



# NEWS FROM SIIA MEMBERS

## 2021 AUGUST MEMBER NEWS

### **SIIA Diamond, Gold & Silver Member News**

*SIIA Diamond, Gold, and Silver member companies are leaders in the self-insurance/captive insurance marketplace. Provided below are news highlights from these upgraded members. News items should be submitted to [membernews@siaa.org](mailto:membernews@siaa.org).*

*All submissions are subject to editing for brevity. Information about upgraded memberships can be accessed online at [www.siaa.org](http://www.siaa.org).*

*If you would like to learn more about the benefits of SIIA's premium memberships, please contact Jennifer Ivy and [jivy@siaa.org](mailto:jivy@siaa.org).*

## DIAMOND MEMBERS

**DANIEL STRUSZ RETIRES AS CHAIRMAN AND JAY RITCHIE NAMED CHIEF EXECUTIVE OFFICER OF TOKIO MARINE**

HOUSTON -- Tokio Marine HCC (TMHCC) announced that, effective April 30, 2021, Daniel Strusz retired as Chairman of Tokio Marine HCC – Stop Loss Group, and Jay Ritchie, currently serving as President of the same group, has been named Chief Executive Officer, effective June 1, 2021.

Mr. Strusz will continue to serve the Stop Loss Group as a consultant until October 31, 2021.

“We want to thank Dan for nearly 20 years of service at Tokio Marine HCC, while acknowledging his many contributions and achievements. Possessing significant industry experience and knowledge, he has been an invaluable leader who has helped us grow our Stop Loss Group to become one of the leading providers of stop loss insurance. We congratulate Dan and wish him the best in retirement,” said Susan Rivera, Tokio Marine HCC Chief Executive Officer.

Today, Tokio Marine HCC – Stop Loss Group covers over 3,000 self-funded employers and union plans for medical stop loss and another 1,000 groups with organ transplant insurance. By listening to the demands of the market, the group

has developed exceptional products, unparalleled resources and value-added services that set it apart in the industry.

“Dan is completing an outstanding career in the insurance industry, and it has been a pleasure working with him over the last two decades. I applaud him for all of his success and hope he finds retirement as fruitful as his time at Tokio Marine HCC,” added Mr. Ritchie.

Ms. Rivera continued, “We are pleased to name Jay as Chief Executive Officer of the Stop Loss Group. For 25 years, his vision and expertise have helped shape our stop loss business, including the stop loss captive business and Taft-Hartley self-funded plans, as well as the industry as a whole through his participation in the Self-Insurance Institute of America (SIIA). We look to Jay to continue



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the evolution of our stop loss and organ transplant businesses by delivering new solutions and greater value to employer groups in the self-funded industry.”

### **About Tokio Marine HCC**

*Tokio Marine HCC is a member of the Tokio Marine Group, a premier global company founded in 1879 with a market capitalization of \$33 billion as of March 31, 2021. Headquartered in Houston, Texas, Tokio Marine HCC is a leading specialty insurance group with offices in the United States, Mexico, the United Kingdom and Continental Europe.*

*Tokio Marine HCC’s major domestic insurance companies have financial strength ratings of “A+ (Strong)” from S&P Global Ratings, “A++ (Superior)” from A.M. Best, and “AA- (Very Strong)” from Fitch Ratings; its major international insurance companies have financial strength ratings of “A+ (Strong)” from S&P Global Ratings. Tokio Marine HCC is the marketing name used to describe the affiliated companies under the common ownership of HCC Insurance Holdings, Inc., a Delaware-incorporated insurance holding company. Visit [www.tokiomarinehcc.com](http://www.tokiomarinehcc.com).*

*Tokio Marine HCC – Stop Loss Group is the marketing name used to describe the medical stop loss and organ transplant-related insurance operations of Tokio Marine HCC through its wholly owned subsidiary HCC Life Insurance Company (HCC Life). HCC Life is a leading provider of medical stop loss insurance through brokers, consultants and third-party administrators.*

