



**STARLINE**

LEADING THE WAY SINCE 2000

**MANAGED CARE**

*Methodology*

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## **PHILOSOPHY**

Our Managed Care underwriting approach allows us to understand the unique risk of each client and develop rates and coverage accordingly. We perform a detailed analysis of the network—including hospital contracts, medical management programs, and risk exposure. We then offer reinsurance coverage recommendations customized to our clients' needs.

Thorough initial understanding of the risk results in more predictable and budgetable year-to-year reinsurance premiums. The underwriting goal is to develop a sustainable rate, with each renewal composed only of a trend adjustment. We do not desire to "buy the business" which would result in a significant corrective action required at renewal.

Our intent is to develop a long-term relationship with each client. Our team takes a consultative approach to our relationships, listening to concerns and offering solutions to address them. We recognize the volatility of the annual claims experience and we do not over-react to any one year claim experience. We expect both high and low-experience years over a five year trajectory. During this time horizon, we expect to meet client-level profitability targets.

## **TOP-RATED CARRIERS**

We seek a thorough understanding of the client's risk profile prior to releasing a quote. In order to do this, we ask that the following information is included in quote submissions:

- Expiring contract or reinsurance agreement
- Hospital and Provider Contract Summary, including outlier arrangements and any contract changes over last three years
- Referral patterns for NICU, severe trauma, transplants, and cardiovascular care
- Experience by line of business for the last four years
- Membership by line of business for the last four years
- Description of medical management and disease management programs, including efficacy statistics
- Average cost per day, hospital inpatient days per 1000, and average length of stay experience for the last four policy years
- Historical and projected first dollar trend
- Risk matrices, detailing any services not covered
- Actuarial analysis, if available
- Medicare or Medicaid capitation rates
- Audited Statutory and GAAP financial statements for Plan and parent, if applicable  
(for HMO Continuation of Coverage only)
- Counties in service area
- Ownership structure
- Description of any new initiatives or ventures