

Heritage Consultants - Professional Administrators Trusted Health Plan Administrator Since 1972

Heritage Consultants - Professional Administrators (HCPA) is a licensed Third Party Administrator specializing in professional and personalized administrative services for various insurance programs as well as special risk management services for insurance companies, large & small employers and independent agents.

Our objective is to offer a comprehensive and detailed approach while maintaining flexibility in addressing your organization's insurance needs.



The **TEAM** of professionals at HCPA recognizes that the one distinguishing factor that separates HCPA from others in the industry is our unparalleled level of service.



NOTICE OF CONFIDENTIALITY

The following material was prepared by Heritage Consultants - Professional Administrators. The format and substance of the material in this response to proposal were developed by and constitute the confidential work product of Heritage Consultants - Professional Administrators.



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The side pockets of this binder also include the following information: 1) HCPA Web access tools information,
2) TelaDoc telephonic office program information, 3) BeniComp Advantage incentive-based wellness program information, 4) Self-funded insurance general information, 5) Sample benefit schedules, and 6) Information about Corporate Benefit Solutions, HCPA's exclusive marketing representative.



HERITAGE CONSULTANTS - PROFESSIONAL ADMINISTRATORS

Heritage Consultants - Professional Administrators (HCPA) is a licensed Third Party Administrator (TPA), incorporated under the laws of the State of Florida. The Company was organized to provide personalized administrative services for individually self-insured employer insurance programs, as well as risk assessment programs for various employers.

Over the years, HCPA has demonstrated a unique ability to continually adapt to the ever changing insurance and regulatory environment with creative and proactive approaches to our clients' insurance needs. Specializing in personal service, HCPA works closely with the employers' representatives at each location to present a comprehensive and unified team approach to various insurance issues and needs.

HCPA operates with a staff of professionals specializing in Employee Health Benefit Claims Adjudication, Regulatory Compliance, Excess Stop/Loss Coverage, Loss Prevention/Control Engineering, Workers' Compensation Benefit Claims Adjudication, Information Management Systems, Managed Care Arrangements and Provider Network Management, State and Federal Safety Programs, Surplus Lines Coverage, Risk Assessment & Underwriting, as well as various other related areas (i.e. Long Term Disability, Short Term Disability, Dental, Vision, Medical Spending Accounts, Full Flexible Spending Accounts, etc.).

HCPA recognizes the success of any insurance program is contingent on effective communication and a cohesive team approach to the relevant issues. HCPA offers a flexible yet detailed approach to your organization's insurance needs.





Heritage Consultants - Professional Administrators (HCPA) is a locally owned and privately held organization. The company's operation is located in Central Florida. The entire management team of HCPA also resides here in Central Florida.

The management Team at HCPA consists of the Owners James "Jim" Moody, Doug Rollins and the various department heads:

<u>Department</u>	<u>Team Member</u>	<u>Years Exp.</u>
Sales & Marketing	Sean L. Tobin	20
Operations	Jennifer Shaw	23
Underwriting	Brenda Raines	26
Group Health	Karma Nance	23
Workers Comp & General Liability	Lynda Morosky	25
Information Systems	Robyn Corrigan	19
Accounting	Melissa Loop	20
Consulting / Prevention	Bob Cox	30
Loss Prevention	Ed Hernandez	30

The management team of HCPA possesses a significant amount of experience in effective and creative program design, administration, claims adjudication, safety engineering, information systems management and underwriting of risk. HCPA operates through an array of local and national provider networks to deliver quality service and customized solutions to our clients' needs and desires. HCPA also offers proven reliability in meeting the special service requirements of a well managed and proactive insurance program.

Service is a key element in the successful insurance program. The entire staff of professionals at HCPA recognize that a distinguishing factor separating HCPA from others in the industry, is our unparalleled level of service.

"WE REALLY DON'T SELL INSURANCE, WE SELL SERVICE."



OUR PHILOSOPHY

Claims Management Staffing

Our staffing philosophy is predicated upon our "team" concept. One dedicated claims adjuster is assigned as your account representative and is therefore accountable to the client for all claims. We limit the case loads per adjuster, thereby allowing the adjuster time to review claims for compensability, evaluate claims for potential subrogation, ensure accuracy and provide proper investigations. Our adjusters are proficient "handlers" of claims, rather than simply "processors" of claims.

Administrative Services

At HCPA, we believe the claims administrator must be a partner of the employer. Our administrative service provides an initial meeting that focuses on profiling your organizations insurance needs. This is done by discussing such areas as network utilization, program design, managed care, settlement philosophies, reserving theories, payment approval levels, precedent consideration, how total controverts are handled, the employer's personnel and safety policies, procedures and availability to light duty work and procedures for returning the employee to work.

Comprehensive administrative services also include compliance with all State rules and regulations. This includes preparation of and filing of all State required forms such as the Unit Statistical (experience modification) form. We also coordinate and provide all required reporting to the excess carriers.

