

**Group Health Actuarial Services**

**COBRA CERTIFICATIONS and PLAN PRICETAGS**

Cobra rates need to be actuarially determined and certified. Surprisingly, few employers have this done, due to the experience that they have been rarely challenged, but with the increasing knowledge of claimants through the internet, the probability of challenge is growing significantly. Adding a High Deductible Health Plan option can be tricky. Rating combined medical and drug deductibles is difficult but we can help set the rates and employee contribution levels to reduce selection and migration impacts.

**IBNR CLAIM LIABILITY DETERMINATION**

With today's electronic filing of claims, claim lags (time between service date and paid date) may be shrinking, and you may be noticing a dramatic decline in many situations. Therefore, it is a good accounting practice to calculate and test prior "incurred but not reported" reserves annually.

**STOP-LOSS EVALUATIONS**

Know what the true underlying specific stop-loss claim rates are, or the point where quoted options and levels are the most cost effective.

**MULTI-YEAR FORECASTING and VARIANCE ANALYSIS**

Claim forecasts need to be actuarially sound and based on more than the last 12 months. This can provide a way to explain past and future claim variances. Our unique approach stratifies claims in 3 to 5 claim bands by year over a 3 to 5 year period, resulting in a work product that explains cost variances from year to year.

**509A ATTESTATIONS (Iowa)**

It is required for self-funded public employer in the state of Iowa to file their actuarially attested funding levels, stop loss coverage and IBNR claim reserves & surplus with the State Insurance Commissioner. It can be useful actuarial information and it doesn't have to cost a lot in actuarial fees.

**RETIREE MEDICAL and DRUG PLANS**

**MEDICARE PART D ATTESTATIONS FOR GOVERNMENT SUBSIDIES:** Employers that offer retiree prescription drug benefits for Medicare eligibles under Part D should have a qualified health actuary attest to the net and gross tests.

**RETIREE MEDICAL VALUATIONS**

Employers that have an early or over 65 retiree medical plan need to be valued under FAS 106, SOP 92-6 or GASB 45. The base claim costs are one of the critical assumptions and many actuaries performing the calculations aren't health actuaries. John has been valuing retiree medical obligations since 1989.