

THE M.U.S.T. READ

MONTANA UNIFIED SCHOOL TRUST NEWS

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Message from MUST

At the February 22 meeting, the MUST Trustees selected First Choice Health as the new Third Party Administrator (TPA) for claims management, to be effective June 1, 2010.

First Choice Health was selected after a lengthy and very thorough process that began in the summer of 2009. Invitations for proposals were distributed to well-respected TPAs in late October and we received proposals from four firms. Actuaries Northwest, MUST's consultant on this project, began the evaluation process in December. A selection committee composed of three MUST trustees and our administrative staff interviewed the firms in January, at which point the field was reduced to two: Allegiance Benefit Plan Management (MUST's current TPA) and First Choice Health.

The process required the two finalists to provide much additional information concerning administrative costs, provider networks and membership, in-state and out-of-state network discounts by provider, capabilities and medical expertise of claim-processing staff, case-management teams and capabilities, technological capabilities and information access for our membership.

The selection of First Choice will result in a number of improvements including, but not limited, to:

- More than \$1 million savings per year in administrative costs
- The best contracted claim-discount rates in the northwest
- National preferred-provider network for claims outside the northwest
- State-of-the-art, extremely flexible and user-friendly Web-based systems MUST participants can use to access claim information
- Single statewide preferred-provider network with a medical-provider network equivalent to current organization
- Integrated case-management services to ensure immediate response to MUST members' needs
- State-of-the-art medical-management and cost-containment programs
- Consumer-decision support tools
- An acclaimed mental-health/chemical-dependency program.

The focus of the selection process was to find ways to provide even better service to MUST's membership.

With that goal in mind, the bottom line is that First Choice Health 1) provides the best opportunity for controlling costs; 2) raises the bar with its professional, medically trained personnel who manage claim evaluations; 3) demonstrates direct relationships with major national and regional medical providers rivaling those of any other benefit provider in the state; and 4) maintains in-house, state-of-the-art technology to meet the needs of MUST and its membership.

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To facilitate a smoother transition, members should submit all medical claims before the June 1 transition.



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Benefit Changes

Four plan amendments have been approved by the MUST board for the 2010-2011 benefit period.

Mental Health/Chemical Dependency

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 requires that group health plans and health insurers apply the same treatment and financial limits used for medical/surgical benefits to mental-health and chemical-dependency benefits. MUST mental-health benefits already offered parity with medical benefits; effective July 1, or upon renewal, there will no longer be a dollar limit on outpatient or inpatient chemical-dependency treatment.

It should be noted, however, that the extended benefits will be subject to the MUST plan's lifetime-maximum and medical-necessity provisions.

State of Montana Autism Mandate

The 2009 Legislature passed SB 234 establishing medically necessary benefits for children diagnosed with:

- Autistic disorder
- Asperger's syndrome
- Pervasive developmental disorders not otherwise specified.

The mandated benefits include 1) habilitative or rehabilitative care necessary to develop or restore to the maximum extent possible the functioning of the covered child, 2) medications, and 3) psychiatric or psychological and therapeutic care.

Coverage for autism-spectrum disorders is limited to the following:

- \$50,000 per benefit period for a child age eight years or younger
- \$20,000 per benefit period for a child age nine through 18.

MUST will require an initial treatment plan and updates every six months for members treated for autism. This will ensure that members receive quality care and that medical-necessity guidelines for treatment are followed. This benefit becomes effective July 1, or upon renewal.

Specialty Pharmacy

All specialty-pharmacy drugs are provided through the Caremark Specialty Pharmacy after the initial fill at a retail location. Historically, quantity limits for all maintenance drugs have been set to a 90-day supply because chronic-use medications are typically stable.

Specialty drugs, however, are less likely to have stable-dosage requirements and a 90-day supply of an average specialty drug could cost \$4,500 per month or more. Specialty medication can often require dosage adjustments and special handling such as refrigeration and cold management during shipment.

In order to manage the potential over-utilization and waste of high-cost specialty drugs, the plan is changing the supply allowance. Effective May 1, members will be able to get a 30-day supply of a specialty drug but will not be able to get a 90-day supply. Before this date, letters concerning the change



will be sent to those currently using specialty drugs.

Prior Authorization of Services

Prior authorization is a process used to make coverage decisions before procedures are performed. It is effective because the process can ensure scheduled procedures are in accordance with a member's plan benefits for services, supplies, or devices used to diagnose or treat an illness or condition.

Currently, prior authorization is not mandatory except in the cases of Milieu Therapy and Bariatric Surgery, but effective July 1 MUST will be implementing a more comprehensive prior-authorization program in order to better assist members and providers who are uncertain about coverage and to assist in finding opportunities that support optimal health while containing costs and preventing costly denials after services have already been received.

