

Solutions Spotlight

May 2010

Volunteer Health Care Providers No Longer Burdened with Professional Liability Costs Under Recent Volunteer Health Care Provider Program

The recently amended Volunteer Health Care Providers Program (VHCPP) allows more types of health care providers to perform public services without being concerned about the potential cost of a medical professional liability claim and without the burden of having to pay for additional liability insurance to cover their volunteer activities. This allows professional liability insurance policies to exclude coverage for voluntary services provided under the VHCPP.

The revision specifies that health care providers who choose to take advantage of this program will be treated as an agent of the state, and therefore are given additional protection in the event that a medical professional liability claim is brought against him/her. In the incident that a claim occurs while a health care provider is voluntarily providing a service, the state will cover the expense of legal representation and other associated costs, whether or not the provider carries his or own professional liability insurance.

Originally, this program was only offered to physicians, physician assistants, registered nurses, practical nurses, nurse midwives, nurse practitioners, optometrists, pharmacists, pharmacy technicians, dietitians, dentists, and dental hygienists. The VHCPP has extended this list to include chiropractors, physical therapists and podiatrists. The VHCPP has incorporated these changes in order to raise awareness for the need of voluntary health care and increase the amount of qualified providers and clinics that provide free health care.

For more information or to find out how to submit an application for a Volunteer Health Care Provider, go to www.doa.state.wi.us.

Article courtesy of FinCor Solutions. References: Wisconsin Expands Scope of Volunteer Health Care Provider Program. (2010). Retrieved March, 16, 2010, from <http://www.hinshawlaw.com/Wisconsin-expands-scope-of-volunteer-health-care-provider-program-02-12-2010/>

Take Me Out to the Ballgame

With the official start of the baseball season, there is no better time to draw a comparison between the job of a general manager and manager of a baseball team to that of the members of an investment committee and their advisor. After all, both groups are working to create a lineup that puts their team in the best possible position to succeed.

For a baseball team, that means finding players who do the following: (a) play specific positions, (b) stay in their assigned positions, (c) play those specifically assigned positions well, regardless of how well or poorly the team is playing, (d) don't take excessive chances in playing their roles, and (e) play those positions better than others who play the same position. In addition, it's important that each player has accomplished these goals fairly consistently over a long period of time. And as a general manager, you want to be paying these players a "reasonable" salary and you want them to be of good character – i.e., they are not a distraction in the clubhouse, don't use drugs to enhance performance and generally stay out of trouble both on and off the field.

These ballplayers are analogous to money managers in a retirement plan. The advisor and investment committee seek money managers who manage to a specific style, stay true to that style, perform well in both positive and negative markets, assume reasonable risk, and meet all these goals better than their peers. It's also important that each manager has done so fairly consistently over a long period of time while charging a "reasonable" fee, and does it without noise – i.e., there's nothing that might prevent the manager from managing the fund in the most efficient manner.

Regardless of the provider or platform your plan uses, there should be sufficient opportunity to put together a great lineup that serves your participants well for a long time. For information on retirement plan fee analysis or for a second opinion from an unbiased advisor, contact Forrest Ross at fross@whafs.com.

Article courtesy of Retirement Plan Advisory Group.

Health Advocacy Services Help Employers Add Value

Since the beginning of these tough economic times, layoffs, benefit reductions and salary freezes have been the focus of a great number of employers. They have been dealing with a less engaged work force that is distracted by concerns over job security and the related loss of employer-subsidized benefits. In addition, many employers continue to struggle with the challenge of uncontrolled health care costs and, as a result, they are turning to strategies such as consumer-driven and high deductible health plans (HDHPs).

This trend of pushing more of the health insurance costs to workers will create a need for employees to take a more active role in making informed and cost-effective decisions about their health care choices at a time when benefits are becoming more complex than ever.

Health advocacy services represent a relatively small investment that can not only help employees re-engage and add value to their overall benefits offering, but can also help them navigate the complexities of the ever-changing health benefit landscape. While health advocacy services and their health plan experts have been traditionally looked at as a way to make human resources function more efficiently and effectively, they have now become a way to provide employees with additional support when they need it most and an avenue to help them navigate a health care system that can be confusing and time-consuming.

Although there are a variety of services offered, here are just a few ways that a health advocacy provider can help save time and reduce health care costs:

- Assistance finding doctors and specialists
- Assistance identifying low-cost health care options
- Assistance clarifying coverage issues
- Assistance resolving a variety of issues quickly and correctly (e.g., billing errors, grievances)
- Support with HDHPs

Contact a member of the WHA Financial Solutions benefit team at info@whafs.com for more information on health advocacy services.

Compliance FAQ

Question: *Under the Patient Protection and Affordable Care Act, as amended, what is a “grandfathered” plan?*

Answer: A “grandfathered” plan is an individual or group plan, either self-funded or fully insured, in existence on the date that President Obama signed the Patient Protection and Affordable Care Act (PPACA) into law, March 23, 2010. A new plan that is created after March 23, 2010, is not a grandfathered plan. An existing plan that makes any significant changes after March 23, 2010, may jeopardize its grandfathered status, although there is still some gray area regarding what changes are acceptable.

At this time, it is clear that a plan will continue to be considered grandfathered if family members of employees and new employees are enrolled in the plan and the terms of the plan are consistent with those in effect on March 23, 2010. It is also clear that a plan may be renewed during the annual renewal process without changing the status from grandfathered.

However, currently unclear is to what extent plan changes will impact grandfathered status. Some industry experts believe that if an individual or group plan changes the level of the deductible or coinsurance, then the plan is no longer grandfathered. Other industry experts also believe that plans should at least be able to make changes to conform with PPACA and other applicable laws, such as the Mental Health Parity and Addiction Equity Act regulations, and not risk grandfathered status. This will remain unclear until guidance is issued. Regulators have informally indicated they may issue guidance as early as this summer.

While grandfathered plans do not have to comply with some of the requirements under PPACA, a grandfathered plan is subject to some rules, including restrictions on annual and lifetime limits, pre-existing condition exclusion requirements and the requirement to cover adult dependent children to age 26. In addition, grandfathered plans must comply with changes for health Flexible Spending Accounts and the employer mandates. Grandfathered plans still will need to review each provision to see how the new rules may impact them.

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