This service also includes all the financial administrative duties required in the management of claims including but not limit to the following: monthly internal financial transactions that include clearance of checks, issuance of stop payments, transfers of funds to cover checks and wire transfer requests for the replenishment of the employer's account. Financial arrangements (including "ACH" and Zero Balance Account capabilities) will be made with our Financial Manager which will be customized to work with your needs.



Network Utilization

Managed Care in Workers' Compensation

In workers' compensation, we have the flexibility to customize the insured's program to meet their specific needs. Programs can be tailored through a combination or variation of networks throughout the State and Country. We work with our clients to deliver the most competitive and comprehensive services available.

Managed Care in Employee Health Benefits

In employee health benefits, we believe in providing our clientele the best discounts available for medical services provided. This requires our constant dedication to negotiate and monitor the provider network environment.

<u>Settlements</u>

In workers' compensation, we do not believe every claim should end in a settlement. We work closely with the insured as well as the reinsurance carrier to evaluate the settlement potential in each claim while considering other factors such as employer/employee precedent, financial consideration and personnel policies.

Conversion Service

We understand that a conversion is a very sensitive process. However, we have implemented conversion services to aid in the transition process. We routinely send introductory letters to all injured employees advising of the transfer and providing pertinent access information. Additionally, we make introductory phone contact with all injured employees presently losing time to ensure them that there will be no lapse in the payment of their benefits.

Existing claims are immediately reviewed and a payment diary is established to ensure timely payments continue to all applicable employees. The initial review will include a detailed review of the claim file, medical and reserve history. A current reserve evaluation will be computed and a plan will be determined and implemented to focus on bringing the claim to a conclusion.



Interactive On-Line Access

Our "team" concept includes interactive access to our claims software system. We believe an interactive relationship facilitates excellence in communication between all involved parties. This type of relationship has proven successful in reducing litigation and related expenses. On-Line access permits you to review a file from the convenience of your own office, obtaining the latest information available on a claim. HCPA's commitment is to utilize available technology for the benefits of our clients and their employees.

Standard and Discretionary Reports

Workers' Compensation

The standard reports provided on a monthly or quarterly basis include: Experience Report, Reinsurance Reimbursement Report, Management Summary Report, Claims Cost Detail Report, and Check Register.

Discretionary reports are available on request. These include: Status Reports, Average Cost Summary Reports, Claims Activity Report, Frequency Analysis Report, Injured Employees with Multiple Claims Report, Location Summary by Year Report, Payment Type Total Report, Vendor Payment Totals Report, Case Log Ledger, Reinsurance Analysis Report, Safety Scoreboard Report, Exposure Analysis Report, Claim Summary by Year Report and Loss History Analysis.

Employee Health Benefits

The standard reports provided on a monthly or quarterly basis include: Monthly Plan Activity Report, Monthly Check Register, Benefits Utilization, Claims Over Specific, Employee Eligibility, Employee/Dependent Benefits Paid, and Employee/Dependent Deductible Report.



ADVANTAGES OF SELF-FUNDING

- A. Generally lower cost of operation Employers frequently find that administrative costs for a self-funded program through a professional third party administrator (TPA) are lower than those being charged by their prior insurance carrier.
- B. Carrier profit margin and risk charge eliminated The profit margin and risk charge of any insurance carrier are eliminated for the bulk of the Plan.
- C. Effective claim processing The TPA's success depends upon providing accurate, controlled claim processing for each employer.
- D. Cost and Utilization controls The TPA may offer a second surgical opinion program, an outpatient surgical program, a hospital bill audit program, a large case management program, access to a preferred provider network (PPO) and other programs through a number of sources rather than the employer being able to use only the insurance company's in-house employer.
- E. Cash flow benefit The employer's cash flow is improved when money formerly held by the insurance carrier in the form of reserves, such as for unreported claims and pending claims, is freed for use by the employer.
- F. Control of Plan design The self-funded employer has flexibility in the original Plan design. The employer may also redesign the Plan to control Plan abuses as they are discovered.
- G. Mandatory benefits avoided State regulations mandating costly benefits are avoided because self-funded programs are subject to ERISA.
- H. Administration services tailored to the employer's needs The employer usually has a choice of TPAs, each of whom is interested in providing the employer with flexible services to meet the employer's needs.
- I. Risk Management effectiveness through Stop Loss insurance The employer can choose the amount of risk to retain and the amount to be covered by Stop Loss coverage. An insurance company has set pooling levels allowing little flexibility.



EMPLOYEE GROUP HEALTH BENEFITS - CLAIMS ADMINISTRATION SERVICES

HCPA offers a wide variety of services and solutions for your employee group health benefits program.

Services offered include, but not limited to;

Tailor, design and document a comprehensive Health plan to meet the client's specific needs and desires,

Effective communication between employer, employees, providers and claims administrator,

Accurate claim adjudication for major medical, dental, vision, Short Term Disability, Long Term Disability, Batch Drug, Mail Order, and 125 Flexible Spending.

Timely filing of required Federal, State and Local claim forms,

Coordination with respective reinsurer (or agent of reinsurer) on appropriate excess reporting,

Medical bill review and discounted repricing for accurate cost containment, including capitated rates and multiple PPO networks,

Appropriate individual claim case management,

Weekly detail claims listing provided to the client with each reimbursement request,

Compliance verification with ERISA and applicable State rules and regulations.

