

STOP-LOSS CLAIMS & REIMBURSEMENT



At Skyward Specialty, we work closely with self-funded employers to ensure they receive accurate, timely stop-loss reimbursement for high-cost claims. From the moment a claim is submitted, our team works closely with TPAs and plan sponsors to ensure every reimbursement request is reviewed and turned around quickly, so employers can focus on running their business, not managing cash flow disruptions.

SPECIFIC REIMBURSEMENT PROCESS

Simplifying Reimbursement When It Matters Most

Your TPA pays the claim. When a member receives care, the provider bills your third-party administrator, who reviews and pays the claim according to your plan design.

Your TPA submits the reimbursement request. Once the threshold is crossed, we audit the submission against your stop-loss policy and plan documents with 95% of complete submissions turned around within 5 business days.

WHAT WE AUDIT

Each reimbursement request is audited against the stop-loss policy and plan document provisions. Primary checks include:

- Eligibility confirmation
- Dates of service alignment
- Coverage verification under the plan and policy
- Pre-certification compliance
- Appropriate discounting via PPO or RBP
- Clinical and cost containment referral review

AGGREGATE REIMBURSEMENT PROCESS

The TPA tracks cumulative paid claims, and once totals exceed the attachment point, it files for monthly or year-end aggregate reimbursement. The carrier then reimburses the plan clean, consistent reporting helps speed up review.

PERFORMANCE & SERVICE HIGHLIGHTS

-  95% of claims submitted for reimbursement are adjudicated within 5 business days
-  Savings fee reimbursement: 25% of savings fees returned to the plan
-  Advance funding available in the final month of the stop-loss policy
-  Collaborative model with transparent PBMs (pharmacy benefit managers) and specialty Rx vendors to reduce high-cost exposure

KEY CONTACTS

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PROTECTING PLANS. CONTROLLING COSTS.

Your Partner in Identifying Risk and Reducing Cost

Skyward Specialty's Clinical Consulting Team works as a risk partner to captives and plan sponsors. We analyze medical and pharmacy claims data to identify cost containment opportunities, explain what is driving trend and bring clear mitigation options to the table for consideration.

STAYING AHEAD OF RISK

We follow a disciplined process to surface risk early and turn data into decisions.

Data Sources Used

- Medical and pharmacy (PBM) claims data
- Large claim and trigger reports
- Pre-certification activity and high-cost event alerts
- Care and case management notes

What We Look For

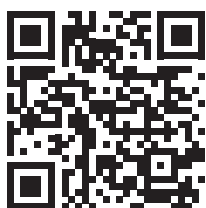
- Escalating therapy patterns
- Gaps in care that could create unpredictable risk
- Shock claim potential
- Fraud, waste and abuse
- Billing errors
- Compliance with plan design

Every finding comes paired with a clear explanation of cost drivers and a prioritized set of mitigation options ready for plan sponsor review.

COST-CONTAINMENT SOLUTIONS

Every plan faces unique challenges. We meet them with a targeted set of strategies designed to reduce cost and protect your members.

- Rx and medical strategies, including site-of-care optimization
- Plan design and benefit lever recommendations
- Bill review and payment integrity resources
- Provider negotiation
- Emerging trend notifications
- Access to transplant networks



*Discover
our unique
approach*



COST MITIGATION IN ACTION

➤ PREMATURE TWINS

A plan faced combined charges of \$5.3 million for premature twins. After review, allowed charges came to \$3.2 million. Claims were referred to a partner vendor for a comprehensive audit covering billing errors, cost benchmarking and plan design considerations. Three options were presented to the plan, and after consultation, the plan selected the option to apply the plan's definition of maximum allowance and make no further payments, resulting in savings of \$1,187,048.

➤ INFECTED JOINT PROSTHESIS

A 56-year-old member required a surgical revision for an infected joint prosthesis, followed by complications that led to two separate inpatient hospitalizations. With total billed charges of \$501,595, Skyward Specialty's Cost Containment team partnered with the TPA and a trusted vendor to benchmark pricing, capture all eligible discounts and negotiate deeper discounts with the facility. The vendor's negotiations were successful. Skyward and the vendor coordinated with the TPA on prompt payment terms, and Skyward Specialty expedited reimbursement to the plan, resulting in \$110,268 in additional savings.

