

May 22, 2007

To: Arlene Larson
 Manager, Self Insured Plans
 Division of Insurance Services
 Department of Employee Trust Funds

Arlene:

The following is a brief overview of proposed new benefit provisions that we suggest be added to your health plan effective January 1, 2008 as well as the reason to incorporate that language:

Section and Page Number	New Language for Health Benefit Plan	Reason for New Language
<p>Section IV., page 30</p> <p>Section VI., page 44</p>	<p>With respect to bariatric surgery, add a provision that services have to be received by a health care provider who is a preferred provider who has met CMS' minimum facility standards for bariatric surgery and has been certified by the American College of Surgeons or the American Society of Bariatric Surgeons.</p> <p>All other health care providers would be covered at the out-of-network level. This may be reconsidered in a year to determine if those providers should be excluded entirely for optimum steerage to the most cost effective, quality providers.</p>	<p>By creating a financial incentive for a participant to receive treatment at a "center of excellence" or a facility approved by us allows for better quality of care and lower cost.</p>
<p>Section IV. C. 9., page 34</p> <p>Section IV. B. 3. i., page 48</p>	<p>Modify the outpatient treatment provisions as follows:</p> <p>Such TREATMENT must be provided in an office setting or in the PARTICIPANT'S home by a PHYSICIAN, a licensed psychologist who is listed in the National Register of Health Service Providers in Psychology or who is certified by the American Board of Professional Psychology, a facility established and maintained according to rules promulgated under Wis. Stats. § 51.42 (7) (b), or a medical clinic or billed by a psychologist under the direction of a PHYSICIAN.</p>	<p>To clarify existing practice, the current mental health provision will also state that the services have to provided in the provider's office or participant's home. By amending the provision, it matches the current benefit for treatment of any other illness or injury.</p>

Section and Page Number	New Language for Health Benefit Plan	Reason for New Language
Section XII., page 84	<p>Add the following exclusion for charges above usual, customary and reasonable determinations:</p> <p>“That portion of the amount billed for a health care service covered under the Plan that exceeds WPS’ determination of the charge for such health care service.”</p>	<p>This change is made to clarify the contract. Currently, the term “charge” is defined and used within the Plan as being the only amount payable. By adding the exclusion to match provisions within the Plan, it allows a specific exclusion to be referenced vs. a plan provision.</p>
Section XII., page 84	<p>Add exclusion for supportive care.</p>	<p>To further clarify the contract, WPS recommends adding exclusion language for supportive care to align with the current definition and other provisions that exclude such care. Both maintenance care and supportive care are defined in the Plan, and excluded within Plan provisions, but there is only a specific exclusion for maintenance care.</p>
Section XII., page 84	<p>Add the following exclusion for telemedicine:</p> <p>Telephone, computer or internet consultations between a member and any health care provider, completion of claim forms or forms necessary for a member’s return to work or school or for an appointment a member did not attend.</p>	<p>To further clarify the contract’s intent of providing services directly to a participant, the exclusion would prohibit phone consultations as well as those on the computer.</p> <p>It has always been the intent of the contract to require participants to actually have a face to face visit with the physician.</p>

If you have any questions, please do not hesitate to contact me.

Cheryl Forrer, Manager Contract Development