The reporting that keeps your plan *in clear view.*

On a self-funded plan, you pay claims directly; stop-loss reimburses eligible claims above your attachment points — but you fund them first. Clear, timely reporting is how that exposure stays in view. Bring this list to your broker and work through it together: what to see, and on what cadence.

☐ Check each item your broker can **show** you today. Anything left unchecked isn't an accusation — it's a good question for the conversation.

START HERE *One-time, then at every amendment — and the only item that needs nothing from the TPA.*

01 The governing documents

Every claim decision traces back to the plan document. Before any reporting question, confirm the foundation itself is solid.

- ☐ Current plan document and SPD on file — the versions actually in force
- ☐ Documents checked against each other, with any conflicts identified
- ☐ Ambiguities documented, with interpretations on the record

ONGOING OVERSIGHT *Expect these as standing monthly reports. What's visible — and when — depends on the TPA's reporting; where boxes stay unchecked, that's the conversation.*

02 Claims activity visibility

The more you can see between renewals, the fewer surprises reach renewal.

- ☐ 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

As claims near your attachment points, stop-loss steps in — but you fund first, so tracking matters for cash flow and timely filing.

- ☐ Tracking toward your individual **and** aggregate attachment points
- ☐ Exposure figures that reflect any lasers on your policy
- ☐ Best- and worst-case cost scenarios, so nothing catches you off guard

04 Independent verification & the record

The TPA adjudicates the claims, so an independent check against the plan document is a second set of eyes — confirmation, not a challenge.

- ☐ 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 — a file you can show

05 Financial forecasting & cash exposure

Your CFO needs more than a renewal total — especially around large claims, where reimbursement follows your 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 shapes next plan year's benefits.*

06 Utilization intelligence for plan design

You can't optimize a plan you can't see inside. Next plan year's decisions need service-line detail — not a paid-claims summary.

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

NEXT STEPS

Verq runs the document check from your plan document alone — *starting day one.*

And as reporting arrives, Verq turns it into answers you can prove: every claim checked against the plan, every finding cited. Bring this list to your advisor — or talk to us directly.

verqhealth.com/employers.html →

Questions? info@verqhealth.com

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