

Issue 67 April 2013

A BEST DOCTORS SUCCESS STORY

The following is a letter submitted by a participant who completed the Best Doctors inter-consultation process for the purpose of validating their diagnosis and recommended treatment plan:

I am a longtime participant in the San Diego Electrical Health & Welfare Trust and recently went to a doctor for painful feet. I was then referred to a rheumatoolgist for possible arthritis. After a battery of tests I was diagnosed with Hepatitis C. The shock of the diagnosis sent me into confusion, panic and depression. I asked myself, how can this be as I feel fine and have no symptoms. This has to be wrong, doctors do make mistakes. It tuns out that blood transfusions after childbirth in 1981 was how I acquired the Hepatitis C.

Recognizing this is a significant diagnosis I remembered an article in "Currents" discussing the Best Doctors program to be used to get experts to verify a diagnosis or recommended treatment. I called Best Doctors and spoke with a very nice person who explained the process and assured me that it would be totally confidential. After hearing about my case I was informed that it was a case that should be reviewed in depth.

Shortly after the conversation I received the required release papers and forms to be able to contact my doctors to get my medical records. My contact person with Best Doctors was very helpful and referred me to a nurse who would be assigned to handle my case. This person kept in close contact and updated me on the progress of acquiring all of my medical records while also asking if I had any questions or concerns so they could be sure I totally understood what was or would be happening at each stage of the process.

Once all of my medical records were received they were reviewed by a Board Certified physician who specialized in the particular area of my medical issues. I received the results a week later at which time a phone consultation was scheduled with my with my case handler to review the report. This person was very caring and professional while we reviewed the findings. She went into great detail to explain each part of the results, treatment options and then listened to all of my questions. I was really impressed when they contacted me the next day with answers to my questions.

Unfortunately, my hope that my treating physician had made a mistake didn't come true as the final findings confirmed the original diagnosis of Hepatitis C and they sent me all of my medical records and their findings on a flash drive to be made available to other physicians I may see in the future. Receiving these findings was disappointing as I had hoped the initial diagnosis was wrong. At the same time it was very reassuring to know that the diagnosis to be treated is correct.

Thanks to Best Doctors I now have total awareness as to the various ways this

& SOUND TECHNICIAN GRADUATES

he San Diego Electrical & Sound Technician Apprenticeship Graduation Ceremony is a special event. This is a great time to honor the graduates and their families for all their accomplishments.

Special awards and recognition are presented throughout the evening and the Outstanding Graduates are announced. Graduate awards and gifts are donated by various businesses and our IBEW Local 569 employers. The 2013 Graduation Ceremony & Dinner will be held on Friday, June 14 at the Hilton San Diego Resort & Spa, 1775 E Mission Bay Drive, San Diego CA 92109. Dinner will be served at 7PM and ceremony will immediately follow. Tickets are \$55 each until May 24 and \$60 afterwards. For more information on the festivities, please visit our website at www.positivelyelectric.org or call (858) 569-6633.

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condition can be treated. I am now in the process of preparing myself for the long and tedious treatment program and want to thank Best Doctors and the Board of Trustees for making this wonderful program available to me as it is a program my fellow participants should take advantage of if they are ever diagnosed with a serious condition.

Best Doctors is available to PPO participants. It is also possible to call Best Doctors at 1-866-904-0910 to request a referral to an expert specialist to ask questions or seek medical information. All of these services are available to all PPO participants at **no cost.**

Recognizing that according to Best Doctors 38% of recommended surgeries are unnecessary, and another 18% of the time the incorrect procedure would be performed, it is highly recommended that Best Doctors be contacted **BEFORE** any of the following elective surgeries are performed: low back, hysterectomy, knee and hip replacement, obesity, heart bypass graft, prostatectomy (prostate surgery), and lumpectomy/mastectomy.

As a reminder, in the event a participant completes the Inter-Consultation process, and submits a certificate of completion to the Trust Office, their \$250 deductible for that calendar year will be waived or reimbursed if already satisfied. Please remember that it is totally up to Best Doctors to determine if an Inter-Consultation is warranted for a particular case.

