

**PAPER 05 / 08**  
**Data & Transparency Series**

Data & Transparency Series

GOVCON + WORKFORCE EMPLOYERS  
Claims Visibility | Pharmacy Transparency | Funding  
Reconciliation | Data Governance

Claims | Pharmacy | Funding | Evidence

# Health Plan Data, Claims Visibility, and Transparency Governance

How Archer Jordan Health turns claims, pharmacy, funding, vendor reporting, and plan data into governable evidence for regulated and workforce-intensive employers.

## IN THIS PAPER

Paper 05 explains how TrustFirst™ turns health plan data into governable evidence: claims visibility, pharmacy transparency, vendor reporting, trust activity, funding reconciliation, and documented fiduciary decisions.

Paper 05 is the truth layer of the Evidence Library: it connects data rights, claims reporting, PBM transparency, funding records, and fiduciary decision-making into one governed source of evidence.

## RELEVANT FOR

Government contractors · Service Contract Act employers · prevailing wage employers · self-funded health plans · CFOs · HR leaders  
· boards · private equity sponsors

<b>Claims</b> <b>what happened</b>	<b>Pharmacy</b> <b>what drives cost</b>	<b>Funding</b> <b>what reconciles</b>	<b>Evidence</b> <b>what proves</b>
run-rate	trend	reconciliation	defensibility

*A plan sponsor cannot govern what it cannot see, reconcile, or challenge. Paper 05 explains how TrustFirst™ turns health plan data into fiduciary visibility.*

## EXECUTIVE SUMMARY

# Paper 05 governs the truth layer of the plan.

Paper 01 proved TrustFirst™ Architecture through measurable outcomes. Paper 02 defined the fiduciary governance framework. Paper 03 showed where the proof lives. Paper 04 explained how vendors must operate inside the architecture. Paper 05 turns to the next control point: data, claims visibility, pharmacy transparency, funding reconciliation, and the evidence required to govern an employer health plan in real time.

Most regulated workforce employers receive reports. That is not the same as visibility. A carrier report, TPA dashboard, PBM summary, stop-loss renewal exhibit, or spreadsheet from a broker may describe pieces of the plan. It may not show whether the data is complete, whether the money reconciles, whether pharmacy economics are aligned, whether vendor reports agree with payment records, or whether the plan sponsor can defend the decisions made from that information.

TrustFirst™ treats data as fiduciary infrastructure. The purpose is not to collect more reports. The purpose is to create a governed record of truth: what happened inside the plan, what it cost, who was paid, what decisions were made, what alternatives were considered, and how the plan sponsor maintained visibility before renewal, audit, contract transition, or diligence pressure arrived.

## OPERATING PREMISE

# Reports are not governance. Visibility is governance.

A health plan can generate a large amount of information and still leave leadership blind. Claims may be processed, pharmacy may be administered, stop-loss may be quoted, and vendors may report performance, while the plan sponsor still lacks a clear, reconciled view of what the data means and how it connects to plan economics, fiduciary decisions, employee experience, and funds flow.

That distinction matters for Service Contract Act contractors, prevailing wage employers, government contractors, multi-state employers, and large hourly workforces. In those environments, health plan data is not only a benefits issue. It affects labor cost, fringe benefit obligations, cash flow, stop-loss exposure, payroll alignment, compliance documentation, and the ability of leadership to explain the plan under scrutiny.

The TrustFirst™ premise is direct: truth must be knowable, auditable, and reconcilable. If a plan cannot connect claims data, pharmacy data, vendor reports, trust activity, payroll contributions, funding records, and fiduciary decisions, then the plan may be functioning, but it is not fully governable.

## THE DATA VISIBILITY GAP

# Most plans have information. Few have a governed source of truth.

Traditional benefit administration often produces fragmented visibility. The carrier has one view. The TPA has another. The PBM has another. The stop-loss carrier has another. Payroll has contribution records. Finance has invoices. HR has eligibility and enrollment information. The broker may summarize renewal strategy. Each source may be useful, but the plan sponsor still has to answer one larger question: what is the actual truth of the plan?

TrustFirst™ does not assume that vendor reporting equals governance. It asks whether the information is complete, current, contractually available, tied to plan documents, tied to money movement, and preserved inside the fiduciary file. Visibility becomes meaningful only when the plan sponsor can connect the report to a decision, the decision to authority, and the authority to the written structure of the plan.

Data area	What must be visible	TrustFirst™ governance record
Claims	Run-rate, large claimants, utilization, high-cost categories, network behavior, and stop-loss exposure.	Claims review notes, trend analysis, large-claim file, decision rationale, stop-loss review record.
Pharmacy / PBM	Pricing method, rebates, credits, spread, specialty drugs, formulary incentives, and PBM compensation.	PBM contract, pharmacy performance review, rebate/credit file, compensation analysis, governance minutes.

Funding / trust activity	Employer contributions, employee deductions, claims funding, vendor fees, stop-loss payments, credits, and recoveries.	Trust records, payment approvals, disbursement log, funding reconciliation, variance notes.
Eligibility / payroll	Who is covered, who waived, what deductions apply, what employer contributions were made, and whether payroll matches plan rules.	Eligibility roster, payroll reconciliation, contribution file, exception log, correction record.
Vendor reporting	Whether reports are complete, timely, contractually available, and consistent with other plan records.	Data request log, vendor scorecard, reporting issue log, annual review, fiduciary file note.
Fiduciary decisions	What data was reviewed, who had authority, what alternatives were considered, and what action was approved.	Decision memo, meeting record, alternatives analysis, authority citation, monitoring plan.

