

WellRithms SPD Language

At a minimum, we recommend the following language be included in every SPD.



Did you know that carrier networks update reimbursement policies regularly to clearly define disallowed charges? The self-funded community assumes the policy updates result in greater savings. But do they? Not necessarily.

Why? Many network carriers now offer itemized bill review (IBR) for large dollar and complex claims because facility bills paid at a percentage of billed charges or bills that exceed a per diem must be reviewed to adhere to reimbursement policies. Network carriers want automation in payment, but the abuse of the itemized bill by the facility has made automation challenging and bills must be reviewed manually. IBR is rarely done and many networks, when requested, have to send the bill to a third party for a review. The most common reason IBR is rarely done: Reimbursement policies are characterized as "guidelines" with many disclaimers and can be superseded by provider contracts, which may prohibit any review.

What can a self-funded plan do to ensure IBR is performed to achieve optimal savings?

Although the reimbursement "guidelines" can be superseded by provider contract, the language in the plan's Summary Plan Document (SPD) supersedes the provider contract as stated in the networks reimbursement policies. In order to ensure that the self-funded plan is getting all the savings available, we recommend, the following language in the SPD:

SPD LANGUAGE

NON-COVERED BENEFITS

(Your self-funded plan name) follows National Uniform Billing Committee (NUBC) guidelines and CMS's most current Reimbursement Manual. Routine services (Part 1, chapter 22, section 2202.6) are not separately reimbursable. These include but are not limited to:

- Medical Equipment/Supplies (Capital Equipment) that are included in the procedure of facility charge respectively
- Routine Medical/Surgical Supplies that are included in the general cost of the procedure or the facility
- Nursing Care/Services that is performed within the scope of daily duties
- Surgery/Procedures and Supplies that are included in the surgical/procedure room rate
- C-codes that are packaged and have no separate reimbursement
- Medically Unlikely Event (MUE) following CMS National Correct Coding Initiative (NCCI)