



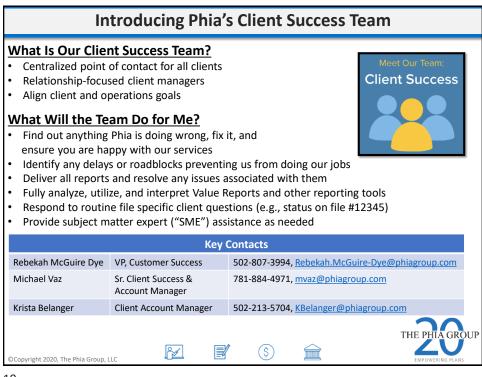




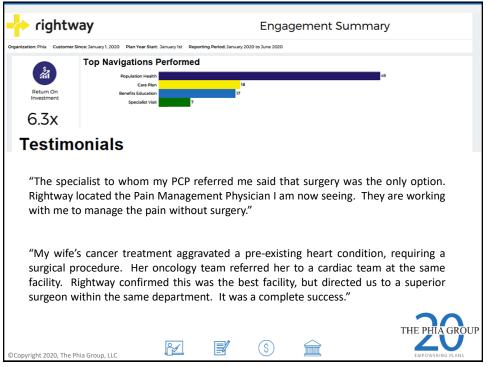




Subrogation Value Reports				
Sample Client Subrogation Value Report		Sample Group Subrogation Value Report		
Report Date: 03/18/2020 Current Stats	Phia Effective Date: 01/1/2015	Report Date: 03/18/2020 Phia Effective Date: 01/01/2017 Current Stats		
25,000 Member Lives	32,347 Total Records Handled	500 Member Lives 651 Total Records Handled		
876 Current Claim Investigations	213 Current Active Cases	Q 10 Current Claim Investigations 11 Current Active Cases		
\$1,609,300 Active Case Value	\$1,126,272 Expected Recoveries	\$62,500 Active Case Value \$27,104 Expected Recoveries		
\$488,082 Expected Recoveries - Short To	erm	\$1,193 Expected Recoveries - Short Term		
Industry Comparison 1 Active For Every 117 Member Lives Vs. Industry Average Recovered \$30 Per Member Life Vs. Industry Average Of End of Year Stats		Industry Comparison 1 Active For Every 125 Member Lives Va. Industry Average Of 1 Active For Every 500 Member Lives Recovered \$25 Per Member Life Vs. Industry Average Of \$5 Per Member Li		
Member Lives At Recovery Cases Recovere	d Amount Member Lives Recoveries Per Per Active Case Member	Average Case Age Number Of Days From Accident Date To Settlement Your Average Phia BOB Average Your MVA Average Phia BOB MVA Average		
	0,000 117 \$30 0.000 150 \$28	608 days 609 days 564 days 564 days		
2017 21,670 140 \$43	3,400 165 \$20	Historical Recovery Rate – ERISA Law Plans By Circuit		
	0,830 200 \$15 5.000 220 \$10	Circuit Cases Your Recovery % Phila BOB Recovery %		
Your Revenue Total To I		4 8 96% 61%		
\$122,46	2019 2020	5 7 95% 69%		
\$20K \$15K	2010	8 6 70% 63%		
\$10K \$7,500 \$10,000 \$6,200 \$6,300 \$9,377	SECTO SECTO	11 5 85% 62%		
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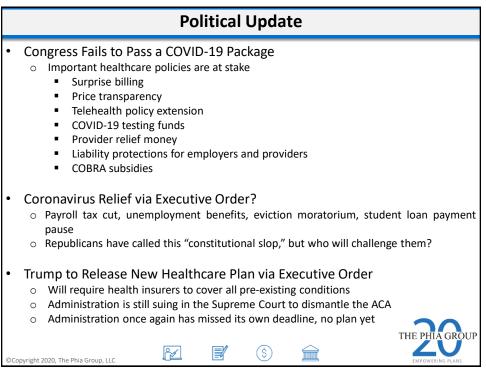


