

May 21, 2008

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, 2009 as well as the reason to incorporate that language. Whenever the same provision is being changed on multiple pages in the contract and the text is repeated, we are only attaching one example of the change in text. However, the grid does include the reference to all affected pages.

Section and Page Number	New Language for Health Benefit Plan	Reason for New Language
Section I. Definitions, Page 7	Add definition for “incidental”.	Within the Plan, this term is used; however, the term was never defined. Added definition for clarity.
Section I. Definitions, Page 8	Modify definition of “morbid obesity” to reference a BMI of 35.	WPS now determines morbid obesity for a participant with a BMI greater than 35 (previously this was 40) Medical literature supports gastric bypass for those who have a BMI of 35 with another risk factor such as hypertension, diabetes, etc.
Section III. Standard Plan Schedule of Benefits, Pages 27 & 28 Section VI. Wisconsin Public Employers Standard Plan, Pages 58, 61, 62 & 65	Add the following language to the annual out of pocket provision: This paragraph does not apply to BENEFITS for treatment of alcoholism, drug abuse and NERVOUS OR MENTAL DISORDERS. BENEFITS for treatment of alcoholism, drug abuse and NERVOUS OR MENTAL DISORDERS shall continue to be payable as specifically stated elsewhere in the PLAN.	In order to make the benefit more specific, language has been added to the Schedule of Benefits that once the out-of-pocket is met, the 100% coinsurance provision does not apply to treatment of alcoholism, drug abuse and nervous or mental disorders. This is consistent with current practice and the treatment of such co-pays in Wis. Stat. 632.89, on which it is based.
Section IV. Standard Plan Hospital, Professional and Other Services, pages 32, 33 & 34 Section VI. Wisconsin Public Employers Standard Plan, pages 48, 49 & 50	With respect to bariatric surgery, modify requirements for such surgery to match current medically necessary criteria.	In order to align with current medical practice, WPS has expanded it’s definition of morbid obesity and has modified the requirements that need to be met before a participant is eligible for bariatric surgery

Section VII. Medicare PLUS \$1,000,000 Coverage, Page 76	Add the following additional benefit: Immunizations including, but not limited to, the following: diphtheria; pertussis; tetanus; polio; measles; mumps; rubella; hemophilus influenza B; hepatitis B; and varicella.	Addition of the immunization benefit to offset skilled nursing facility benefit change
Section VII. Medicare PLUS \$1,000,000 Coverage, Pages 73 & 74	Add a maximum limit of 120-days per benefit period to the skilled nursing home benefit	By adding this limitation, this benefit now closely matches the skilled nursing home benefit currently in Uniform Benefits.
Section XII. Exclusions, Page 92	Add the following exclusion: Indirect services provided by health care providers for services such as, but are not limited to, creation of a laboratory's standards, procedures, and protocols; calibrating equipment; supervising the testing, setting up parameters for test results; and reviewing quality assurance data.	Additional language will clarify those services which should not be billed because they are considered as part of the provider's administration, not as an actual service provided.
Section XIV. General Conditions, Page 95	Modify alternate treatment language to allow not only WPS' recommendation for alternate treatment but also a participant's physician's recommendation	To further clarify the contract, this language will allow a physician to recommend alternate treatment.

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

Cheryl Forrer, Manager Contract Development