The following services or procedures will be added to the existing list of services that require pre-authorization:

- Air ambulance, except in life-threatening circumstances
- Dental trauma services
- Unproven experimental and investigational services and the administration of all chemotherapy
- PET Scans
- Reconstructive/plastic surgery
- Rhinoplasty
- Stereotactic radiosurgery (i.e., gamma knife)
- Surgical intervention for sleep apnea
- Varicose-vein procedures
- Services for autism-spectrum disorders
- Any other covered services as may be periodically determined by the plan administrator.

Cancer Prevention

Early detection of cancer via screening has been shown to reduce mortality in cancer cases. Screening refers to testing individuals who are asymptomatic (show no symptoms) for a particular disease. The American Cancer Society (ACS) holds that the best way to stop the progression of cancer – or prevent cancer altogether – is early detection through screening.

MUST also advocates early detection, which is why your MUST health plan includes a number of cancer-prevention benefits you may not be utilizing (see list at right).

The ACS recommends the following screenings to complement healthy lifestyle behaviors that also reduce the risk of developing cancer.

Breast Cancer

The ACS recommends women get yearly mammograms starting at age 40. Women at high-risk should get an MRI and a mammogram every year. The goal is to find cancers before symptoms start. A monthly self-exam is an option for women starting in their twenties. Women should know how their breasts normally feel and report any changes promptly to their healthcare providers.

Cervical Cancer

The ACS recommends that women begin cervical-cancer screening about three years after they begin having intercourse, but no later than 21 years old. Screening should be done annually with the regular Pap test.

MUST Cancer Prevention

- ▶ Up to \$1,000 for colonoscopy (every 10 years)*
- ▶ Up to \$1,000 for virtual colonoscopy (every five years)*
- ▶ Sigmoidoscopy paid at 100% up to Maximum Eligible Expense (MEE) every five years*
- ▶ Fecal Occult Blood Test (FOBT) paid at 100% up to MEE*
- ▶ Preventive mammogram paid up to \$250 annually
- ▶ Preventive Pap test paid at 100% annually
- ▶ \$300 Preventive Wellness Benefit, which pays for services billed as preventive care (not for treatment or diagnosis of injury or illness), including those screenings not specifically provided by the MUST plan.

* for members 50 and older

Endometrial (Uterine) Cancer

The ACS recommends that all women, at the time of menopause, should report any unexpected bleeding or spotting to their doctors, as this can be a symptom of endometrial cancer. For women at high risk for hereditary non-polyposis colon cancer, an annual screening should be performed beginning at age 35.

Prostate Cancer

The ACS does not support routine testing for prostate cancer at this time, but screenings for early detection include the Prostate Specific Antigen (PSA) blood test and Digital Rectal Exam (DRE). These can be performed yearly, beginning at age 50, for men who are at average risk of prostate cancer and have at least a 10-year life expectancy.

Colorectal Cancer

Beginning at age 50, men and women at average risk for developing colorectal cancer should schedule one of the screenings listed below. Talk to your doctor about which test is best for you. You may want to start colorectal-cancer screening earlier and/or be screened more often if you 1) have personal or family history of colorectal cancer or polyps or 2) a personal history of chronic inflammatory bowel disease.

- Colonoscopy – recommended every ten years
- CT colonography (virtual colonoscopy) – recommended every five years
- Sigmoidoscopy – recommended every five years
- Fecal occult blood test (FOBT) – recommended every year
- Fecal immunochemical test (FIT) – recommended every year
- Stool DNA test (sDNA).

Life Insurance

Beneficiary Changes

Who is listed as your life-insurance beneficiary? If you have had a change in your family due to death or divorce you may need to update this information. You can access a Change Form and/or Standard Beneficiary Form by visiting www.mustbenefits.org or by calling (800) 845-7283. Just give the completed form to your district clerk, business manager, or insurance coordinator.

Minors as Beneficiaries

Please note that, if your life insurance beneficiary is a minor, he/she must have a guardian assigned prior to receiving the proceeds from a life-insurance policy.

MUST Reminders

- ▶ Eligible participants can only add coverage or change existing coverage during their group's Open Enrollment Period unless they (or a dependent) experience a qualifying event such as birth, adoption, marriage, divorce, loss of health coverage, or death.
- ▶ Members should notify MUST about any of the following events (for themselves or dependents): addition or loss of another benefit plan, change of address, marriage, birth, adoption, divorce, or death.
- ▶ Ex-spouses are ineligible for coverage. Coverage is terminated at the end of the month in which the divorce is finalized.
- ▶ Newborns will be automatically covered for their first 31 days, but parents should contact MUST within 30 days of the birth to advise whether or not they elect to continue the child's coverage.

The MUST ID Card

To see a detailed explanation of your MUST ID Card, simply

- ▶ Visit www.mustbenefits.org.
- ▶ Within the yellow segment of the home page, locate the heading for *Other Helpful Links*.
- ▶ Click the link for *ID Card Explanation*.



Front



Back* (Regular RX Card)

*Basic RX Card layout varies.

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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