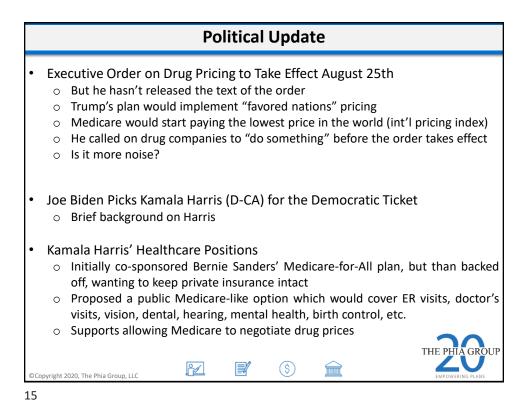


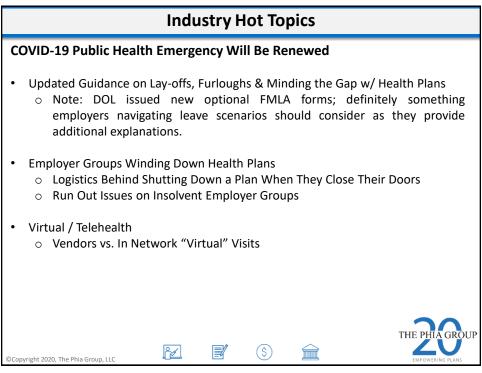
PGC FAQs #1. When will the HIV PrEP preventive service coverage take effect? • On 6/11/19 the USPSTF released a Grade A recommendation for coverage of HIV PrEP. ACA requires preventive coverage at 100% for USPSTF recommendations. • Final regulations generally provide plans must provide coverage for these services for plan years beginning on or after the date that is one year after the date the relevant recommendation is issued. **#2.** What does the new HHS Rule on cost sharing & patient assistance programs mean for plans, and is the disagreement on accumulator programs finally resolved? • On 5/14/20, the HHS final rule confirmed that amounts patients receive from manufacturer assistance is not required to count towards OOPM. The rule allows plans to choose whether to count towards the OOPM. Plan language must clearly outline the intention of the Plan Sponsor. Take note that several states have passed legislation on this topic, however. ٠ THE PHIA GROUP P2 (\$)

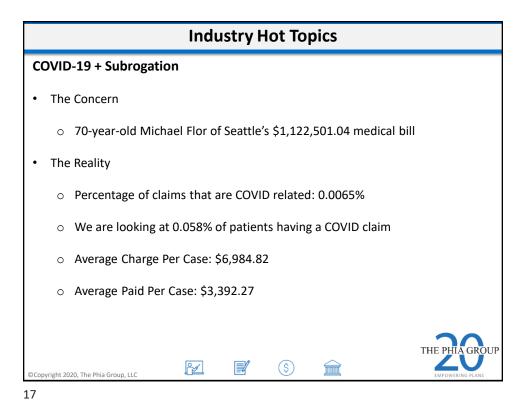
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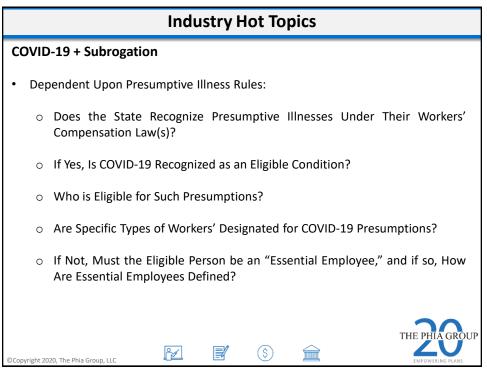
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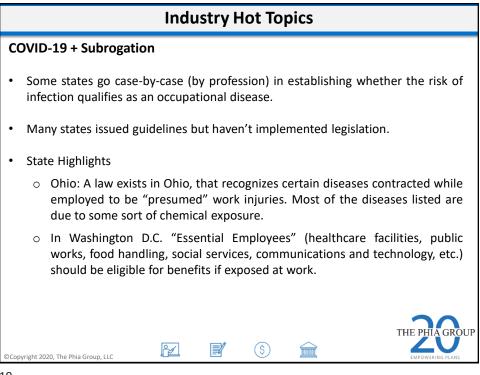