### THE TRUSTFIRST™ STANDARD

## Data must become evidence.

TrustFirst™ Architecture requires plan data to be organized around governance questions, not vendor convenience. What cost drivers are emerging? Which claims are changing the risk profile? What pharmacy categories are creating volatility? Are vendor fees and payment records aligned? Are employee deductions, employer contributions, claims funding, and trust activity reconciled? Are plan decisions documented when the data is reviewed?

Where authorized and documented by the plan sponsor, Archer Jordan Health assumes delegated fiduciary governance responsibilities related to data review, claims visibility, pharmacy oversight, funds-flow reconciliation, vendor reporting, and fiduciary documentation. The objective is not merely to understand the plan after the year ends. The objective is to govern the plan while it is operating.

This is especially important because data without authority can become another form of noise. TrustFirst™ gives data a job: support prudent decisions, expose misalignment, verify vendor performance, protect plan sponsor money, and create audit-ready evidence before anyone asks for it.

### CLAIMS VISIBILITY

## Claims tell the financial story of the plan.

Claims data is one of the core inputs of employer health plan governance. It reveals cost trend, utilization patterns, large claimant exposure, chronic condition concentration, site-of-care issues, network behavior, employee access problems, and risk that may affect stop-loss, contribution strategy, plan design, and workforce economics.

But claims visibility must be governed. A monthly report is not enough if it cannot be reconciled to funding, stop-loss exposure, payment records, eligibility, and plan design decisions. TrustFirst™ asks what the claims data shows, what action is justified, what authority exists to act, what tradeoffs are being considered, and how the decision is recorded.

For regulated workforce employers, this discipline matters because claims volatility can affect labor cost, fringe planning, cash flow, renewal strategy, and executive exposure. By renewal, the plan should already be understood. By audit, the record should already exist.

### PHARMACY TRANSPARENCY

## Pharmacy economics cannot be treated as a black box.

Pharmacy benefit management is often one of the least transparent and most financially sensitive areas of an employer health plan. PBM arrangements may involve pricing methodology, rebates, credits, spread, specialty drug handling, formulary design, manufacturer payments, guarantees, prior authorization programs, and other revenue streams connected to plan activity.

TrustFirst™ pharmacy governance requires a clear record of what the PBM is authorized to do, how the PBM is compensated, how pharmacy-derived value is characterized, how rebates or credits are handled, what reporting is available, and how pharmacy trend is monitored throughout the year.

The plan sponsor should not have to guess whether pharmacy economics are aligned. If value is generated from the plan, the treatment of that value should be disclosed, documented, reviewed, and governed. No hidden compensation. No unauthorized vendor extraction. No vendor-controlled truth.

### FUNDING, TRUST ACTIVITY, AND RECONCILIATION

## Visibility is incomplete until data reconciles to money.

In self-funded TrustFirst™ plans, the trust is the financial control point. Claims funding, administrative fees, stop-loss payments, PBM arrangements, vendor compensation, rebates, credits, recoveries, and other plan-related payments should be traceable through documented authority.

That means data governance must connect to funds-flow governance. Claims reports should reconcile to claims funding records. Vendor invoices should reconcile to approved fee schedules and trust disbursements. PBM credits or rebates should reconcile to contractual terms and fiduciary treatment. Stop-loss reimbursements should reconcile to large-claim activity and filing records. Employee deductions and employer contributions should reconcile to eligibility, payroll, and plan documents.

TrustFirst™ software supports this architecture by preserving plan documents, trust documents, administrative services agreements, vendor agreements, fee schedules, funding records, payment approvals, governance minutes, claims-funding records, pharmacy records where applicable, and fiduciary decision rationale. Software is part of TrustFirst™. The architecture is bigger than the software.

### YEAR-ROUND TRANSPARENCY GOVERNANCE

## The plan should be visible before renewal.

Data governance should not wait for the annual renewal meeting. Monthly review may include claims trend, large claimant exposure, pharmacy trend, funding status, eligibility exceptions, trust activity, payment exceptions, and vendor reporting issues. Quarterly review may include PBM economics, stop-loss exposure, reporting quality, data access, fee reasonableness, employee friction, and documentation updates.

Annual review should summarize what the plan actually did during the year: claims performance, pharmacy performance, stop-loss strategy, vendor reporting quality, funding discipline, trust activity, contribution strategy, employee experience, compliance documentation, and the record of fiduciary decisions. Event-driven review should occur when there is a major claim, stop-loss shock, vendor change, acquisition, DOL or DCAA request, contract transition, or private equity diligence process.

The purpose of the cadence is simple: keep the plan visible while it is operating. A governed plan should not wait until renewal to understand cost, until audit to organize evidence, or until a vendor dispute to know where the truth lives.

### TRUSTFIRST™ TRANSPARENCY TEST

## The questions every governed plan should answer.

- Can the plan sponsor obtain the claims, pharmacy, funding, eligibility, vendor, and stop-loss information required to govern the plan rather than merely renew it?
- Can the organization reconcile claims reports to funding records, vendor invoices to approved fee schedules, PBM credits or rebates to contract terms, and trust activity to documented authority?
- Can leadership identify cost drivers, pharmacy issues, large-claim exposure, stop-loss risk, eligibility problems, and vendor reporting gaps before renewal pressure arrives?
- Can the fiduciary file show what data was reviewed, what decisions were made, who had authority, what alternatives were considered, and how the decision was preserved?
  - Can Archer Jordan Health and the plan sponsor produce a coherent record under DOL inquiry, DCAA review, prime contractor audit, contract transition, renewal pressure, or private equity diligence?

If the answer is yes, data is no longer a scattered set of vendor reports. It becomes governable evidence. That is the TrustFirst™ standard.

