thing about working for Allied National?

A. Since I can only pick one, I must say the family environment that we've been able to foster and grow over the years. It's unlike anything I had ever been a part of before in a corporate environment.

Q. What do you wish Agents knew about Allied?

A. I think our sales team is doing a really good job spreading the word to agents about what we do and who we are. What I'll add to that is that we're consistently looking to be a source of innovative products you can trust. If you are reading this response and have not been in touch with our sales team for some time, I highly recommend getting back in touch with us to learn more about the latest and greatest.

Q What's your favorite sports team?

A. I'm a football fan (soccer) – I go for Marseille France for my homeland roots and Liverpool England for the rest! Otherwise on this side of the pond, I generally support everything KC.





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