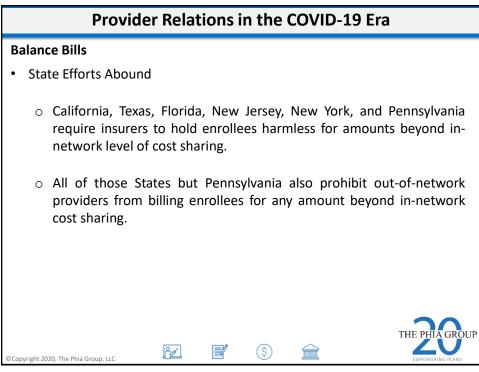


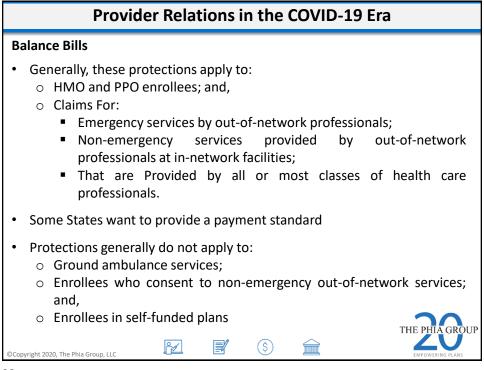


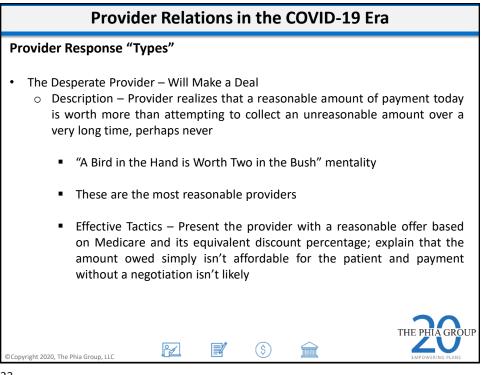


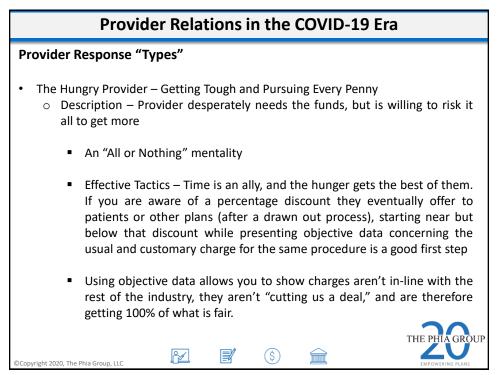


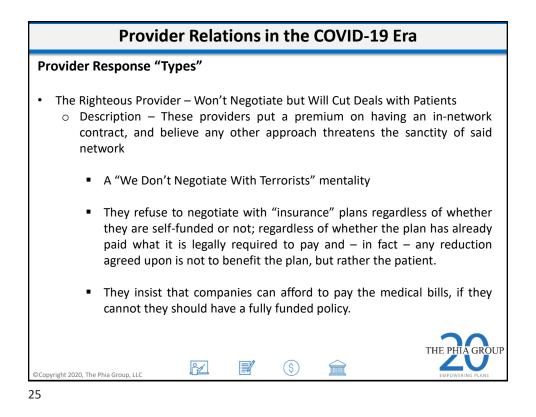
Provider Relations	in the COVID-19	Era	
Balance Bills	 Minnesota 	1	
Anti-Surprise Balance Bill	 Mississippi 	i	
Proposals & Status	 Missouri 		
States We Are Watching:	 Nevada 		
 Arizona 	 New Hamp 	oshire	
 California 	 New Jersey 	New Jersey	
 Colorado 	 New Mexic 	New Mexico	
 Connecticut 	 North Card 	North Carolina	
 Delaware 	 Oregon 	Oregon	
 Florida 	 Pennsylvar 	Pennsylvania	
 Georgia 	 Rhode Isla 	 Rhode Island 	
○ Illinois	 Texas 		
o Indiana	 Vermont 		
○ lowa	 Virginia 		
o Maine	 Washingto 	n	
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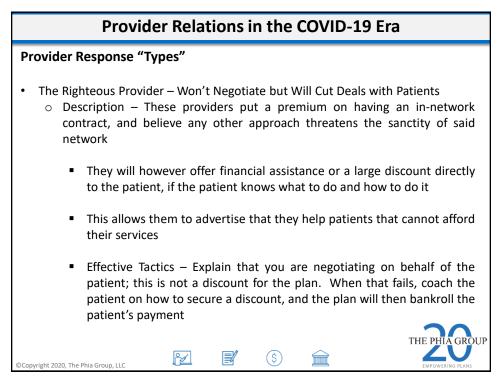












Provider Relations in the COVID-19 Era				
Provider Response "Types"				
 The Oblivious Provider – Keep on Keeping on Description – COVID? What's that? 				
 An "I'm Just Doing My Job" mentality 				
 This provider pursues the balance, doesn't understand how the plan works, and isn't interested in discussing it. COVID hasn't impacted their philosophy either! 				
 They simply follow the process – demand 100%, keep it up for a fixed period of time, and then send it to collections 				
 Effective Tactics – Wait for it to go to collections and strike a deal with them. They are more likely to be "hungry" or "desperate" – See prior slides! 				
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