

THE M.U.S.T. READ

MONTANA UNIFIED SCHOOL TRUST NEWS

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Special themed issue

Message from MUST

With all the recent attention devoted to rising healthcare and insurance costs, more people are realizing the importance of becoming stronger advocates for their own health and well-being. That is why this issue will focus solely on ways MUST members can become strong healthcare self-advocates.

By definition, a self-advocate is someone who takes the necessary steps to make sure his or her best interests are being looked after. When it comes to health, the stakes are particularly high, so it is especially important to take part in as many aspects of your care as possible.

A perfect example actually comes from a MUST employee. This person was going to receive a fairly expensive surgery and, rather than simply looking for hospitals in Montana, decided to look out of state. The procedure was performed at a renowned facility and the final cost was much less than what it would have been in-state. Some might say they don't care—after all, that's why you have insurance—but a simple dollars-and-cents consideration tells you that you will pay for a portion of the procedure out of pocket and most people will agree it is almost always better to pay less. This employee discovered it was cheaper to take a short vacation and get the surgery than to just undergo the operation locally. No one else would have discovered this fact; self-advocacy paved the way.

The truth is that it is better for members' health if they become involved in their healthcare decisions, better for their pocket-books and for the Trust as a whole, mainly because it keeps costs down to think preventively and prevent diseases rather than to treat them later. Furthermore, from the Trust's perspective, every dollar paid on claims has to be accounted for. As medical costs and utilization increase, premiums have to be increased accordingly. Self-advocacy helps to ensure cost control and, ultimately, the viability of the Trust, which benefits you and every other member.

So what can you do specifically?

This issue discusses several possibilities such as shopping around for services, talking actively with doctors about alternative treatments and billing procedures, using MUST's Preferred Provider Organizations (PPOs), asking the claims administrator early on for a pre-determination of benefits, making lifestyle changes, and taking advantage of the host of preventive benefits offered under the MUST plan.

These are by no means the only ways members can advocate for themselves. If you have found other ways to help better protect your own health and to cut personal costs in the process, we'd love to hear about them. If you would like to comment on this topic, feel free to call (406) 444-5164 or e-mail scastle@ms-sf.org. Comments may be used to address issues discussed in subsequent editions of The M.U.S.T. Read.

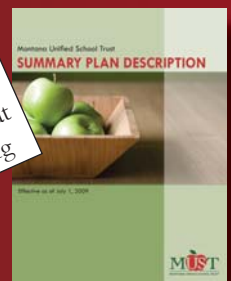
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Elective Surgery

Millions have elective (non-emergency) surgery each year. This means the patient has the opportunity to ask the surgeon questions about the operation, time to decide if he or she wants to proceed with the recommended procedure, and, if so, to decide when and where it will take place.

Important questions to ask a surgeon before having surgery

1. *What operation are you recommending?* Ask for a detailed explanation of the surgical procedure(s).
2. *Why do I need the operation?* Make sure you understand how the operation will affect the outcome of your medical condition.
3. *Are there alternatives to surgery?* Learn as much as possible about the benefits and risks of making a choice other than surgery.
4. *What are the benefits and risks of having the operation?* Ask the surgeon about the benefits of having surgery, how long the benefits will last, and if a second operation may be needed later. All operations carry some risk, so ask your surgeon about the operation's possible complications and side-effects.
5. *What if I don't have the surgery?* Based on the benefits and risks of the operation, you may decide not to have it. Ask your surgeon what you will gain or lose if you decide not to have the surgery.
6. *Where can I get a second opinion?* Don't be afraid to ask for a second opinion. It is your body and money and a second opinion is a good way to ensure that surgery is the best option for you. If you get a second opinion, be sure to take your records from your first surgeon for review.

7. *What has been the surgeon's experience in doing this operation?* One way to reduce the risk of surgery is to choose a surgeon who has been thoroughly trained to do the procedure and has done it often. Ask the surgeon about his or her recent record of successes and complications with the procedure.

8. *Where will the operation be performed?*



Find out if the surgery will be performed in an inpatient or outpatient (surgical center) setting. If the surgery is inpatient, ask the surgeon how long you should expect to stay in the hospital.

9. *What kind of anesthesia will I need?*

Find out what type of anesthesia will be required for the surgery and who will be administering it. Make sure to meet with the anesthesiologist prior to the procedure.

10. *How long will it take to recover?* Ask your surgeon how you might feel and what you will be able to do or not do the first few days, weeks, or months after surgery. Ask if you will need special supplies, equipment, or help when you return home. Ask about lifting restrictions and follow your surgeon's advice in order to recover fully and prevent complications.

11. *How much will the operation cost?*

Before your surgery, discuss with your surgeon his or her fees, those of any assistants, and the hospital charges for the room or any equipment. Do not hesitate to discuss costs. Medicine is a very personal business, but it is a business nonetheless. You might be able to find equal or better services at lower prices. Plus, knowing costs beforehand will add to your peace of mind.

The surgeon may refer you to his or her office staff so you can initiate a pre-determination of benefits. This is a written estimate of benefits available under your plan for a specific medical procedure. To obtain it, the service provider must submit written documentation that includes all of the following information:

1. Diagnosis code(s). These are used to group and identify diseases, disorders, symptoms, and medical signs.
2. Current Procedural Terminology (CPT) Codes. The American Medical Association has developed a coding system to accurately identify most surgical procedures.
3. An estimate of charges.
4. Any supporting medical documentation related to the procedure.

