

# NEWS RELEASE

## **For Immediate Release**

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## **Appleton-Based Cypress Benefit Administrators Marks 10<sup>th</sup> Anniversary, Continued Company Growth**

APPLETON, WI—(Dec. 10, 2010) Cypress Benefit Administrators, an Appleton-based firm specializing in fiscally responsible healthcare benefit administration, marks its 10<sup>th</sup> anniversary year this month.

Since opening its doors in 2000, Cypress has been pioneering the way toward cost containment in healthcare as the country's first third party administrator (TPA) to bring claims administration, consumer-driven health plans and proven cost containment measures together in one package for employers, according to Tom Doney, Cypress' CEO and company co-founder along with Marsha Phillips, company COO.

Along with marking 10 years in business, Doney and Phillips are also celebrating the company's steady growth and the overall success of its distinctive "Cypress Solution" formula with both company employees and the clients they serve. "We are excited about our strong niche in the marketplace and our continued steady pace of company growth," Doney said.

The successful enterprise currently employs 70 people and has expanded through four acquisitions to increase its service reach to over 200 clients, with employees in 49 states and two Canadian Provinces. The company works primarily with employers ranging in size from 25 employees to 18,000.

Cypress has achieved its positive growth over the past decade by marketing its distinctive business formula, known as "The Cypress Solution," to employers who continue to struggle with rising healthcare costs. "They're making the switch to Cypress, a fact that's underscored by our numbers, which illustrate that we've been able to weather these challenging economic times with a growth of 24 percent in new employer relationships," Doney said.

This increase is directly attributed to the fact that Cypress' unique blend of cost containment strategies is working wonders for employers who adopt the program, according to Doney and Phillips. "Employers come to us with a problem, which normally involves escalating healthcare costs, and The Cypress Solution is just that...a solution for them," Doney said.

To achieve the most fiscally responsible healthcare benefit results for the employers the company represents, Cypress Benefits combines the traditional fundamentals of healthcare with innovative methods of the future to create customized employee benefit plans that combine the right mix of health insurance options to address the varying needs of each employer. Customized Cypress Benefit plans give employers the tools to: minimize and eliminate claims, involve employees in the decision-making process, and modify the plan however and whenever necessary.

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The Cypress Solution involves four key components, according to Doney and Phillips.

They are:

- **Claim Reduction/Elimination.** This component reduces or eliminates the number of claims through assessments and advocacy
- **Employee Information/Decision Assistance.** Making employees active participants in the decision-making process is another key
- **Cost Management.** Monitoring claims carefully and managing costs where they are incurred is a critical component
- **Employer Data Management and Information/Decision Assistance.** Cypress works with employers to track plan effectiveness and make adjustments as necessary

Additionally, The Cypress Solution offers a variety of contemporary features, including a Medical Advocate Program (MAP), Medical Tourism, Cancer Cost Management, Prescription Cost Management, Dialysis Cost Containment, Organ Transplant Carve-Out Insurance, Alternative Access to Care, COBRA, Cypress Online, Flexible Spending and HRA Administration, aggressive claim review through Argus Claim Review, a division of Cypress Benefit Administrators; and Utilization, Case and Disease Management, among other products and services.

Cypress' Argus Claim Review division is also proving to be a powerful system for the company in guarding against error and fraudulent billing, all of which translates to bottom line savings for employers. The impressive track record for Argus includes an average savings of over 25 percent billed on charges for clients, a feat accomplished through vigilant claim review and negotiation combined with the usage of the industry's most comprehensive fraud detection and code editing system.

Moving forward through the next 10 years, the company's primary goal continues to be that of ensuring Cypress' clients aren't among those employers who are contributing unwittingly to what the U.S. Department of Health & Human Services reports to be \$250 worth of waste in healthcare annually. To protect their clients, Argus diligently reviews claims for billing errors and other deficiencies. It provides in-depth bill audits and medical necessity reviews while hunting inappropriate and erroneous coding, among other critical features.

For more information about Cypress Benefit Administrators, Argus Claim Review or The Cypress Solution, visit [www.cypressbenefit.com](http://www.cypressbenefit.com).

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