AVOID DELAYS IN PROCESSING 2013 CLAIMS

There are still a lot of Plan A PPO participants who have yet to file new annual (blue) Registration Form that has now been sent on numerous occasions. Failure to provide this information may delay processing first-time 2013 PPO claims as this prevents the Trust Office from having much needed information routinely included on a claim form, such as changes in dependent status or the existence of other group health coverage for a dependent, which is integral to the payment process.

This form **must be returned <u>before</u>** any claims for services rendered in 2013 may be processed. Therefore, if you have not yet returned this form please complete and return it as soon as possible in the included self-addressed/stamped envelope, by fax to 858-565-2951, or via an e-mail attachment to www.kroberts@569trusts.org. However, please note that a claim form or a request for a document, information, or records will still be necessary prior to processing a claim. In order to prevent any delay or a formal denial of such a claim please complete and/or provide the necessary form, document or information to the Trust Office as soon as possible as they are important to the effort to ensure a proper payment of benefits.

NEW MUSCULOSKELETAL DISEASE MANAGEMENT PROGRAM

On April 1, 2013 an addition to the PPO Plan disease management program being managed by Alere became effective which focuses on musculoskeletal chronic conditions such as back pain (neck, upper and lower back), fibromyalgia, migraine and tension headaches, osteoarthritis, rheumatoid arthritis and various other disorders such as elbow bursitis/tendonitis, rotator cuff shoulder injury and carpal tunnel syndrome. As with all other chronic diseases being managed by Alere the goal of the program is to help the participant understand and manage the condition(s), improve function, maintain quality of care, enhance quality of life, reduce exacerbation or reoccurrence, reduce absenteeism and improve productivity. If it is determined that a participant has been diagnosed with one or more of the identified diagnoses a registered nurse from Alere will attempt to contact the participant by telephone for the purpose of introducing the disease management program and offering to provide important information about the chronic disease(s) with a minimum goal of preventing the disease(s) from getting worse and an ultimate goal of possibly reversing them. There is no cost to the participant to participate in the disease management **program.** Therefore, it can only benefit the participant to communicate with the Alere representative and commit to working with them.

As a reminder, the prescription drug co-payment for maintenance medications applicable to one of the chronic diseases managed under the Alere disease management program (previously 20% for generic and/or preferred brand name drugs) has been LOWERED to the lessor of \$5 or 5%. However, this reduced co-payment will only be applicable at the time an eligible prescription is filled if the participant is actively enrolled in the disease management program and certified by Alere as being in full compliance with the program such as communicating with the Alere registered nurses each time contact is made. Further, in the event a participant is contacted by Alere about being selected to receive a DayLink monitor, full compliance with the disease management program will require that the participant has consented to receive the monitor and that Alere confirms they are providing all requested information on a daily basis.

TRAINED, FIT & COMMITTED! FAST-START CLASS UPDATES

San Diego Electrical Training Center's Sound Technician FAST-START class is underway again! This new class of recruits is entering its fourth week of full-time training. FAST-START students start their morning with pushups, sit-ups and full calisthenics. In addition to this physical training, students are mentally conditioned to prepare them for entry into electrical construction.

Job training includes drilling, cutting, cable-pulling, network and telephone termination, and fiber optic cable termination, among other skills. Students use multi-meters, LAN testers, fiber optic power meters, and a myriad of other equipment – before they even set foot on the jobsite! These fine individuals from our San Diego County community spend seven whole weeks preparing for work in our industry.

This FAST-START class includes three married students with children, one

veteran who completed three combat tours, one athlete who coaches high school wrestling (and who wrestled and ran track in high school), one Eagle Scout, one former Navy Electrician, and one former Marine Electrician.

The commitment of these recruits is evident. They voluntarily undergo a seven-week, unpaid training regimen to ensure that they bring maximum value to themselves and our industry. They will graduate on Friday, April 12th, and will be ready for work on Monday, April 15th. In addition to their athleticism and outstanding work ethic, graduates will have the following certifications and qualifications: OSHA 10, Structured cabling (copper) termination and testing, fiber optic cable termination and testing, first aid/CPR/AED, powder-actuated tool use, fire-stopping, CAD (exothermic) welding, anti-harassment training and lift operational safety.





