



HOPE UNITED
INSURANCE

**RECLAIMING CONTROL:
HOW TREATMENT
CENTERS *TAKE*
AUTHORITY BACK FROM
THE INSURANCE MARKET**

Agenda

1. About Us
2. Vision
3. Mission
4. History



Why We're Here Today



1. ATAC's leadership and advocacy
2. Real impact on treatment programs statewide
3. How ATAC gives providers clarity and a voice
4. Hope United's mission: *protect programs so they can focus on client care*
5. Introducing today's theme:

**CONTROL = reclaiming authority
from insurance carriers**



Steve is a 22-year U.S. Army Reserves veteran and leading specialist in insurance and risk management for addiction recovery centers. After witnessing the real-world impact of addiction on fellow soldiers, Steve built Hope United Insurance to protect the people who protect others. He created **Recovery Shield™** to give rehab centers a clear, compliant, full-stack protection system that eliminates guesswork, closes dangerous gaps, and safeguards their mission of saving lives.



Stephen Stewart

*Founder & CEO
Hope United
Insurance*

Why Insurance Carriers Underwrite Behavioral Health Like Hospital Risk

External market forces shaping underwriting decisions



Nuclear Verdict Growth: Jury verdicts over \$10M in healthcare have surged
Carriers price for severity, not frequency



Rising Loss Severity: Healthcare claim payments are rising faster than claim frequency
One claim can wipe out years of premium



Litigation Funding: Investors finance more lawsuits, extending litigation in healthcare
Plaintiffs pursue larger, longer lawsuits



Risk Grouping: Behavioral health facilities are grouped with the hospitals by insurers
Similar clinical exposure, fewer assets



Reinsurance Pressure: Reinsurers raise prices and demand stricter policy terms
Less flexibility, more exclusions

Sources: Swiss Re Institute, Munich Re, U.S. Chamber Institute for Legal Reform, Marsh Healthcare Liability Reports, Aon Healthcare Risk Outlook



EPLI: The Hidden Risk that Follows You Into M&A & Exits

- Employment Practices Liability claims are rising across healthcare
- EPLI issues are a top diligence red flag in M&A transactions.
- Buyers look beyond premiums to patterns, controls, and culture
- One unresolved EPLI issue can delay, discount, or derail an exit
- Insurance control today shapes transaction outcomes tomorrow

How to Take Control of EPLI, & Protect Your Future Value

- Align EPLI limits and retentions with growth and exit goals
- Ensure coverage matches real-world employment practices
- Implement documented HR controls and reporting protocols
- Address issues early to prevent claims from forming
- Show buyers a culture of proactive risk management



A Real-World Lesson in CONTROL

- 121-bed inpatient program
- CARF + Joint Commission accredited
- Strong leadership and clinical excellence
- Requested a coverage review
- Identified major gaps:
 - Near-zero cyber coverage
 - Low abuse & molestation limits
 - Controlled substances exclusion hidden in PL policy
- Hope United corrected and strengthened their protection



When CONTROL Matters Most

- 3 months later → fentanyl incident
 - Two clients overdosed
 - Narcan administered; both survived
- Two lawsuits filed for \$1M+ each
- Coverage fully applied because exclusions were removed
- Their documentation and QA processes were excellent
- *They survived because they took control early*



What Most Programs Don't Know...

- Carriers evaluate you based solely on your submission
- Most submissions limit your control
- Two types of submissions exist:
 1. Generalist (low control)
 2. Recovery Shield™ (high control)
- Presentation determines risk perception
- Perception determines pricing, exclusions, and outcomes

Control Lost vs. Control Gained



Generalist Submission (Control Lost)

- Missing clinical narrative
- Missing risk-mitigation documentation
- No third-party clinical assessment
- No MAT or medication protocols
- No incident trend analysis
- No injury management systems
- Vague service descriptions
- Application only – no context
- Underwriters assume the worst

Recovery Shield™ Submission (Control Gained)

- OmniSure® Clinical Risk Assessment
- Complete clinical operations narrative
- Staffing + credentialing model
- Medication handling protocols
- NOCT + IAP included
- 3-year incident & QA analysis
- Facility photos & site map
- Policy/procedure excerpts
- Customized underwriter narrative
- Full evidence pack
- Underwriters see structure, quality, and control



The Underwriter Reaction: CONTROL Determines Outcome



Generalist Submission (Low Control)

- “Unknown risk — raise pricing.”
- “Missing info — add exclusions.”
- “Too vague — reduce limits.”
- “Retro date too old — not acceptable.”
- “Decline — unclear risk.”

Recovery Shield™ Submission (High Control)

- “Quality verified — preferred pricing possible.”
- “Strong operations — broaden coverage.”
- “Clear documentation — consider higher limits.”
- “Aligned with best practices — approve for quote.”



The Renewal Effect: CONTROL Over Time



Without Recovery Shield™ (No Control)

- Renewal surprises
- Exclusions added each year
- Deductibles increase
- Carrier turnover
- Market volatility
- Reactive underwriting



With Recovery Shield™ (Full Control)

- Predictable renewals
- Renewal positioning begins months early
- Documented safety & QA improvements
- Updated clinical risk assessment each year
- Stable carrier relationships
- Long-term underwriting confidence

Reclaim Your Authority

- Insurance is not luck — *Insurance is strategy*
- **Strategy** determines **positioning**
- **Positioning** determines **control**
- **Recovery Shield™** gives treatment centers the authority they deserve:
 1. **Control** over pricing
 2. **Control** over underwriting
 3. **Control** over the future



Thank You



www.hopeunitedinsurance.com



steve@hopeunitedinsurance.com



(877) 805-4888