

Editors note: This issue of *The Self-Insurer* contains three articles on this important subject. We felt that our readers would be interested in the views, not only from the legal profession but from other persons long involved in our business community. Therefore we offer the article below from Carlton Harker, well known and respected in our industry in the actuarial field.

By Carlton Harker

In Summary

Wanda Glenn contested the denial of her health care claim arising from an ERISA governed welfare plan. The District Court held in her favor; the Federal Appeals Court reversed. In Mid-June 2008, the Supreme Court ruled in her favor in what will prove to be a momentous design.

In brief, the court held in a 6-3 decision that the conflicted interest that exists whenever the claims adjudicator and the claims financier are the same must be used as a factor requiring the higher standard of review rule and denying the application of the more lenient abuse of discretion rule. This principle was enunciated in the Supreme Court decision *Firestone v. Bruch*.

This means that any claim contested in court, upon review will confer a significant advantage to the arrangement where the claims are adjudicated by an independent third party and paid by an independent payer (insurer or employer, e.g.). Also, this means that a significant disadvantage will be conferred where the claims are both adjudicated and paid by the same two parties (employer's self-administered and self-funded or fully insured or ASO arrangement).

It is the opinion of this writer that the added legal burden on the payer of having to go to court with *one hand tied behind its back* whenever there is a claim in contest will be too great for most plan sponsors to be willing to bear. Presuming my opinion is correct, we can expect an immediate and significant shift from fully insured, ASO arrangement to TPA-administered self-funded health care plans where the conflicted interest does not exist.

Dissenting justices to the majority opinion argued, that the specter of conflicted interest was real and significant further, the majority argued that the mere presence thereof, whether or not significant, germane or provable, was a sufficient violation of the high fiduciary standards of ERISA.

Implications

All health care plan sponsors and practitioners should at once accept the reality that it is now the *law of the land* that any conflicted interest in an ERISA governed welfare plan carries with it a significant financial and legal disadvantage because such conflicted interest violates the high fiduciary standards that congress embedded in ERISA.

The reader should also consider the following:

1. While the instant decision is related, the courts dicta on conflicted interests in ERISA will likely extend to other areas such as record keeping, care, marketing, stop-loss carrier, etc.
2. A decision of this nature doubtless captures the attention of the community, medical and also the insurers positioning themselves favorably when health care reform is discussed. What impact will this decision have on the ongoing

Challenging TPA-administered Plans

The *MetLife v. Wanda Glenn* decision instantly and significantly shifts the playing field in favor of self-funded, TPA-administered health care plan one additional claims challenge should be discussed. What should the TPA do when a claim is questionable but

needs to be expeditiously processed (year-end aggregate claim, e.g.) and the stop-loss carrier declines to commit that such claim is payable or not payable?

The steps believed by this writer to be most consistent with the *MetLife v. Wanda Glenn* decision are these:

Step Actions

1. The employer, with help and counsel from the TPA should affect an ad hoc plan amendment declaring that such claim is, or is not, payable.
2. Such amendment should be sent to the stop-loss carrier for approval or disapproval with sufficient data and documentation to support such amendment.

In the event of a claim incident therewith, the claim in question, if payable, should be paid to the stop-loss carrier. The escrow terms will be set forth in the amendment. It is clear that release from the stop-loss carrier is contingent on the approval of the ad hoc plan amendment by the stop-loss carrier.

In such circumstances, the ad hoc amendment is accepted by the stop-loss carrier, and the escrowed funds are released to the employer if any abnormal circumstances are cleared.

Abnormal circumstances are these; (a) stop-loss carrier disapproves an amendment that was expected to be approved or (b) stop-loss carrier disapproves an amendment that was expected to be approved for any of a number of reasons.

If either (a) or (b) the plan sponsor or the stop-loss carrier (a) violations, the prompt payment of claims under the rules of federal or state laws or regulations, (b) upset plan providers or beneficiaries and (c) claims timing problems with stop-loss reimbursements. As an alternative to these problems, the plan sponsor, by following any other course of actions, will risk a legal

at best or bankrupting at worst. It is the opinion of the writer that clarifying court decisions removing the plan sponsor from the *rock and hard place* dilemma will eventually be needed.

Enhanced Role of the TPA

The role of the TPA in the normal administration of a self-funded plan will be enhanced because such arrangement is almost always free of conflicted interest. That is, such TPA (a) is independent as respects recordkeeping and claims adjudication, (b) has no undisclosed plan-related sources of compensation and (c) does not use a proprietary network. Conflicted interest would come forth where the TPAs adjudication was supplanted or overridden by the Plan Sponsor. In this event such decision, if litigated and then reviewed, would be reviewed with a lower level of deference because of the presence of conflicted interest.

Discussion of the Decision¹

The majority opinion relied in large part on *Firestone v. Bruch*² which enunciated

the four principles that were to be followed when reviewing the acts of an ERISA welfare plan:

1. The plan administration shall be deemed a trustee and the benefit determination a fiduciary act.
2. Trust principles require a *de novo*³ review unless such benefit plan provides otherwise.
3. When the plan confers fiduciary discretionary authority upon the administrator, or fiduciary, a deferential standard⁴ of review is appropriate. Such deferential review seeks to discern if there has been any abuse of discretion.
4. The mere presence of a conflict of interest is a factor that the reviewing court must consider in detecting abuse of discretion.⁵

The high fiduciary standards imposed by ERISA was a factor prominent in the majority opinion.

¹ 594 U.S. (2008).

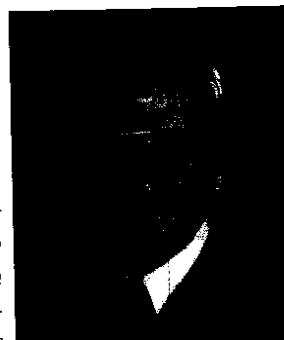
² 489 U.S. 101 (1989).

³ *De Novo* means that the entire review process

begins without regard to the findings of the previous courts.

- 4 Deferential standard means that the reviewer may rely on the wisdom/judgment/fairness of the lower court with such reliance being on a sliding scale or continuum depending on facts/circumstances.
- 5 Abuse of discretion is where the appeals court finds that the fiduciary had for any reason advised its duties and obligations. The mere presence of potential conflicted interest creates the suspicion of abuse of discretion.

Carlton Harker, FSA, MAAA is a well known and respected member of the self-funding community and has been an active participant in the



Self-Insurance Institute of America's educational programs for many years. He can be reached via e-mail at harker2@earthlink.net. He maintains a web site at www.self-fundhealth.com

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