

THE M.U.S.T. READ

MONTANA UNIFIED SCHOOL TRUST NEWS

In Volume Two, Issue Two:

Summer 2010

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Claims-Processing Change

Big changes don't always come with big headaches. At least that's the approach the Montana Unified School Trust took when it started working on the upcoming switch to a new third-party administrator.

Beginning June 1, First Choice Health will replace Allegiance as administrator of MUST health plans.



This change will not affect your benefits, but in this issue of the MUST Read we wanted to give you a comprehensive view of what is happening, what you can expect, and what you can do to prepare for the transition.

About Third-Party Administration

Basically, a large third-party administrator does what would be too costly for a small company to do on its own: it negotiates reduced rates with providers, processes all the day-to-day medical claims, handles prior-authorization requests, and packages things like maternity and disease-management programs that might be too expensive to offer otherwise.

MUST has simply switched the company that administers these various services, so the terms of your benefits

will not be altered by this change. MUST members can rest assured that, when the switch takes place June 1, they will still have the same health benefits they have come to trust.

Small Changes, Big Results

Any time you switch companies that administer services, there are bound to be a few differences, but with First Choice Health members should expect nothing but simple, sensible modifications, and even a few additional perks.

The biggest member concern will probably have to do with address and phone-number changes for ancillary health programs. These programs are discussed on page two and more contact information will be mailed to members in the coming days.

Another difference has to do with First Choice Health's preferred-provider network, Health InfoNet (discussed on page three). We encourage you to use the online provider search to make sure your doctors are part of the new network. Our contract requires that it be equal to or better than the existing network, so we are confident the change will not negatively affect your relationships with providers.

On page four, you will find an article

about the new ID cards, what they will look like and when you should expect them in the mail. This change is necessary for proper claims processing and, with it, you will see the end of MUST using social-security numbers as personal identifiers.

Things You Can Do to Prepare

We urge members to go ahead and submit to Allegiance all claims dated prior to June 1. This means that, if you generally wait to submit claims for reimbursement until the end of the plan year, you should go ahead and submit them to Allegiance before the switch-over date in order to facilitate a smooth transition.

After that, members should simply wait to receive their new ID cards in the mail. On June 1, just cut up the old version, throw it away, and make sure to present your new card to your providers and pharmacy (while there is no change to pharmacy benefits, your ID number will change).

As always, if you have a question, don't hesitate to call MUST customer service at 1-800-845-7283.



Integrated Medical Management

Third-party administrators often package a variety of services intended to complement members' medical care, services like case-management, utilization-management, and maternity programs. But one of the great things about First Choice Health's offerings is that the available programs are fully integrated.

In-house, full-time medical directors ensure that you receive the right care at the right time and that you won't be stuck with a bill for an unnecessary treatment or something your health-benefit plan doesn't cover.

Below you will find brief descriptions of the various programs and services available starting June 1. In some cases, phone numbers and Web sites are listed (more are forthcoming in the following days), but MUST wants to remind members that First Choice Health will not actually provide these services until June 1.

Case Management

First Choice Health has 20 years of case-management experience and will provide a personalized approach to help MUST members get the most appropriate and cost-effective care. Registered-nurse case managers provide free, voluntary, and confidential assistance by phone in order to identify needs, create a treatment plan, coordinate care between health-benefit plans and physicians, and help members understand diagnoses and treatment protocols. Participation is voluntary, but highly recommended.

Maternity Management

Members can self-refer for this program (during the first trimester is ideal). Services continue through pregnancy and after delivery. This educational program is designed to complement obstetrical provider information and services. Members receive introductory packets and registered nurses educate via phone and mail. If a high-risk pregnancy is identified, a case manager will assist the member and her physician with a prenatal-care plan. Members enrolled in the current maternity program, Healthy Generations, will automatically be switched to the new service. Expectant mothers can call on or after June 1 at (800)-756-7751 to enroll or learn more.

Behavioral-Health Coordinated-Care Program

Licensed therapists assist members with recovery from mental-health and substance-abuse problems. The program works closely with members and providers to ensure delivery of high quality case- and utilization-management services. Behavioral-health case managers can assist members with

- Finding counselors or programs
- Understanding treatments
- Developing care plans
- Transitioning from inpatient to outpatient settings.

Pre-Certification

MUST requires pre-certification for scheduled hospital admissions for non-emergency illnesses and procedures. This means the member or provider must call a designated number for review and approval of non-emergency inpatient stays and that all emergency admissions must be called in after the admission. First Choice Health will now administer this service.



Inpatient Concurrent Review and Discharge Coordination

Concurrent review is for approval of additional days in the hospital after you have been admitted. It is obtained in the same manner as pre-certification. The review incorporates daily clinical rounds by a First Choice Health medical director and clinical team in order to identify potential gaps in care, evaluate the appropriateness of care, and assist in transition and discharge planning.

Pre-Authorization

First Choice Health utilizes the pre-authorization process to make coverage decisions about a recommended

service, supply, drug, or device, and makes sure the proposed item is provided in accordance with the MUST member's health plan.

The new, required prior-authorization process is an added measure to find out beforehand if non-emergency services will be covered under plan provisions. First Choice Health can thereby make sure members are receiving the right service at the right time and place, and that they won't be stuck with an unexpected bill when all is said and done.