H&W PLAN CHANGES

Please be aware of modifications to two Plan provisions as follows:

- Plans A & B Eligibility Rules The Eligibility Rules for Bargaining Employees under Plan A and Plan B have been modified to clarify that when hours are received from a contributing employer or via the ERTS Reciprocal system at a contribution rate below that for a Journeyman under the Inside Agreement the corresponding hours will be pro-rated to an equivalent number of hours as if that gross amount of contributions had been remitted at the full contribution rate. For example, 100 hours remitted at a contribution rate of \$4.22/hr would generate \$422.00 in total contributions. However, dividing \$422.00 by the full \$6.63/hr rate would result in the participant being credited with . 63.65 hours.
- 2. Under "General Provisions" the Section on "Right of Recovery" has been expanded to provide that in the event an overpayment of claims occurs due to fraud or a misrepresentation of material information the amount of the overpayment may be recovered by withholding future claim payments to have been made on behalf of that Covered Person or anyone else in their family (Employee, Spouse and/or Dependent) until such time as the total overpayment has been recovered.

It is also important to be aware that whenever a claim is filed for an injury or illness believed to have been caused by a third party the Plan requires completion and execution of a Subrogation Agreement by the Covered Person (or a parent if the impacted party is a minor) and their attorney **before** payment of any related claims may be made. The purpose of this Agreement is to ensure that the Plan will be reimbursed from the proceeds of any recovery for related claims paid in good faith on the premise that the responsible third-party should cover part or all of any resulting medical expenses. Recovering such advanced payments helps to reduce the overall cost of the PPO Plan and the amount of hourly contributions required to maintain the excellent coverage being afforded to all eligible participants.

If there are any questions relative to the above please contact the Trust Office, extension #310.

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TRUST OFFICE RELOCATION

he Trust Office servicing the Health & Welfare and Pension Trusts, as well as the NECA/IBEW Drug-Free Workforce Program, has recently relocated to within the IBEW Local 569 building at 4545 Viewridge Avenue, #110, San Diego, CA 92123. The telephone numbers have remained the same at 858-569-6322 and 800-632-2569 from outside of the 619, 760 and 858 area codes. However most all of the telephone extensions have changed as follows:

Audrey Benjamin, Claims Exam.	Ext. 308	Amy Mleczko, Admin. Ass't	Ext. 326
Jenny, Embleton, Claims Exam.	Ext. 306	Matt Morfoot, Ass't Adm. Mgr	Ext. 335
Bianca Garza, Office Assistant	Ext. 305	Kelly Novak, Front Desk Mgr	Ext. 300
Adrienne Hyde, Claims Super.	Ext. 307	Ken Stuart, Admin. Mgr	Ext. 325
Robin Wheelock, Oper. Mgr Ext. 355			

Office Hours M-F 8:00AM - Noon and 1:00PM - 4:30PM

There is also a phone directory available when calling into the Trust Office. To meet with Ken Stuart, the Administrative Manager, or Matt Morfoot, the Assistant Administrative Manager, it is always recommended that advance appointments be made to ensure they will be available to assist you at a time convenient for you.

HEALTH INFORMATION SOURCES

Best Doctors - 1-866-904-0910 or www.bestdoctors.com; Caremark - www.Caremark.com; Specialty medications - CVS/Caremark at 1-800-237-2767; "NurseLine"-24/7 access to Registered Nurses at 800-250-6181 or http://healthresources.caremark.com/topic/ specialty; and for researching doctors and hospitals: www.healthgrades.com, www.leapfroggroup.org/; www.Calhospitalcompare.org; www.hospitalcompare.hhs.gov;http://www. npdbhipdb.hrsa.gov/ National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank may be used to verify information on a healthcare provider; and http://www.medbd.ca.gov/lookup.html -Medical Board of California for physician licensing. The California Health Care Foundation supports www.CalHospitalCompare.org which combines ratings for quality of care, patient safety and patient experience in an effort to

help consumers make informed choices.