Monthly account reconciliations,

Accurate, timely and informative reports



WORKERS' COMPENSATION - CLAIMS ADMINISTRATION SERVICES

HCPA offers a wide variety of services and solutions for your Workers' Compensation program. Services offered include, but not limited to;

First notice of injury reporting on **all** injuries.

Effective communication between employer, employees, providers, case managers and claims administrator.

Accurate claim adjudication on medical only and lost time claims.

Case loads not to exceed 120 per adjuster

Timely filing of required Federal, State and Local claim forms.

Coordination with respective reinsurer (or agent of reinsurer) on appropriate excess filings.

Complete and thorough accident investigation identifying future risk avoidance.

Medical bill review and cost containment.

Individual claim case management.

Detail claims review meetings with client's workers' compensation committee.

Arrange and coordinate a comprehensive Managed Care Arrangement.

Compliance verification and filing of State mandated comprehensive Managed Care Arrangement.

Comprehensive Index System.

Active pursuit of subrogation, including Special Disability Trust Fund recoveries.



LOSS PREVENTION SERVICES

HCPA has a staff of trained and qualified loss prevention consultants who are available to provide a full range of Loss Prevention and Loss Control Services.

Available services include, but not limited to:

Performing on-site prevention surveys for continuous risk recognition and control.

Organizing safety programs based on requirements for State and OSHA Program Management Guidelines.

Conducting comprehensive safety audits to determine if policies have been practiced in order to meet objectives of the safety program.

Assessing the accuracy of accident investigations and qualifications of investigators.

Presenting annual loss analysis reports to management with complete loss history and recommendations to improve performance.

Providing on-site training programs and certification for CFR 1910, OSHA General Industry and CFR 1926, Construction. (List of programs available upon request).

Assist in planning and writing of a customized employee safety and health handbook relevant to the operations.

Conducting noise level surveys to identify and control occupational noise exposure.

Determining which tasks require a Job Hazard Analysis to assess degree of risk in order to reduce the loss potential.



UNDERWRITING SERVICES

HCPA offers experienced and quality underwriting services.

Underwriting services include, but not limited to:

Detail plan design and documentation to comply with all pertinent rules and Regulations,

Account administration of policies and plans including endorsements and issuing certificates of insurance,

Market canvassing to obtain most competitive aggregate and specific excess coverage,

Compliance with the respective state governing body on accurate experience modification rate promulgation,

Timely filing of appropriate information with each state's Division of Workers' Compensation and Division of Insurance.

Risk assessment for markets and plan design,

Access to top quality "A" rated markets,

Review and access to appropriate cost containment programs and networks of providers.

Detailed contract negotiations on behalf of clients to obtain most competitive market rates.

Medical underwriting to high risk exposures and detail review of preexisting conditions.



GENERAL LINES - CLAIMS ADMINISTRATION SERVICES

HCPA offers a wide variety of services and solutions for your overall General Lines Insurance program. Services offered include, but not limited to;

First notice of injury reporting on **all** accidents and/or injuries.

Effective communication between employer, employees, providers, case managers, field investigators, legal consul and claims administrator.

Monitored case loads per adjuster to assure timeliness and accuracy.

Timely filing of required Federal, State and Local claim information.

Coordination with respective reinsurer (or agent of reinsurer) on appropriate policy filings.

Complete and thorough accident investigation identifying future risk avoidance.

Medical bill review and cost containment analysis.

Individual claim case management.

Detail claims review meetings with client's insurance committee.

Active pursuit of subrogation.



MANAGEMENT INFORMATION SERVICES

HCPA has continually enhanced their ability to process, store and retrieve relevant data. HCPA's staff of system administrators can arrange the necessary setups for compatibility.

HCPA management information services include, but not limited to:

Automated claim adjudication for fast and reliable processing,

Complete scrutinized on-line accessibility to allow each client access to their relevant claim information,

Accurate and informative reporting to provide both detailed and summary reporting of various experience information,

Automated check processing with complete end of month account reconciliations,

Monthly claims experience report,

Electronic filing capabilities with various state and reinsurance entities,

Ability to provide customized report generation as requested by client,

Full networking capabilities,



MANAGEMENT SERVICES

The Management Team at HCPA possesses significant years of experience within the insurance arena. Utilizing this experience, HCPA offers management services that include, but not limited to:

Insurance program reviews with client's Board or Insurance committee

Review of client workers' compensation and employee health benefit coverage for possible enhancements or limitations in coverage

Procedural reviews to ensure compliance with appropriate Federal, State and Local rules and regulations

Review of client's safety program for possible deficiencies or improvements

Review of policy change endorsements and notices of insurance

Review of reinsurance market quotes for appropriate aggregate and specific excess loss coverage

Monthly loss fund reconciliation

Monthly claims' fund reimbursement request

Annual payroll and program audits

Assistance with Federal, State and Regulatory audits,