

# abs tpa Today

September 2013

## Did You Know...

The Society of Professional Benefit Administrators estimates that

- 67% of US employers self fund their medical coverage
- 78% of US employers use some form of self funding

Source: Society of Professional Benefit Administrators, [www.spbatpa.org/node/563](http://www.spbatpa.org/node/563)

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## Organizational Changes Prepare ABS for Continuing Success, Growth

### Client Services Division Created

The organizational structure of Automated Benefit Services recently underwent a significant expansion, and the operations department was the main focus of strategic changes designed to galvanize the company for success over the next decade.

Complexities related to healthcare reform and current and projected company growth were catalysts for the restructuring, which resulted in a segmentation of the operations workflow into four functional areas with newly-appointed management teams. The most significant organizational change was the creation of a client services division, commissioned to provide communications, consultation, outreach and resources to agents and client groups throughout the company.

Joanne Sciuto, who joined the company as Operations Director in 2002 and is an industry veteran with more than 34 years of experience in carrier and TPA management, was appointed to the new post of Vice President Client Services. Additionally, newly appointed area directors include Laura Rodak, claims; Denise Allport, program management; and Karen Kuczewski, customer service.

"I have never seen a business environment in this industry like what we have currently-- so rich with opportunity, while at the same time requiring such an intensive investment of resources in order to thrive and even survive," Sciuto said. "Today's highly-regulated industry and resulting complexity requires that we provide increasingly sophisticated consultation to our clients. Now with our client services division and

expanded operations management and staff, we are perfectly equipped to deliver."

The nature and volume of demands placed on the operations department have been impacted not only by PPACA changes, but also considerable client growth, including an increase in the percentage of Fortune 500 companies represented in the member ranks. ABS President and CEO Daniel Gorczyca reported that US Health Holdings, of which ABS and US Health and Life Insurance Company (USHL) are wholly-owned subsidiaries, has more than doubled in size since 2009; during that period, the company successfully expanded

into multiple states, and added numerous large clients including Macomb County and Cayman Island Insurance Company, among others. Sciuto reported that agents and clients will soon notice changes in the ways they experience the company-- new programs are being developed and existing programs are being enhanced which will heighten responsiveness and communication; many of these programs are technology-centered, including web portals, online tools, and web accessible identification cards. Groups will also soon benefit from improved reporting and data analysis designed to pinpoint and reduce claims costs.

"This is a very exciting time within our company and industry," said Sciuto. "We are positioned for tremendous growth, and have key staff in place to help us maximize opportunities presented in our changing market."

Collectively, ABS and USHL service more than 250,000 members, with annual insured premiums of approximately \$72 million and more than \$400 million paid claims processed annually. 2014 will bring a new product portfolio, including metal plans to be offered in all states serviced—Michigan, Illinois, Indiana, Ohio, Texas and Wisconsin—and several new self-funded offerings yet to be announced.



Joanne Sciuto, newly appointed Vice President Client Services for ABS and USHL

## ABS Account Management Reaches Out to Client Groups Regarding PPACA Compliance

The Automated Benefit Services Account Management team has begun reaching out to client groups regarding numerous compliance issues that must be addressed prior to 2014 new plan years.

A tailored action plan will be delivered to each group, detailing changes required in the areas of:

- Annual Maximums on Employee Cost Sharing for Essential Health Benefits (EHBs)
- 90-Day Waiting Period Limitations
- Removal of Annual and Lifetime Maximums on Covered EHBs
- Coverage for Individuals Participating in Approved Clinical Trials
- Dental and Vision as EHBs
- Plan Document Compliance
- Transitional Reinsurance Fee
- PCORI Fee

Agents will also be informed of the notice and corresponding action required for each group.



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