*The Company has financial strength ratings of “A+ (Strong)” from S&P Global Ratings, “A++ (Superior)” from A.M. Best, and “AA- (Very Strong)” from Fitch Ratings. HCC Life is backed by the financial strength of its parent company, HCC Insurance Holdings, Inc. Visit [www.tokiomarinehcc.com/life](http://www.tokiomarinehcc.com/life).*

## **BERKLEY ACCIDENT AND HEALTH APPOINTS KYLIE HUNTER AS REGIONAL SALES MANAGER**

Hamilton Square, New Jersey – Berkley Accident and Health, a Berkley Company, has appointed Kylie Hunter as Regional Sales Manager for its EmCap® Group Captive segment.

In her new role, Kylie will be responsible for contributing to the company's growth initiatives as well as developing group captive program business in Colorado, Utah, Wyoming, Idaho, Montana, North Dakota and South Dakota.

“We’re delighted to continue the expansion of our EmCap business. Kylie’s strong grasp of the health care marketplace, the associated funding arrangements and financial concepts make her an excellent addition to our team,” said Brad Nieland, President and CEO of Berkley Accident and Health. “Brokers and prospective clients in the Rocky Mountain region will appreciate the level of service and attention to

detail that Kylie brings to her territory.”

Kylie joins Berkley Accident and Health with eight years of experience in self-funded account management and consulting. She has experience in both TPA and BUCA environments, and most recently served as an account executive for a TPA. Kylie holds a BS and MS in Finance from the University of Wyoming and resides in Denver, CO.

### **About Berkley Accident and Health**

*Berkley Accident and Health is a member company of W. R. Berkley Corporation, a Fortune 500® company. Berkley Accident and Health provides an innovative portfolio of accident and health insurance products. It offers four categories of products: Employer Stop Loss, Group Captives, Managed Care (including HMO Reinsurance and Provider Excess), and Specialty Accident. The company underwrites Stop Loss coverage through Berkley Life and Health Insurance Company, rated A+ (Superior) by A.M. Best. Visit [www.BerkleyAH.com](http://www.BerkleyAH.com) or connect with us at [Contact@BerkleyAH.com](mailto:Contact@BerkleyAH.com).*

## **VÄLENZ® ANNOUNCES PARTNERSHIP WITH BEECHER CARLSON**

PHOENIX, AZ – Välenz® has announced a strategic partnership with Beecher Carlson, an insurance brokerage firm that leverages advanced analytics for optimal risk management.

Through this partnership, Valenz and Beecher Carlson collaboratively offer the industry’s most in-depth Risk Bearing Provider Organization (RBPO) Assessment for thorough, data-driven

analysis of whether an organization is positioned successfully for two-sided risk contracts in a value-based payment model.

Value-based payment models offer significant opportunities to reduce costs, enhance quality and improve outcomes. However, the pay-for-performance reimbursement structure might not be right for every health system or provider group.

This RBPO Assessment identifies areas that need assistance and offers solutions to address potential deficiencies. It also helps determine if the program goals and incentives are aligned with the organization's expected results and endorsed by all stakeholders.

"While there is a high level of interest and enthusiasm for value-based care, the clinical and financial risks need to be carefully considered – and in a two-sided contract, cultural and operational requirements must be in place to ensure success," said Rob Gelb, Chief Executive Officer of Valenz. "Through this partnership with Beecher Carlson, we are excited to provide actionable insights and proven solutions to guide our clients' approach to value-based care."

As noted by Brad Lawson, Senior Vice President-Provider Risk Solutions of Beecher Carlson, the RBPO Assessment financial models assess risk-reward ratios, quantifying maximum probable gains as well as the maximum probable losses.

"The 360-degree data and trend analyses account for real-world conditions, allowing organizations to stay nimble, proactively manage risk, and prepare for developing situations – such as an influx of more serious cases following the COVID-19 pandemic as a result of delayed care," he said.

