

Changes Under Consideration for the 2005 Guidelines, Addendum, and State and Local Contracts

Section Page Number (in Attachment B)		Description	Reason for Change
State Contract	Local Contract		
I. Page 1	Same	Clarify that OSER may place the Standard Plan in Tier 2 for the purpose of determining premium contribution share for those subscribers who are active employees residing out of state.	To incorporate language clarifying existing practice.
N/A	I. Page 1 <i>and</i> II., D., 12 Page 4 <i>and</i> Article 3.21 (1) Page 30	Incorporate language to allow local employers to exceed the 105% parameter for employer contribution if they use the tiered premium approach.	See memo, discussion item #3 of the changes to the WPE program.
I. Page 1	Same	Clarify that the Board has the right to make enrollment and eligibility decisions as necessary, including whether to make a Tier 1 plan available in those counties in which there is no qualified plan in Tier 1.	To incorporate language clarifying existing practice.
II., D., 4. Page 2	Same	Incorporate the Wisconsin Hospital Association (WHA) quality accountability initiative into the quality standards for plans to support.	To incorporate language clarifying existing practice.
II., D., 5. Page 3	Same	Delete prescription drug utilization controls from the examples listed for plans to demonstrate effective utilization review.	With the uniform PBM administering pharmacy benefits, the plans are no longer responsible for formulary utilization controls.
II., D., 14. Page 4	Same	Clarify that the PBM and Department will consult with plans to identify uniform reporting formats to share necessary pharmacy data with plans.	To incorporate language clarifying existing practice.
II., H. Page 5	Same	Incorporate language allowing plans to separate provider groups by cost.	See memo, discussion item #3 of the changes to the Guidelines.

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II., I. Page 6	Same	<p>Correct the due date for proposals from plans to participate in the health insurance program.</p> <p>Update the due date for initial premium bid submissions from participating plans.</p>	To ensure consistency with the due dates listed on the Time Table in Section J.
II., J. Pages 7 - 9	Same	<p>Move up the due date for the initial premium bid submission from plans.</p> <p>Specify information health plans are to list on the plan description pages that are due in August.</p> <p>Specify the student status report to the Department and employers must comply with HIPAA.</p> <p>Add additional reports health plans are required to submit, including the full file compare submission and direct pay termination and reinstatement report.</p> <p>Review and update due dates as necessary.</p>	<p>To allow the actuary more time for analysis for tier placement of plans.</p> <p>To clarify existing practice.</p> <p>To clarify existing practice.</p> <p>To incorporate required reports into the guidelines, which allows for the Department to impose a financial penalty on a Plan that does not comply with the required submission.</p>
Addendum 1C Page 10	Same	<p>Delete the requirement for plans to specify whether their members must coordinate referrals to specialists through their PCP.</p> <p>Delete the requirement for plans to have prescription drug utilization controls.</p> <p>Add a requirement for plans to encourage network hospitals to participate in the WHA quality accountability initiative.</p>	<p>Plans vary on referral requirements and more plans appear to require referrals only when care is not received from the primary care clinic.</p> <p>This is no longer necessary with the pharmacy benefit being administered by the uniform PBM.</p> <p>To incorporate language based on what the Department asked of plans.</p>
Addendum 2 Page 11	Same	Modify qualification criteria for hospitals for those counties that do not have a hospital.	See memo, discussion item #2 of the changes to the Guidelines.
Addendum 2 Page 12	Same	In the sample report format, delete the information pertaining to number of pharmacies in the health plan's network.	This information is no longer required now that the pharmacy benefits are being administered by a uniform PBM.

Section Page Number (in Attachment B)		Description	Reason for Change
State Contract	Local Contract		
Article 1.6 Page 13	Article 1.6 Pages 21 - 22	Clarify the definition of dependent by listing an example of an intersession course and by defining an indefinite duration for disability status. Include information about adoptive children that was previously missed in the state contract.	To clarify existing practice.
Article 1.10 Page 14	Article 1.10 Page 22	Change the defined term of "PLAN" to "HEALTH PLAN" for clarity in the contract.	Term was changed in Uniform Benefits to clarify health plan versus other uses of the term plan. The contract was also changed to be consistent with Uniform Benefits.
Article 1.15 Page 14	Article 1.15 Page 22	Clarify that "PREMIUM" includes the pharmacy rate.	To clarify existing practice.
N/A	Article 2.5 (1) Page 23	Delete language specific to plans not offering Uniform Benefits.	All participating plans must administer Uniform Benefits in the local program.
Article 2.9 (1) Page 15	N/A	Add language specifying that plans cannot apply a surcharge to the premium for participants on continuation or conversion of insurance.	To clarify existing practice and to make the state contract consistent with applicable language in the local contract.
Article 2.9 (2) Page 15	Article 2.9 (2) Page 24	Clarify the provision is as provided under statute.	To clarify existing practice.
Article 2.10 (6) Page 16	Article 2.10 (6) Page 25	Clarify time frame for participants to submit a request for a departmental determination.	To clarify existing practice.
Article 2.10 (7) Page 16	Article 2.10 (7) Page 25	Clarify that plans are to submit requested information related to a complaint at no charge.	To clarify existing practice.
N/A	Article 3.1 (1) & (2) Page 26	Incorporate into the contract the ability for the Department to apply a surcharge based on the risk to groups joining the local program with 100 or more eligible employees.	See memo, discussion item #2 of the changes to the WPE program.
N/A	Article 3.1 (4) Page 26	Specify that local employers are prohibited from providing a financial incentive to employees to decline coverage under our program.	See memo, discussion item #5 of the changes to the WPE program.

Section Page Number (in Attachment B)		Description	Reason for Change
State Contract	Local Contract		
Article 3.3 (3) Page 17	Article 3.3 (3) Page 27	Incorporate language clarifying that a transfer of custody of eligible dependents is considered a change to family status. Change wording in local contract to match the state contract.	To clarify existing practice. To have applicable language consistent in both contracts.
Article 3.3 (6) (a) Page 18	Article 3.3 (6) (a) Page 28	Reworded the provision for clarity.	To clarify an existing practice.
Article 3.3 (8) Page 19	N/A	Clarify that annuitants can initiate deductions from sick leave following loss of eligibility for other comparable coverage.	To clarify existing practice.
N/A	Article 3.3 (9) Page 28	Add language permitting local annuitants to escrow sick leave at such time the Department determines it could effectively implement and monitor it.	See memo, discussion item #4 of the changes to the WPE program.
Article 3.9 (1) Page 19	Article 3.9 (1) Page 29	Clarify the definition of termination of employment.	To clarify existing practice.
Article 3.16 (3) Page 20	Article 3.16 (3) Page 29	Clarify the process for retroactively handling situations when a participant fails to enroll in Medicare Part B when it is first available.	To clarify existing practice whereby a health plan denying those services payable by Medicare Part B for a participant that failed to enroll in Part B shall refund premium paid in excess of the Medicare reduced premium.
Article 3.18 (1) (d) Page 20	Article 3.18 (1) (d) Page 30	Add language indicating that if coverage is to be cancelled at a date later than the end of the month, the later date can be specified on the cancellation of coverage notice.	Allows for participants to file their cancellation notices during dual-choice for the upcoming year.
N/A	Article 3.21 (3) Page 30	Clarify the contribution for local employers is based on the lowest cost plan that is in the service area of the employer and approved by the Board.	To clarify existing practice.