



CURRENTS

SAN DIEGO ELECTRICAL TRUSTS

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BEST DOCTORS RESULTS FOR 2013 AND PPO PLAN INCENTIVE PROGRAM

It has been reported by the Best Doctors program that in their vast experience of reviewing self-reported medical cases **20+% of diagnoses** are clarified or changed, **60+% of recommended treatment plans** are clarified or changed, **38% of recommended surgeries** are totally unnecessary and **another 18%** of recommended procedures would not be the best one for the patient.

Best Doctors reported that for 2013 they received 75 calls from groups participating in the Program through the San Diego Purchasers Co-operative, of which the San Diego Electrical Health & Welfare Trust is a member. From those there were 18 Inter-Consultations completed (8 from this Plan) and 26 requests for a Best Doctors expert physician recommendation (8 from this Plan). **In 50% of the Inter-Consultation cases the diagnosis was changed and in 89% of those cases there was a treatment change.**

The above statistics clearly suggest the chances of receiving unnecessary or improper medical care is too high to be ignored.

The Best Doctors program is available to all Covered Persons in the Plan A PPO Plan and all Kaiser Plans (Plans A, B & C). Under the PPO Plan there are certain incentives for participants who contact Best Doctors and complete the Inter-Consultation process. For Plan A PPO Covered Persons their calendar year deductible will be waived. Further, for services performed by and at a PPO Provider, all Eligible Expenses pertaining to the performance of any of the following elective surgical procedures will be paid at 100% (with no out-of-pocket cost) if a Best Doctors "Inter-Consultation" is completed **before** the procedure is performed: **back, hysterectomy, knee and hip replacement, obesity or bariatric, coronary artery by-pass graft, heart valve replacements, prostatectomy and lumpectomy/mastectomy.**

To qualify for payment of all Eligible Expenses related to the elective surgical procedure at 100% a Certification of Completion of a Best Doctors "Inter-Consultation" conducted prior to the date the procedure is performed must be received by the Plan. However, there shall be no requirement that the Best Doctors "Inter-Consultation" findings must be followed by the Participant or their Physician in order to qualify for this incentive subject to application of any other Plan limitations. In the event Best Doctors determines that an "Inter-

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CVS/PHARMACY "SPECIALTY CONNECT" PROGRAM

Specialty medications are used in the treatment of chronic conditions and complex drug therapies such as rheumatoid arthritis (RA), multiple sclerosis (MS) and cancer. Depending on the condition and prescribed therapy, these medications may be taken orally (by mouth), intravenously (IV) or self-injected. As a reminder, the PPO plan basically requires all specialty medications be ordered through CVS/Caremark "Specialty Rx".

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ANTHEM BLUE CROSS ONLINE MEDICAL OFFICE VISITS COMING SOON

CVS SPECIALTY CONNECT continued from cover –

Coming later this year to the PPO Plan will be the availability of online medical office visits through Anthem Blue Cross. The only cost to a Covered Person for this office visit will be a \$10 co-payment which must be paid by debit/credit card at the time the online visit is conducted. This program and CVS Minute Clinics represent a convenient option for seeking medical advice and possible issuance of a prescription instead of going to a hospital emergency room or urgent care facility for what may be a routine medical issue. **However, if ever it is determined that a higher level of care is necessary for the patient the online physician or Minute Clinic practitioner will advise the patient as to where treatment should be sought and there will be no charge for the visitation.**

It is important to be aware of the fact that in the absence of an obvious emergency (i.e. heart attack, seizure, very high

temperature, severe injury, loss of consciousness, etc.) use of an urgent care facility is preferable to that of a hospital emergency room. In fact, some urgent care facilities are located on the same property as, or may be very close to, a hospital emergency room.

Also, when using a hospital emergency room or an urgent care facility there may be deductible and co-insurance responsibility to the patient, especially in the emergency room as the Plan's reimbursement schedule is only 50% if the patient is not admitted to the hospital directly from the emergency room. Therefore, if a simple online office visit or Minute Clinic visitation will provide the level of care necessary the financial exposure to the participant will be considerably less.