**About Valenz**

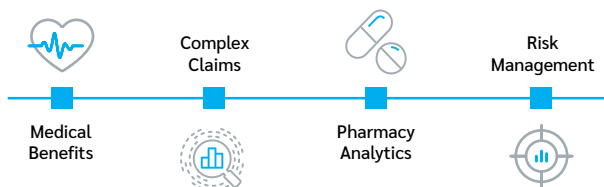
*Valenz enables self-insured employers to make better decisions that control costs across the life of a claim while empowering their members to lead strong, vigorous and healthy lives.*

*Valenz offers transparency through data to pinpoint members at highest risk, address gaps in network designs, ensure appropriate and accurate charges, and expertly navigate*



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employees to optimal care solutions for substantial cost savings and improved health outcomes. Visit [valenzhealth.com](http://valenzhealth.com). Valenz is backed by Great Point Partners.

**About Beecher Carlson**

Beecher Carlson is a large account risk management broker that values depth of industry and product knowledge. Operating as a single profit center organized by specialization, we align our service teams to be structured based on what is best for clients' business rather than geographic convenience.

We go beyond one off transactions and utilize advanced analytics on every program. By quantifying the effects each decision will have on a company's risk profile, we take the mystery out of buying insurance.

Execution on analytical findings is our true differentiator in mitigating losses and affecting process changes. Our collective success is earned by creating the ideal risk management solution for our clients. Visit [beechercarlson.com](http://beechercarlson.com).

**GOLD MEMBERS**

**LIBERTY MUTUAL INSURANCE APPOINTS DENNIS COOK TO LEAD IRONHEALTH**

BOSTON – Dennis Cook has been appointed President, IronHealth, Global Risk Solutions North America.

In his role, Dennis will drive the continued profitability and growth of an organization that provides specialty healthcare liability and medical stop loss solutions that meet the complex risk management needs of hospitals, healthcare providers, managed care organizations, life science companies, senior care facilities, and self-insured employer health plans. Liberty Mutual works with brokers to



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seamlessly provide a full range of primary and specialty solutions for healthcare companies across the US and Canada.

“Dennis has demonstrated success growing a profitable healthcare insurance business of scale,” said North America Specialty President Mathew Dolan. “He has the perfect blend of healthcare underwriting, product management and leadership skills to continue IronHealth’s growth as a leading provider of specialty solutions.”

Cook joined Liberty Mutual four years ago. Most recently, he served as IronHealth’s Chief Liability Officer, where he successfully led an operation with \$220 million in gross written premiums. Prior to joining Liberty Mutual, Cook was at AIG.

In addition to Cook, Liberty Mutual has appointed Robert Hatcher as Chief Underwriting Officer, Stop Loss. Hatcher will report to Cook and lead Liberty Mutual’s medical stop loss offering.

### **About Liberty Mutual Insurance**

*At Liberty Mutual, we believe progress happens when people feel secure. By providing protection for the unexpected and delivering it with care, we help people embrace today and confidently pursue tomorrow.*

*In business since 1912, and headquartered in Boston, today we are the sixth largest global property and casualty insurer based on 2020 gross written premium. We also rank 71 on the Fortune 100 list of largest corporations in the U.S. based on 2020 revenue. As of December 31, 2020, we had \$43.8 billion in annual consolidated revenue.*

*We employ over 45,000 people in 29 countries and economies around the world. We offer a wide range of insurance products and services, including personal automobile, homeowners, specialty lines, reinsurance, commercial multiple-peril, workers compensation, commercial automobile, general liability, surety, and commercial property. Visit [libertymutualinsurance.com](http://libertymutualinsurance.com).*

## **AMPS EXPANDS FIDUCIARY RESPONSIBILITY TO INCLUDE PHARMACY BENEFITS SOLUTION**

ATLANTA – Advanced Medical Pricing Solutions (AMPS), a pioneer in healthcare cost containment, is pleased to announce the expansion of its fiduciary duties to include Drex, its pharmacy benefits manager (PBM) solution.

