TPSC TRUSTEED PLANS SERVICE CORPORATION

What's New

Mental Health Parity extends to autism spectrum disorder treatment

Paying for COBRA for a retiring employee needs to be coordinated to assure future coverage

2018 HSA Family Contribution limit is returned to $6,900

Vitamin D and Calcium supplementation in community-dwelling adults no longer recommended

Top 5 Diseases Affecting Plan Costs

Review your SPD before plan renewal

NEWS YOU CAN USE

Autism Benefits and Mental Health Parity

About **1 in 59 eight-year-olds has been identified with autism spectrum disorder** according to data released in April from the Center for Disease Control (CDC).[i] This rate translates into a 15% increase in just two years since the last report. Autism is exhibited through impaired social communication and interaction and by restrictive, repetitive patterns of behavior, interests, or activities.

1 in 59 eight-year-olds has been identified with autism spectrum disorder

The increase in autism identification, combined with a higher prevalence in certain communities, indicates that demands for behavioral, educational, residential and occupational services will remain high. Undoubtedly, parents will look to their health plans for medical benefits. With the increased demand for services, health care plans should evaluate whether it should covered any currently excluded services.

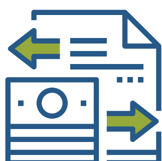
MHPAEA and its corresponding regulations define "[m]ental health benefits" as "benefits with respect to services for mental health conditions, as defined under the terms of the plan and in accordance with applicable Federal and State law."[ii] A multi-faceted condition like autism spectrum disorder could be treated with a broad range of therapeutic services. However, Applied Behavioral Analysis (ABA), an "evidence-based" and comprehensive treatment for autism, is most commonly prescribed.

Denial of coverage for ABA by insurers and plans resulted in numerous lawsuits brought across the United States. [iii] As a medically-recognized therapy,[iv] courts have required coverage for this treatment. Prompted by this litigation, over 40 states have passed legislation specifically requiring coverage for autism and/or ABA. The Washington legislature has not addressed autism or ABA directly. However, Washington courts have repeatedly required ABA coverage.[v] As a result, autism benefits are now required for all Washington public employees, Medicaid coverage for all low-income families, and all prominent private insurers.[vi]

Self-insured plans are not mandated to provide mental health and substance abuse treatment. Regardless of its coverage choice, an express provision addressing ABA will provide clarity to its participants.

COBRA for Retiring Employees

Some employers want to help their retiring employees by paying the high cost of COBRA for a few months during their transition from work to retirement. Paying for COBRA is a generous benefit, but timing is everything. For the employee leaving his or her job, the loss of coverage qualifies for special enrollment, but the retiree must enroll in another health plan within the 30-day window. Once that 30-day period passes, the retiree won't be able to enroll in non-COBRA coverage until the next Open Enrollment, whether planning to enroll in an individual market plan or Medicare. Options for future coverage should be carefully considered based on whether the employer is willing to pay for COBRA coverage longer, delay termination, or make cash payments.



2018 HSA Family Contribution Limit Returned to $6,900

The IRS announced deduction and contribution limits for high deductible health plans in 2017 (as usual) based on adjusted inflation for 2018. After the passage of the Tax Cuts Act, the family contribution amount was initially adjusted downward, but has since been returned to its original figure of $6,900.

US Preventive Task Force (USPSTF) Final Recommendations

The USPSTF regularly reviews its recommendations for services on its "A and B" list, as well as other services that haven't been recommended in the past. Final recommendations were released for:

Vitamin D & Calcium Supplementation.
Previously recommended to prevent factures in community-dwelling adults, the Task Force downgraded its recommendation to "insufficient evidence" for or against Vitamin D and Calcium supplementation. This change does not apply to persons with a history of osteoporotic fractures, increased risk for falls, or a diagnosis of osteoporosis or Vitamin D deficiency.[vi]

Screening for Prostate Cancer.
Not previously recommended, the Task Force did not conclude that the benefits of prostate cancer screening for men over age 70 outweighed the potential harm. Men aged 55 to 69 are recommended to make personal decisions about screenings.[vii]

Top Five Diseases Affecting Plan Costs

Last issue identified the top five diseases affecting employer health plan costs. Here are some follow-up statistics:

Diabetes: Over 86 million people in the U.S. are pre-diabetic and 90% are unaware of it.

