

Summary Plan Document Audit & Review



The goal of the federal government is to enforce the Affordable Care Act (ACA). They have started regular audits of group health plans. These audits extend into compliance of the Employee Retirement Income Security Act (ERISA).

The additional burden of the ACA coupled with ERISA, HIPAA, ADA and other Federal legislation, it is increasingly difficult for a self-insured health plan to ensure compliance with all requirements and remain financially responsible.

Health West provides brokers and their clients with the expertise and solutions for bringing their Summary Plan Document (SPD) into compliance with federal regulations as well as looking at solutions that protect the fiduciary responsibility of the plan.

Health West provides a complete review of your current SPD('s) and offers recommended revisions and updates to bring your plan into compliance and provide cost saving measures to your self-insured plan.

We also ensure compliance with your Reinsurance and Administrative Agreements.

SPD Review & Audit

Health West will review your existing SPD and SMM's to ensure compliance with the ACA, ERISA, HIPAA, ADA and other applicable existing federal regulations.

- provide suggested language to protect your health plan and your fiduciary responsibility.
- provide suggestions to your plan design and wording for claims savings.
- if more than one SPD—ensure uniformity and consistency throughout both documents.

SPD Re-write

Health West will create an SPD designed especially for your plan and ensure compliance with the ACA, ERISA, HIPAA, ADA and other applicable existing federal regulations.

Besides providing all the benefits in an SPD review & audit we will also create a Summary of Benefits and Coverage (SBC) to ensure uniformity and consistency throughout both documents.

The SBC is a requirement of the Affordable Care Act.



Summary Plan Description Review

August 2012 thru July 2017

DESCRIPTION – CHANGE/RECOMMENDATION

BENEFIT SUMMARY

Other Benefits:

Cochlear Implants – suggest limiting to one per lifetime.

Residential Treatment – suggest not covering or limiting this benefit as it can be costly to the plan.

Skilled Nursing Facility -- include LTACH's in this category and limit them in combination to 60-days per calendar year.

Home Health, Hospice, Outpatient Private Nurse – these don't seem to have any limits – suggest limiting to 60-days per calendar year combined.

Prescription Drugs: suggest putting in the document under prescription benefit more description as to what the tiers mean. **Bottom of Page** – services outside of the U.S. – delete routine.

UTAH DOCUMENT

2.3.1 Spouse. Your lawful spouse under the laws of the state where you reside. A person of the opposite sex to whom you are not formally married is your lawful spouse only if he or she qualifies as a common law spouse under the laws of the state where you reside at the time of enrollment. For example, in Utah you must obtain a court or administrative agency order establishing the common law marriage. Eligibility may not be established retroactively. Domestic partners are not covered.

IDAHO DOCUMENT

2.3.1 <u>Spouse</u>. Your lawful spouse. Eligibility may not be established retroactively. Domestic partners are not covered.

RECOMMEND

2.3.1 Spouse. Your legal spouse; this includes a common law spouse under the laws of the state where you reside at the time of enrollment. Common Law and Domestic Partners are not covered.

NOTE: The recent Supreme Court ruling requires all states to recognize same sex marriage; this should be changed at renewal.

UTAH DOCUMENT

Not in this document

IDAHO DOCUMENT

Jumps from 5.8.4 to 5.2 (with subsections 5.3.1 and 5.3.2) which is not in the Utah document.

5.2 Extended Coverage for Maternity and Disability

5.3.1 Pregnancy. If a Member is pregnant when coverage is discontinued under this Contract and is not Eligible for any replacement group coverage within 60 days of discontinuance, benefits will be payable to the same extent as if discontinuance had not occurred for any covered benefits in connection with pregnancy, childbirth or miscarriage, up to 12 months.

5.3.2 <u>Disability</u>. If a Member becomes totally disabled during the period of this policy, and continues to be totally disabled when Coverage is discontinued under this Contract, benefits will be payable for covered expenses incurred as a result of the disabling condition beyond the date of discontinuance for a period of 12 months. The benefits payable during this period will be subject to all limitations and restrictions contained in this policy. Any extension of benefits shall be terminated at such time as Member or dependent is no longer totally disabled.



Summary Plan Description Review

August 2012 thru July 2017

DESCRIPTION – CHANGE/RECOMMENDATION

BENEFIT SUMMARY

RECOMMEND

This is a self-funded plan and it is not subject to any state laws. Delete this section.

UTAH DOCUMENT

Not in this document.

IDAHO DOCUMENT

8.2.10 Mammography Services. Mammography examination or equivalent examination coverage is provided, and shall include at least the following Benefits:

a. one (1) baseline mammogram for any woman who is thirty-five (35) through thirty-nine (39) years age.

b. a mammogram every two (2) years for any woman who is forty (40) through forty-nine (49) years of age, or more frequently if recommended by the woman's physician.

c. a mammogram every year for any woman who is fifty (50) years of age or older.

d. A mammogram for any woman desiring a mammogram for medical cause.

Such coverage shall not exceed the cost of the examination. Mammography services performed for non-preventative purposes will apply to the minor diagnostic test benefit.

RECOMMEND

Add this to the Utah document.

UTAH DOCUMENT

16.1 <u>Activities of Daily Living</u> Eating, personal hygiene, dressing, and similar activities that prepare an individual to participate in work or school. Activities of Daily Living do not include recreational, professional, or school-related sporting activities.

IDAHO DOCUMENT

Not in this document.

RECOMMEND

Add to the Idaho document.

Long Term Acute Care Hospital. A specialty-care hospital designed for patients with one or more serious medical conditions that require intense, special treatment for an extended period of time usually more than 25 days and who may improve with time and care. Long Term Acute Care facilities typically provide services such as comprehensive rehabilitation services, respiratory therapy, head trauma treatment and pain management. Care is designed to improve the patient not to maintain the patient with no expectation of improvement.

RECOMMEND

Add this wording to both documents as Long Term Care Hospital costs are expensive.