If there is ever a question as to use of PPO service providers please contact the Trust Office (x-702)

It is now even easier for physician offices to refer patients requiring specialty medications to any CVS/ pharmacy or they can skip all the referral forms and just send the prescription to a CVS/pharmacy location. CVS pharmacists are trained to accept the specialty prescription and transition the patient to specialty pharmacy services. CVS/pharmacy's new enhanced model, Specialty Connect, combines the assets of CVS/pharmacy and CVS Caremark Specialty Rx to provide the most convenient access to specialty pharmacy services. All specialty prescriptions can be accepted at a CVS/pharmacy while the clinical care and counseling is provided by their Specialty Care Team.

Once a prescription for a specialty drug is issued it can be phoned into, or dropped off at, a local CVS/pharmacy and you may arrange to pick it up and pay for it at a desired location or have it mailed.

If there are any questions please contact your claims examiner at the Trust Office (x-702).

PLAN A MEDICAL PLAN AMENDMENTS

The following Plan Amendments have been adopted by the Board of Trustees:

1. Exclusion for felony crimes - The PPO Plan now provides that there will be no coverage for any bodily injury or illness arising from a Covered Person's involvement or participation in the commission of a crime for which they are ultimately convicted of a felony or attempted felony, or from their participation in a riot or insurrection. In a situation where a participant has been charged with a felony crime the Plan will make no payment on medical charges relating to any bodily injury or illness until a final adjudication of the crime is rendered. If the Covered Person is ultimately convicted of a felony (examples are: alcohol and drug crimes, sex crimes, assault & battery, robbery, gun law violations, etc.) there would be no coverage under the Plan for any medical charges pursuant to this Exclusion. Should the final disposition of the

charge(s) be less than a felony then the Plan will pay all eligible expenses.

2. Clarification of Spousal Exclusion - The current exclusion of spousal coverage provides that in the event a spouse or domestic partner of a covered employee declines or waives group medical coverage available through their employer or any other source at a cost of \$100 or less to the employee per month for their employer's least costly plan, or if any compensation is received for declining or waiving their group medical coverage regardless of cost, the spouse would be ineligible for medical coverage under Plan A (PPO or Kaiser). The spouse or domestic partner would still be eligible for Plan A dental, vision and MAP benefits under Plan A. However, if the spouse's or domestic partner's group medical plan requires all medical services to be provided in Mexico then this exclusion will not apply and they will remain an

eligible dependent under Plan A, subject to co-ordination of benefits rules.

If there are any questions relative to the above please contact your claims examiner at the Trust Office (x702).

BEST DOCTORS RESULTS continued from cover –

Consultation" is not necessary, this incentive shall not apply.

If you receive a recommendation for one of these specified elective surgeries from a physician, or any other significant surgical procedure or medical diagnosis for that matter, please **contact Best Doctors at 1-866-904-0910**. Please remember you must be covered under the PPO Plan or any Kaiser plan at the time in order to qualify to receive the Best Doctors services offered by the Plan **at no cost to the participant**.

PLAN A PPO MEDICAL SERVICES IN MEXICO IS VERY POPULAR

Since January 1, 2014 Plan A PPO participants have been able to access medical service providers in various parts of Mexico who participate in a network developed by Pinnacle Claims Management, Inc. Providers are located in the following border cities: Mexicali, San Luis, Los Algodones, Tijuana and Palaco.

For the first three (3) months there have been over 350 claims from Pinnacle providers for 76 covered employees and 160 dependent spouses or children. The most common diagnoses treated were respiratory infections, acute bronchitis and cold/flu symptoms, abdominal problems and infections, and diabetes. There have also been a number of successful surgeries and newborn baby deliveries (normal and C-Section) in Mexico. There has also been one case originating in Mexico with the participant having been successfully put in contact with Best Doctors to permit the case to be reviewed in advance of hip replacement surgery.