Drex was acquired by AMPS in January 2021 and offers price transparency and pass-thru on prescription medications at more than 65,000 pharmacies. The expansion makes it one of the first PBM fiduciaries in the U.S.

Under the expanded fiduciary model, employer clients will have the ability to give Drex the fiduciary authority to determine prescription drug benefit claims for benefits

under their Plans, as well as the authority to act as the appropriate fiduciary to determine appeals of any adverse benefit determinations under the Plan.

Drex will also administer complaints, appeals, and requests for independent review according to the Plan’s appeals policy, and any applicable law or regulation, unless otherwise provided in the Plan.

“Traditional PBM contracts are often confusing and lack clarity around drug pricing and reimbursement to purposefully drive costs that increase the overall margin or “spread” for the PBM,” said Kirk Fallbacher, AMPS president and CEO. “Adding Drex to our existing fiduciary duties means we are able to deliver even better financial outcomes for employers, their enrollees, and patients by limiting conflicts of interest and additional fees or margins otherwise gained from favorable tier-placement on high-cost drugs.”

AMPS has protected health plans since its inception in 2005. With the launch of its Reference Based Pricing Program, it expanded that protection as a formal fiduciary for medical costs, now expanded to include Drex as a fiduciary for pharmacy costs.

### **About Advanced Medical Pricing Solutions (AMPS)**

*Advanced Medical Pricing Solutions (AMPS) provides market leading healthcare cost management services for self-funded employers, brokers, TPAs, health systems, health plans, and reinsurers. AMPS mission is to help clients attain their goals of reducing healthcare costs while keeping members satisfied with quality*

healthcare benefits. AMPS leverages 16 years of experience in auditing and pricing medical claims to deliver "fair for all" pricing both pre-care and post-care. AMPS offers innovative dashboards and analytics to provide clients with insights based on Plan performance. Visit [www.amps.com](http://www.amps.com).

## SILVER MEMBERS

### CLAIMLOGIQ ANNOUNCES FIRST 15-MINUTE ITEMIZED BILL REVIEW

#### Advancement of In-House Proprietary Technology Reduces End-to-End Complex Hospital Bill Reviews Down to Mere Minutes

CHARLESTON, S.C. – ClaimLogiq, a leading independently owned healthcare payment integrity company is announcing breakthrough technology that enables a complete end-to-end hospital itemized bill review in under 15 minutes. With this latest advancement, the company continues moving ever closer to facilitating near real-time payments of facility bills.

For over a decade, ClaimLogiq has been empowering analysts with its leading claim review platform, TrueCost, reducing review times of large, complex claims from days or weeks to just hours. This 15-minute audit solution is the latest demonstration of ClaimLogiq's innovations that simplify complex payment integrity processes.

A key component in delivering a 15-minute audit is the advancement of the ClaimLogiq's Rapid Optical Character Recognition tool, ROCR (pronounced rocker) which converts itemized bills from PDF to electronic format in minutes. The two technologies together, ROCR and TrueCost, are the ingredients that enable the 15-minute audit solution.

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Todd Hill, ClaimLogiq's CEO stated: "Our 15-minute IBill audit is another example of our commitment to staying ahead of the curve. Removing complexity and reducing turnaround time on large claim reviews is a top priority for healthcare organizations. We believe this technology will be a game-changer for many payers and will have a very positive ripple effect throughout our industry."

According to Mr. Hill, what is especially meaningful with this announcement is that even though the benchmark is now set at 15-minutes, teams are already completing finalized reviews in far less time in certain cases.

And because ClaimLogiq has not compromised its baseline framework or architecture in implementing its 15-minute audit, reviews are still completed with the same standard of quality, accuracy and consistency that TrueCost users have come to expect.