Send this pre-determination of benefits request as soon as possible to the MUST Claims Administrator, who will determine what coverage you have available. They will respond to you and the provider with dollar amounts.

It is also very important that you find out if your surgeon is a member of one of MUST's Preferred Provider Organizations (PPOs). The procedure for doing so is outlined in the following article.

About PPOs

A PPO, or Preferred Provider Organization, is basically a conglomerate of healthcare providers and hospitals that have agreements with insurers to provide healthcare at reduced cost to members. It is a kind of managed care that works something like shopping at a warehouse chain such as Costco, where members get discounts because goods are bought from manufacturers in bulk.

MUST members who use network doctors are not only ensuring that they are getting lower costs for medical care personally, but that other members will get that same discount and that the Trust, of which we all have a vested interest, remains financially viable.

What many members may not know is that most doctors and surgeons in Montana are members of at least one of MUST's PPOs.

Finding out if a doctor is a member couldn't be simpler. MUST recommends that would-be patients simply choose a doctor and then visit Alliance's provider search page, listed below, to see if that doctor's or clinic's name appears on the list.

If a doctor doesn't appear on the list, it doesn't

mean you can't use that doctor, just that the method of payment will be different and that it might be more expensive for you. In an effort to encourage all Montana doctors to join one or another of these PPOs, MUST will be making payments directly to patients rather than directly to non-PPO providers. The idea behind this is twofold: 1) patients will be made more aware of particular doctors' and clinics' relationships with MUST and 2) doctors and clinics will be encouraged to join because the payment process is more complicated for them.

So don't be afraid to ask your doctor or clinical staff if they are MUST network providers and/or to check the Alliance Web site to verify participation. If you do not have access to a computer, you can call MUST Customer Service at 1-800-437-8500 and have a staff member assist you with the Provider Directory.

Preventive Benefits

A recent study of MUST's usage rates shows that, over the past four years, only about one-third of our membership used preventive benefits offered under the plan.

In 2008-2009, 7,125 members used preventive benefits compared to the 17,172 who visited doctors to receive treatments for existing conditions. The difference could be due to any number of factors, but the bottom line is that MUST wants to increase the number of people utilizing preventive benefits.

We place a high priority on preventive healthcare because preventive health screenings help detect conditions in the

early stages and, therefore, allow members to take a

proactive position on their own healthcare. Take for instance a 2005 study published in the Journal of the National Cancer Institute, which showed that "women whose breast cancer is first spotted with a mammogram tend to live longer than those who find their breast cancer some other way (by feeling a lump, for instance)." According to the study, the main reason for this is that preventive screenings tend to detect problems before symptoms are even noticeable by the average person. Translation: Regular preventive screenings tend to produce better results than the old wait-and-see method.

So where do you start?

If you have not already scheduled a wellness check with your primary care physician during this Benefit Period, pull out your calendar, call your doctor, and schedule an appointment for a physical.

Let your physician know you have a preventive benefit and stress the importance of applying a preventive diagnostic code to the bill for this part of your visit. Be aware, however, that other diagnostic codes may also apply to your visit (e.g., a follow-up on high cholesterol or high blood pressure) since preventive and medically necessary diagnostic codes are sometimes placed on the same bill.

All members over age three have \$300 per Benefit Period to spend on preventive physician's visits (physicals, etc.). Infants through age 36 months have well-child care with no deductible (co-pay applies). This benefit is based on the recommended immunization schedule published by the U.S. Department of Health and Human Services.

But remember, MUST preventive benefits don't stop at \$300. Other preventive benefits with no deductible and no co-payment include

- an annual mammogram (up to \$250 per Benefit Period)
- an annual pap smear
- an annual fecal occult blood test for members 50 and older
- a sigmoidoscopy every five years for members 50 and older.

MUST also offers a virtual or standard colonoscopy every five or ten years, respectively, for members age 50 and older (with up to \$1,000 paid per procedure).

Finally, don't neglect to ask your provider about recommended immunizations and flu shots as discussed in the immunizations article on page four.

And, while this may not count as medical advice, don't forget to laugh. It is free and right up there with the best kind of exercise.

Provider Search Page
www.abpmtpa.com/provider_networks.php

Immunizations

It is important for parents to immunize their children in order to help stop the spread of infectious diseases. We don't just vaccinate to protect our children; we also vaccinate to protect our grandchildren and their grandchildren. If we vaccinate now, parents in the future may not have to worry about diseases like polio and meningitis infecting, crippling, or killing their children. Vaccinations are one of the best ways to put an end to the serious effects of such diseases.

MUST benefits are designed to cover immunizations that protect you and your children. Well-child immunizations through 36 months of age, CDC-recommended shots, and flu shots are all covered. Furthermore, if you use your County Health Department for vaccinations, such claims will not apply toward the \$300 Preventive Benefit and are payable at 100% (otherwise, immunizations do apply toward the Preventive Benefit and there is a co-pay).

Keep this in mind as the flu season rolls around this year. Every one of us must

be responsible for our own health and for preventing the transmission of preventable diseases.

For more information about child and adolescent immunization schedules visit the Centers for Disease Control and Prevention (CDC) Web site at www.cdc.gov/vaccines/default.htm. There you can find a wealth of information including immunization schedules, recommendations and guidelines, H1N1 (swine flu) vaccination updates, answers to common patient questions, and more.

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.

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