Enough!
GROUP INSURANCE

AN HONEST GUIDE FOR SELF-FUNDED EMPLOYERS

Switching your TPA without the horror stories.

Changing your third-party administrator has a bad reputation — and it's usually earned, because most transitions are rushed and under-planned. Done right, it's a project, not a nightmare. Here's how to do it right.

Who it's for
Employers already self-funding their plan

The decision
Whether to switch — and how to do it cleanly

Read time
About 15 minutes, start to finish

START HERE

The honest version

Switching your TPA is recoverable pain, not a catastrophe — but only if you respect how many moving parts are involved. The horror stories almost always trace back to one thing: someone treated it as a quick swap instead of a real transition.

This guide won't talk you into switching. If your current administrator is doing the job, the cleanest move is often to stay and renegotiate. What this does is help you decide honestly — and if you do switch, do it without dropping a single member's claim.

What your TPA actually does

Your third-party administrator is the operational engine of your self-funded plan. They **process every claim**, manage **eligibility** as people join and leave, run **member services** when your employees have questions, pay providers, and produce the reporting you use to manage spend.

In other words: they touch your members every single day. That's exactly why switching them is delicate — you're changing the engine while the car is still being driven.

THE REAL RISK, NAMED

The danger in a TPA switch isn't the new administrator — it's the handoff. Claims that fall between the old and new systems, eligibility files that don't match, members who can't reach anyone during the gap. Plan the handoff and you've solved 90% of what goes wrong.

How to read the rest of this

First, an honest go/no-go on whether you should switch at all. Then the prep that prevents disasters, the four moving parts of the transition, the timeline as it really runs, and the risks nobody mentions until you hit them. The go/no-go is next — and it's the page that saves people the most money.

THE HONEST GO / NO-GO

Should you even switch?

A new TPA fixes administration problems. It does nothing for problems that aren't about administration — and confusing the two is the most expensive mistake employers make here.

The test is simple: *is your pain caused by how the plan is run, or by something a new vendor can't touch?* Switching to escape the first is smart. Switching to escape the second just resets the clock on the same frustration.

✓ GOOD REASONS TO SWITCH

- Claims errors or slow processing your members actually feel
- Poor member service — long holds, unresolved issues
- Hidden fees, or you can't get a straight answer on pricing
- You can't easily get your own claims data
- Reporting and technology that don't integrate or inform

✕ WON'T BE FIXED BY SWITCHING

- High costs driven by claims, not admin — a new TPA won't lower them
- No clear definition of what "better" would even look like
- A mid-plan-year switch fighting your renewal calendar
- The real issue is plan design, not the administrator
- Expecting a switch alone to rescue a struggling plan

SAID PLAINLY

If your administrator is competent and your real problem is claims cost or plan design, **switching TPAs will cost you months and fix nothing.** Sometimes the honest move is to renegotiate the contract you have, fix the plan design, and keep the operational continuity. We'll tell you when that's the smarter call — even though it means we're talking you out of a project.

BEFORE YOU MOVE

The readiness checklist

If switching is genuinely the right call, here's what to have settled before you sign anything new. Each of these is a place where unprepared employers get hurt.

- [ ] **Read your current contract — carefully.** Notice period, termination triggers, and exactly how long the old TPA keeps paying claims after you leave (run-out).
- [ ] **Confirm your data rights.** Can you take your full claims and eligibility history with you? Get the extraction rights in writing — this is the single most overlooked item.
- [ ] **Align to your plan year.** The clean switch lands at renewal. Mid-year transitions multiply every risk on the next page.
- [ ] **Define "better" before you shop.** A weighted scorecard — service, price, technology, reporting — so you're choosing on criteria, not on the best sales pitch.
- [ ] **Protect stop-loss & network continuity.** Coordinate so coverage and provider access don't hiccup during the handoff.
- [ ] **Plan member communication early.** New cards, new portal, new support line — your people should hear it from you first, not discover it at the pharmacy.

> **A quiet truth:** the two items that sink transitions most often are **data ownership** and **run-out terms** — both buried in the contract you already signed. Read those clauses before you fall in love with a new vendor.