#### About the ClaimLogiq Pre-pay Review Process

The 15-minute lifecycle of a claim begins with ClaimLogiq's Operational Routing and Rules Engine (CORRE), which runs claim data through an intelligent, logic-based and payer/provider-customized rules library for a pay or pend-for-review result in under 250 milliseconds. The speed of CORRE ensures no interruption to the adjudication throughput.

Claims pended for review are then paired with an itemized bill to be prepped for review. ROCR converts the PDF to data which is then normalized and imported into TrueCost. This process takes only a few minutes regardless of the size or file types. From here, TrueCost's framework applies automation and payer-specific rules and edits to produce results in minutes.

ClaimLogiq's IBill review process maintains an industry-leading standard of a less than five percent appeal rate and a less than one percent overturn rate.

TrueCost is uniquely available as SaaS for payers who choose to manage their payment integrity programs in-house, as full services for those who prefer to outsource the process, or even as a hybrid model where responsibilities are shared between ClaimLogiq and its clients in real-time.

"It can't be overstated what this technology means: our 15-minute IBill review will enable payers to move to a pre-pay review model - when they previously may not have had the ability to do so. This alone will eliminate millions of dollars in waste by simply not having to pay and chase," says ClaimLogiq COO, Josh Burrus.

For more information, case studies, and articles detailing ClaimLogiq's 15-minute IBill review, visit [www.claimlogiq.com](http://www.claimlogiq.com).

#### About ClaimLogiq

*ClaimLogiq is a healthcare software and technology company that delivers a proactive approach to payment integrity through a powerful, simplified solution. The unique payer-facing, claim-analyzing solution is HITRUST CSF® certified and makes claim reviews accessible to all size healthcare payers for in-depth insight and real-time access into the status of every claim at every stage of the audit lifecycle for controlled, consistent, accurate, and defensible outcomes, second to none.*

*ClaimLogiq's innovative software stands out from the crowd by allowing payers client-driven control, customizability, and total transparency over the entire claim process and can be applied as a SaaS model, full services, or as a hybrid to suit the specific needs of every payer and provider agreement.*

*ClaimLogiq's groundbreaking technology produces more cost savings and all-but-removed provider abrasion, impacting millions of lives annually in the pursuit of a higher quality of healthcare for all. For more information, visit [www.claimlogiq.com](http://www.claimlogiq.com) or follow ClaimLogiq on LinkedIn.*

#### **ACS BENEFIT SERVICES CEO, KARI L. NIBLACK, ESQ., NAMED "MOST ADMIRER CEO" BY TRIAD BUSINESS JOURNAL**

Winston-Salem, NC – Kari L. Niblack, Esq., CEO of ACS Benefit Services, has been named "Most Admired CEO" by the Triad Business Journal. Part of the Journal's 2021 C-Suite Awards,

recognizing outstanding CEOs and CFOs in the Triad area, this award highlights Kari's tremendous contributions to both ACS and the greater Triad community.

The 22 honorees this year were chosen by a panel of local judges based on evidence of exemplary leadership, performance, and innovation in their respective roles, along with their civic and philanthropic engagement—locally and beyond. C-Suite Award nominees must work in the Piedmont Triad region of North Carolina, which includes the counties of Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Montgomery, Randolph, Rockingham, Stokes, Surry, and Yadkin.

"I am thrilled and honored to be among such an esteemed group of 2021 C-Suite honorees," Niblack said in a statement. "Leading ACS Benefit Services fuels my passion for our industry, and I am so incredibly grateful to every member of our phenomenal team for never shying away from pushing the boundaries of innovation and exceptional customer service. Our success is because of YOU, along with the unwavering support of our amazing community over the past four decades. Thank you to the team that supports me personally and professionally."

The 2021 C-Suite Award winners will be recognized by the Triad Business Journal in a special publication out July 30th. See the full list of winners.