First Choice Health provides a convenient online pre-authorization request form for your provider (Web address is listed in the green banner above). All providers need to do is complete the form and submit it with appropriate clinical information to preauthorization@fch.com or by fax at (888) 272-3289. If your provider has questions, he/she may call the medical-management department at (877)-714-5557.

The online option is encouraged as it provides quick turnaround.

Pre-Authorization List

The following non-emergency services/procedures now require pre-authorization. The idea is not to limit services but to protect members from paying for artificially inflated costs, medically unnecessary procedures, and/or services not covered by their MUST plans.

- Ambulance. Only air and inter-facility transport require pre-authorization (doesn't apply in life-threatening circumstances)
- Autism initial evaluation and

- treatment plan
- Medical and surgical weight-loss programs for morbid obesity
- Breast reduction
- Removal of breast implants
- Mental-health and chemical-dependency treatments, such as inpatient, residential, partial hospitalization, intensive- outpatient-program admissions, and/or services (treatment plan required for greater than 20 outpatient visits)
- Dental-trauma follow-up services
- Dialysis for chronic kidney disease (such as end-stage renal disease)
- Durable medical equipment and prosthetics if purchase exceeds \$2,000 (\$500 per-month rental)
- Eyelid surgery (e.g., blepharoplasty)
- Genetic testing and counseling
- Home healthcare services
- Home infusion therapy
- Hospice care
- Inpatient hospital admissions
- Inpatient rehabilitation admissions
- Organ transplants (includes services for both recipient and donor, plus travel and lodging expenses)
- PET scans
- Reconstructive and/or plastic surgery
- Rhinoplasty
- Skilled-nursing-facility admissions
- Stereotactic radiosurgery (e.g., gamma knife)
- Surgical interventions for sleep apnea
- Travel Benefit
- Unproven, experimental, and investigational services including clinical trials (unless specifically and completely excluded)

- Varicose-vein procedures.

About Health InfoNet

Maintaining a good preferred-provider network (PPO) is one way to ensure members have access to medical services or facilities at the best possible rates. MUST wants to assure you that the new network, Health InfoNet, boasts excellent relationships with local, regional, and national providers. Members concerned about having to switch doctors will be happy to hear that most facilities and providers in the region already belong to the network. However, as a fail-safe, MUST encourages all members to check before June 1 using the Web portal found at www.fchn.com/providersearch/providersearch.aspx.

Important Dates

<u>When?</u>	<u>What happens?</u>
May 14	First Choice Health opens customer-service phone lines to help answer questions about the transition.
May 19	New ID cards are mailed.
June 1	First Choice Health starts processing all claims. Allegiance ceases to do so. Members cut up and throw away old ID cards and start presenting new ID cards to all providers because ID numbers will have changed.

Regular Benefits Card

Member Name: John C. Doe		CVS CAREMARK	
Member ID	RXBIN#	RXPCN#	RXGRP#
000000000-01	610009	CRK	MUST
Plan Name: Revised Medical Plan		FCHA Customer Service: (800) XXX-XXXX	
Group #	Group Name:	Pharmacy Customer Service: (800) 885-0990	
XXXXX	School District Name	Pre-Authorizations: (800) XXX-XXXX	
Medical	Dental	Mental Health/Chem Dep: (800) XXX-XXXX	
Yes	No	Yes	
www.myFirstChoice.fchn.com EDI Payor ID: 91131			

Member ID changes for all members

Prescription coverage info

New contacts

Medical plan info

Prescription benefits are not changing, but, since ID numbers do, members should re-submit new cards to their pharmacies.

Prescription Discount Card

Member Name: John C. Doe		CVS CAREMARK	
Member ID	RXBIN#	RXPCN#	RXGRP#
000000000-01	610415	PCS	MUS1CASH
Plan Name: Revised Medical Plan		FCHA Customer Service: (800) XXX-XXXX	
Group #	Group Name:	Pharmacy Customer Service: (800) 885-0990	
XXXXX	School District Name	Pre-Authorizations: (800) XXX-XXXX	
Medical	Dental	Mental Health/Chem Dep: (800) XXX-XXXX	
Yes	No	Yes	
www.myFirstChoice.fchn.com EDI Payor ID: 91131			

Prescription discount info unique to Basic and HSA-Qualifying Plans.

New ID cards will be mailed May 19. Since ID numbers change, members are encouraged to present new cards to all providers on or after June 1.

About MUST

Montana Unified School Trust (MUST) is committed to serving schools and school-related entities in Montana. This commitment has enabled MUST to gain the distinction of being the largest educational health-benefit provider in Montana, collectively insuring the third largest group after the State of Montana and Montana University System employee plans.

MUST endeavors to provide the best benefit plans available, the finest service in the industry, the most cost-

effective management, leading-edge wellness services, and all with a solid financial base on which members can depend. The goal of MUST is to become the health-benefit provider for all Montana public schools.

The trust pools over 19,000 plan members, improving predictability and controlling costs by spreading risk over a large population-base. MUST has solid working relationships with its members who, in turn, have a strong sense of ownership in the trust.

Contacts

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Web: www.mustbenefits.org

Ideas for newsletter topics?
Contact designer Shane Castle at (406) 444-5164 or by e-mail at scastle@ms-sf.org.

Visit <http://hmk.mt.gov/> for information about the Healthy Montana Kids Program and its free or low-cost health coverage for children and teenagers up to age 19.

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