Cancer: The average cost of new cancer therapy is $171,000. Specialty drugs for cancer treatment are expected to increase by 20% every year.

Arthritis: Misdiagnosis of arthritis is a common medical error occurring in 10-20% of cases. Unnecessary treatment increases health plan costs, but delayed treatments increase physical and emotional suffering that affect productivity and daily life.

Obesity: Behavioral interventions for obesity (or other chronic illnesses) focus on the 5 A's of Self-Management: Assess, Advise, Agree, Assist, Arrange. Utilizing these tools help keep individuals and their support network on track to improved health.[viii]

Heart Disease: About 1 in 6 health care dollars is spent on cardiovascular disease. In 2016, heart disease cost the U.S. $555 billion. By 2035, the cost is projected to rise to more than $1.1 trillion.[ix]

Self-Audit Your Summary Plan Description

When you are in the midst of your Plan Renewal, it is hard to focus on whether your Summary Plan Description is fully buttoned up. And when renewal has passed, we quickly move on to other critical projects. Although we have focused on Affordable Care Act compliance for almost the past decade, there are still many compliance issues to consider. During the "off-season," set aside some time to "self-audit" your SPD.

Self-audit addresses two separate components of your SPD: the Plan Document itself and the federally mandated laws and regulations. Even the mere sound of the word "audit" can overwhelm and terrify us, with visions of long columns of jumbled numbers appearing in our heads.

But there are some straightforward self-compliance tools available, making a self-audit far less overwhelming. For the Plan Document itself, many research services provide checklists to self-audit your SPD. Some lists are short, and others are long. So which one is right? The "real" list is part of the DOL regulations on health and welfare plans. If in doubt, check it out: 29 CFR 2520.102-2.

For those pesky federal laws, the Department of Labor has several useful Self-Compliance Tools in Appendix A of its Compliance Assistance Guide. These Self-Compliance Tools cover Affordable Care Act, Mental Health Parity & Addiction Equity Act, HIPAA, Wellness Plans and more. The step-by-step analysis walks you through the marshlands of health plan compliance with simple Yes and No check boxes. Don't let the length of the link put you off; these tools are designed to make your job easier in the long run.[x]

[i] https://www.cdc.gov/mmwr/volumes/67/ss/ss6706a1.htm
[ii] 26 CFR 54.9812(a).
[iii] Health insurance companies that have been ordered to cover ABA therapy include Anthem, Regence/Blue Shield, Premera Blue Cross (and its subsidiary LifeWise Health Plan). Self-insured plans include T-Mobile, Boeing, and the State of Washington. United Healthcare voluntarily began covering ABA on January 1, 2017, except if a self-insured plan expressly excluded ABA.
[iv] The DOL FAQ Part 38 (proposed) at Q2 discusses the application of experimental or investigative standards to ABA. If those standards are applied more stringently than to medical/surgical benefits, it constitutes a nonquantifiable limit that violates MHPAEA. https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/aca-part-39-proposed.pdf
[v] Washington was the first state to require private insurers to cover medically necessary autism treatment through a series of lawsuits. Approximately 44 states have enacted legislation requiring insurers to cover ABA. http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/02/19/coverage-or-autism-treatment-varies-by-state
[vi] www.screeningforprostatecancer.org
[vii] www.screeningforprostatecancer.org
[viii] https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/obesity-in-adults-screening-and-management?ds=1&s=obesity
[ix] https://healthmetrics.heart.org/wp-content/uploads/2017/10/Cardiovascular-Disease-A-Costly-Burden.pdf
[x] https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide-appendix-a.pdf

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