What you're really deciding

Underneath the logistics: *will a new administrator meaningfully improve what my members experience and what I can see — enough to justify the disruption of moving?* If yes, prepare well and proceed. If it's a close call, it usually isn't worth it.

THE MOVING PARTS

What the transition actually takes

A TPA transition is four coordinated workstreams. Miss the coordination and you get the horror stories. Here they are in plain terms.

1. **Exit the incumbent cleanly**
   Give proper notice, lock down your data extraction, and nail the **run-out** — the period your old TPA keeps paying claims incurred before you left. A messy exit is where claims go missing.

2. **Select the new administrator**
   Run a real RFP against your weighted scorecard. Push for **performance guarantees** — service levels with money attached — and confirm they've actually done implementations at your size.

3. **Migrate the data**
   Claims history, eligibility files (the 834 EDI feed), accumulators, and new member ID cards — all moved on a HIPAA-compliant path. This is the most technical step and the one to over-plan.

4. **Coordinate stop-loss & network**
   Align your stop-loss contract basis (the "12/12 vs. 12/15" question), confirm network access carries over, and reconcile reserves for claims incurred but not yet reported. Quiet, critical plumbing.

> **The reframe:** none of these is hard on its own. The skill is sequencing them so the old engine doesn't shut off before the new one is running — which is exactly what a good transition plan, and a good partner, is for.

THE TIMELINE, HONESTLY

How long it really takes

Anyone who tells you a TPA switch is quick hasn't managed the run-out. Here's the honest shape of the calendar, with the parts people forget.

6–12 mo	90–180 d	Plan year
Typical planning runway for a clean, low-drama transition	Common contractual notice required to terminate an incumbent TPA	When the cleanest switches land — at your renewal date

Ranges above reflect common industry practice and typical contract terms — your actual notice period and timeline live in your current TPA agreement.

Three things the timeline won't tell you

The run-out tail outlives the switch. Your old TPA keeps paying old claims for months — often a year or more — after the new one takes over. You're managing two administrators at once for a while. Plan and budget for it.

Start at the contract, not the calendar. Your notice period and termination terms set the real start date. If you want a January 1 go-live, you're often working backward from the prior spring.

The first 90 days post-launch need attention. New cards, new portal, new support line — member questions spike right after go-live. Staffing that window well is the difference between a smooth switch and a flood of complaints.

OUR HONEST STANCE

We won't promise you a tidy timeline in a PDF, because yours depends on your contract and your plan year. **We'll map the real calendar against your actual agreement before you commit to a move.**

THE PART NOBODY MENTIONS

The risks nobody flags

None of these is a reason to avoid switching. They're the reasons to switch *deliberately* — each one is preventable with planning, and each one is painful if ignored.

- ☐ **Claims falling through the gap** — run-in/run-out boundaries that leave a claim unowned by either administrator.
- ☐ **Eligibility mismatches** — data that doesn't reconcile, so members show as ineligible at the worst moment.
- ☐ **Member disruption** — new ID cards, portals, and phone numbers landing without warning.
- ☐ **Stop-loss basis mismatch** — a contract-basis gap that quietly leaves a catastrophic claim uncovered.

Every one of these is solved the same way: by planning the handoff before you sign, not after.

WHERE WE COME IN

The honest-broker approach

Enough! Health Group Insurance exists for a simple reason: the employer health benefit should **build something** for the people it covers — not just spend something every year. When we help an employer move administrators, the goal is a plan that works better for the company and for its members.

That means **employers** get cleaner data, real cost visibility, and a transition that doesn't break things — and **employees** get a benefit designed around them, with a stake in what isn't spent. Both sides win, or it isn't worth doing.

> **And the honest part:** if your current TPA is doing fine and switching won't actually help, we'll tell you to stay and save the disruption. Turning away the move that wouldn't serve you is the whole point of being an honest broker.

Enough!

GROUP INSURANCE

Map your transition before you commit to anything.

A 30-minute consultation includes an honest read on whether switching is worth it for you — and, if it is, the real timeline mapped against your current contract.

No pressure. No "act now." If staying put is smarter, we'll say so.

Book an Employer Consultation

enoughhealthgroup.com · Speak with a real advisor, not a sales script