Be sure to use the correct ID card in Mexico. Plan A PPO participants have been sent a Pinnacle ID card that is required to

access any of their panel providers in Mexico. This special ID card must be presented to a Pinnacle panel provider with a picture ID in order to be treated under this Program. **THIS CARD DOES NOT REPLACE THE ANTHEM BLUE CROSS ID CARD TO BE USED FOR ALL SERVICE PROVIDERS OTHER THAN PINNACLE NETWORK PROVIDERS IN MEXICO.**

In order for the cost of eligible services rendered by PPO providers in Mexico to be covered by the Plan the patient must be covered at the time services are rendered. There will be **NO OUT-OF-POCKET COST** to the participant for use of Pinnacle panel providers in Mexico. "No out-of-pocket cost" means there will be no co-payment, deductible, or co-insurance shared amount applicable to the cost of services rendered by Pinnacle panel providers so long as the services are considered to be eligible expense(s) under the Plan.

To get information as to participating PPO providers in Mexico please contact Pinnacle at 1-800-649-9121 or www.pinnacletpa.com. Please understand that the Trust Office does not recommend specific providers.

ANTHEM BLUE CROSS ENHANCED PERSONAL HEALTH CARE PROGRAM

Effective July 1, 2014 Anthem's "Enhanced Personal Health Care" program will become available to Plan A PPO participants using certain medical groups in specific geographic areas. In the beginning, this program will use selected medical groups in San Diego County (presently Sharp Rees-Stealy, Sharp Community Medical Group and Heritage Provider Network in Lakeside) and incorporates a more proactive focus on rendering a higher quality of care to their patients, in particular those with one or more of 172 chronic conditions.

The end result is that patients utilizing medical groups that participate in this program can expect to benefit from an enhanced level of overall medical care with a greater likelihood of preventing or treating chronic diseases and, in general, maintaining a greater degree of overall wellness. Announcements will be made as additional medical groups enter the program.

As a reminder, the co-payment for an office visit with any Sharp physician is \$10 and that the co-payment for all other PPO physicians in San Diego County is \$30. The co-payment for all office visits outside of San Diego County is \$15.

NOTE: Never pay a PPO provider anything more than the scheduled office visit co-payment even if they ask for more money before or at the time of service. The proper response should be that you must wait until you receive an Explanation of Benefits from the Trust Office which will reflect the PPO discount and advise as to exactly how much more may be owed to the provider, if anything.

SAN DIEGO ELECTRICAL INDUSTRY TRUSTS

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MAKING DIRECT PAYMENTS TO CONTINUE COVERAGE

It is now possible to make a Direct Payment to maintain Plan A and Plan B group health insurance coverage electronically in 2 ways:

- Using a computer or smart phone by accessing the Trust's web site (www.569trusts.org); or
- Using a debit card at the Trust Office

There will be no cost to the participant for using either of these services.

Direct Payments may also be made before the stated deadline for a particular month by mailing a check to the Trust Office or delivering a check to the Trust Office.

When accessing the ACH Transfer tool the participant will be able to make a payment for either the current month and/or the following month. In order to make a Direct Payment for the following month the participant must be covered for the current month. If there is a need to make a direct payment for both months this can also be

accomplished so long as the current month is paid first. Instructions for making an ACH Direct Payment are available through the Trust Office (x310).

CHANGES TO DRUG-FREE WORKFORCE COLLECTION CENTERS

Following notification that US Healthworks wanted to more than double the cost for all drug test specimens as of July 1, 2014 the Medical Review Office immediately went to work on finding suitable replacements to cover the geographic areas presently being serviced by US Healthworks at the current collection fee.

Please be advised that **as of July 1, 2014** the current list of authorized locations will be changed by deleting ALL US Healthworks facilities and adding a number of new facilities to appear on a revised list to be sent with Birthday and Random test notices. A copy of this revised list is also available at the Trust Office or Union Halls.

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.npdb-hipdb.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 <http://www.calqualitycare.org/> which combines ratings for quality of care, patient safety and patient experience in an effort to help consumers make informed choices.