### About ACS Benefit Services

*At ACS Benefit Services, our sole focus is providing the most innovative products and services available in the health benefits marketplace—all backed with the highest level of customer support. Over the past four decades, we are proud to have grown into a leading third-party administrator (TPA) by continuously focusing on the future of the industry and creating long-term health plan solutions for our employer groups that consistently deliver improved outcomes. Visit [acsbenefitservices.com](http://acsbenefitservices.com).*

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## 6 DEGREES HEALTH WELCOMES SHANNON MILLER AS ACCOUNT MANAGER

Hillsboro, OR- 6 Degrees Health is pleased to announce that Shannon Miller has joined the company as an Account Manager.

Shannon hails from Washington State but took up roots in Arizona in 2013. She has been in the insurance industry for over 20 years in various aspects of products and enjoys the relationships she has built along the way.

Shannon is married and has 5 children, 3 of which are the furry 4-legged kind, and 2 are her incredible sons. Her family enjoys the outdoors and activities that go along with that. She is very excited to be a part of the 6 Degrees Health family and has been welcomed warmly by all within this organization.

Shannon can be reached at [ShannonMiller@6degreeshealth.com](mailto:ShannonMiller@6degreeshealth.com).

"We're excited to welcome Shannon to the 6 Degrees Health team. Her experience and depth of knowledge in the self-funded healthcare arena will be a tremendous asset to our partners and Business Development Team." -Heath Potter, Chief Growth Officer

### **About 6 Degrees Health**

*6 Degrees Health is built to bring equity and fairness back into the healthcare reimbursement equation. Industry-leading MediVI technology supports our cost containment solutions with objective, transparent, and defensible data.*

*6 Degrees Health's solutions include everything from provider market analyses, reasonable value claim reports, ad hoc claim negotiations, evergreening provider contracts, and referenced-based pricing. Our veteran cost containment team partners with health plans and their channel partners to deliver unparalleled*

*cost containment results. Visit [www.6degreeshealth.com](http://www.6degreeshealth.com).*

## PAYER COMPASS APPOINTS DOUG WILLIAMS TO ITS BOARD OF DIRECTORS

PLANO, TX -- Payer Compass, a leading provider of healthcare reimbursement technology and price transparency solutions, together with Spectrum Equity, a growth equity firm focused on the information economy, and Health Enterprise Partners (HEP), a healthcare-focused investment firm, announced the appointment of Doug Williams as an independent member of its Board of Directors.

Williams, who has more than 25 years of experience in healthcare IT, joins Jeff Haywood, Steve LeSieur and Michael Radonich from Spectrum Equity, as well as David Tamburri from HEP, on Payer Compass' Board of Directors.

He is currently the Executive Vice President and Chief Operating Officer of HMS, a Gainwell Technologies Company providing cost containment solutions to

healthcare payers, where he is responsible for leading the company's business development and product strategy. Prior to HMS, Williams served as Chief Information





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Officer of Aveta, now part of Optum, Inc.

"We're delighted to welcome Doug to our board of directors," said Greg Everett, President and CEO of Payer Compass. "His experience leading healthcare technology companies that are focused on regaining control of the spiraling costs of healthcare aligns with our core mission."

Payer Compass solves one of the most difficult problems in healthcare: rising costs and a lack of price transparency. Its purpose-built healthcare pricing engine and contract management system addresses the complexities of Medicare, Medicaid and Commercial claims pricing, enabling employer groups and health plans to make smarter decisions about the way they pay for care.

"I admire Payer Compass' mission to drive transparency in healthcare pricing," said Williams. "I'm looking forward to helping the team execute on their ambitious growth plans and deliver innovative products to the market."

"Doug's experience in driving innovation and growth will be a terrific asset to Payer Compass as we accelerate our efforts as the leading provider of reimbursement and price transparency solutions," said board member David Tamburri, Managing Partner of Health Enterprise Partners.

