# The reporting conversation, *led by you.*

Verq publishes a version of this checklist for self-funded employers. The advisor who brings it up first turns a grading rubric into a stewardship agenda — six items, walked through together, with you leading. On a self-funded plan, your client pays claims directly and funds large claims before stop-loss reimburses; this is the reporting that keeps that exposure in view.

☐ Check each item you can put in front of a client **today**. Anything unchecked isn't a gap to hide — it's your next stewardship deliverable.

**START HERE** *One-time, then at every amendment — needs nothing from the TPA, and only documents you likely already hold.*

## 01 The governing documents

Every claim decision traces back to the plan document. The advisor who has checked the foundation owns every conversation built on it.

- ☐ Current plan document and SPD on file for every self-funded client — the versions actually in force
- ☐ Documents checked against each other, with any conflicts identified
- ☐ Ambiguities documented, with interpretations on the record — before a claim tests them

**ONGOING OVERSIGHT** *Standing monthly reports. What's visible — and when — depends on each TPA's reporting; unchecked boxes become agenda items for the TPA, with you doing the asking.*

## 02 Claims activity visibility

The more your client sees between renewals, the fewer surprises reach your renewal meeting.

- ☐ Claims visible as they're processed — not just monthly totals
- ☐ Visibility into prior authorizations as they're approved
- ☐ Incurred-but-not-reported (IBNR) estimates in standing reporting

## 03 Stop-loss proximity tracking

Your client funds claims first; stop-loss reimburses after. Tracking matters for cash flow, timely filing — and the renewal you have to defend.

- ☐ Tracking toward individual **and** aggregate attachment points
- ☐ Exposure figures that reflect any lasers on the policy
- ☐ Best- and worst-case scenarios a CFO can actually plan around

## 04 Independent verification & the record

The TPA adjudicates the claims. An independent check against the plan document is the deliverable no one else in the room has — confirmation, not accusation.

- ☐ Claims verified against the plan document itself
- ☐ Any claim that doesn't line up with the plan — flagged for review
- ☐ Each finding cited to the exact plan section that governs it
- ☐ Findings and resolutions documented — the file that protects your client, and you

## 05 Financial forecasting & cash exposure

Your client's CFO needs more than a renewal total — especially around large claims, where reimbursement follows their outlay.

- ☐ Claims data granular enough to model cash flow month to month
- ☐ Outlier large-claim modeling, not just year-to-date totals
- ☐ Every number traceable to a specific claim decision

**AT PLAN RENEWAL** *Once a year, ahead of plan design — the read that makes the renewal proposal yours, not the TPA's.*

## 06 Utilization intelligence for plan design

You can't recommend changes to a plan you can't see inside. Next plan year's design needs service-line detail — not a paid-claims summary.

- ☐ Service-code-level utilization
- ☐ Reporting you can hand a CFO and actuary without translation
- ☐ Provider and category patterns that point to plan-design changes

**START CONCIERGE**

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Send one plan document — client, prospect, or a public one — and we'll run the item 01 audit with you: findings, citations, and a client-ready deliverable. Documents are analyzed, then discarded — never retained, never used for training.

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Questions? info@verqhealth.com

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