Payer Compass has been growth equity-backed by Spectrum Equity and Health Enterprise Partners since December 2018.

### **About Payer Compass**

*Payer Compass is dedicated to restoring rationality to the cost of care. We focus squarely on tackling the most complex problems in today's healthcare landscape: spiraling costs and associated lack of price transparency.*

*For health plans, we are minimizing overall spend on claims pricing, administration, and processing. And, for self-funded organizations, our innovations and services are driving down the costs of healthcare claims reimbursement.*

*By combining our next-gen technology – Visium™, a multi-faceted pricing platform – with an emphasis on client success, Payer Compass is helping organizations control the cost of care. Visit [www.payercompass.com](http://www.payercompass.com).*

### **About Spectrum Equity**

*Spectrum Equity is a leading growth equity firm providing capital and strategic support to innovative companies in the information economy.*

*For over 25 years, the firm has partnered with exceptional entrepreneurs and management teams to build long-term value in market-leading internet-enabled software and information services companies.*

*Representative investments include Ancestry, Definitive Healthcare, Everlywell, GoodRx, Grubhub, Headspace, Kajabi, Lucid, Lynda.com, Net Health, The Knot Worldwide, SurveyMonkey and Verafin. Visit [spectrumequity.com](http://spectrumequity.com).*

### **About Health Enterprise Partners**

*Health Enterprise Partners provides expansion capital to the most innovative healthcare services and healthcare information technology companies. Central to HEP's strategy is its unique and extensive hospital system and health plan network, 36 members of which are investors in HEP's funds. HEP seeks to invest in companies that improve the quality of the patient experience, expand access, and reduce the cost of healthcare. Visit [hepfund.com](http://hepfund.com).*

## **MARPAI HEALTH DEEPENS LEADERSHIP BENCH WITH INDUSTRY VETERAN, PAMELA BURNS, AS SENIOR VICE PRESIDENT OF ENTERPRISE SALES**

TAMPA, FL -- Marpai Health, a SMART health plan services company providing AI-powered third-party administration to self-insured employers, announced the appointment of Pamela Burns as Vice President of Enterprise Sales. Ms. Burns will be focused on building Marpai's brand with national Brokers and Consultants, Unions, Associations, Tribal, Public Sector, and School Districts. Her appointment is effective July 1, 2021.

Ms. Burns brings over 30 years of industry experience in the self-funded healthcare space. Prior to joining Marpai, Ms. Burns, Vice President of Business Development at Valenz, focused on growing Valenz's presence in the self-funded market.

With a background in PPOs, cost containment and TPAs, Ms. Burns' prior experience in developing distribution channels will support the growth of Marpai Health's portfolio of services to support self-funded employers on a national basis.

"We are excited to welcome Pamela to Marpai Health's leadership team," stated Edmundo Gonzalez, CEO of Marpai Health. "Pamela's experience in the self-insured industry and the relationships she has in this market will enable her to strengthen our brand with key audiences and establish a leading presence for Marpai Health and the SMART Health Plan Services System."

### **About Marpai Health**

*Marpai Health is a leader in deep learning, the most advanced artificial intelligence, and brings the first SMART Health Plan Services System to self-insured companies and their employees to improve health outcomes and reduce healthcare costs. Marpai delivers a member-centric health plan administration experience powered by deep learning and SMART automation that makes it easy for members, employers and providers to improve outcomes and save money in new ways.*

*With deep learning, Marpai helps patients get ahead of future health risks, avoid costly procedures and access top quality care; employers reduce healthcare, reinsurance and administration costs; and providers meet changing patient demands with less administration.*

*Marpai uses deep learning capabilities to conquer the complex challenges standing in the way of better outcomes and lower costs, and to fuel the new consumer-driven healthcare world. Visit [marpaihealth.com](http://marpaihealth.com). ■*

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## AUGUST 2021

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