MADA Insurance Trust – Member Guide

The MADA Insurance Trust is committed to providing quality benefits while managing costs through innovative solutions. Countrywide, healthcare costs continue to trend upward and currently account for over 17% of U.S. Gross Domestic Product. Inflation in healthcare costs, coupled with the lack of competition and transparency in Montana's healthcare industry, is a continual struggle for all health plans in Montana. While only 10% of the total number of claims submitted to MADA Insurance Trust are for payments to hospitals or care facilities, these payments amount to 60% of the total dollars the Trust spends. To combat these problems, the Trust has put into effect the following cost-control solutions:

1. *Direct Contracting with the Northern Rockies Healthcare Alliance and other hospital groups.*
2. *Preferred pricing for health professionals through the InterWest and MultiPlan provider networks.*
3. *Balance billing protection for out-of-network claims through ELAP services.*

Northern Rockies Healthcare Alliance

Effective November 1st, 2016, the MADA Insurance Trust contracted with a group of hospitals in Montana, referred to as the Northern Rockies Healthcare Alliance, to gain control of healthcare costs. This Alliance consists of the following hospitals who have agreed to cap their charges, considerably lowering their billed charges as well as what the Plan pays for services:

Billings, MT- St. Vincent Healthcare
Butte, MT- St. James Healthcare
Miles City, MT- Holy Rosary Healthcare
Lewistown, MT – Central Montana Medical Center

These hospitals are committed to deliver integrated care and must meet quality targets. ***Members will also receive lower deductible and Out-of-Pocket Limits when utilizing any of the NRHA Facilities!*** *Please see your plan document for details.*

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Direct Contracts

The Trust has entered into Direct Contract agreements with the following hospitals in which these hospitals will accept and submit claims to EBMS on your behalf and agree to limit what they will charge for services based on agreed to allowable limits. These Direct Contract hospitals, along with the NRHA hospitals/facilities listed on the prior page, have already agreed to limit what they will charge for services.

*Members who receive care at one of the NRHA Hospitals listed on the prior page PLUS the Direct Contract hospitals listed below will **NOT** be at risk of balance billing; therefore ELAP will **not** audit these claims, a.k.a.* ***IF YOU GO HERE, IT IS BUSINESS AS USUAL***

Both the NRHA hospitals and these Direct Contract facilities provide high quality integrated care.

Direct Contracts are fully executed at:

Rosebud Health Care Center - Forsyth, MT
North Valley Hospital – Whitefish, MT
Community Hospital of Anaconda – Anaconda, MT
Great Falls Clinic – Great Falls, MT

Preferred Provider Information – Physician Services

For Physicians and all other providers of service, this Plan contains provisions under which our members may receive more benefits by using certain providers ("Preferred Providers" or "PF roviders"). PPO Providers are individuals and entities that have contracted with the Plan to provide services to our members at pre-negotiated rates.

The Preferred Provider list changes frequently; therefore, it is important that our members verify with the provider that the provider is still a Preferred Provider before receiving services. The member is responsible for determining a provider's participation in the PPO network.

To access a list of Preferred Providers, please call the toll-free number listed on your MADA Insurance Trust identificaiton card prior to receiving medical care services, as well as confirming with your provider that they are part of the Preferred Provider Organization (PPO). ***Physicians associated with Benefis Health System, Billings Clinic and Kalispell Regional Medical Center do not participate in the Preferred Provider Organization (PPO).***

MADA Travel Benefit Concierge Service

MADA relies on an EBMS team of highly trained professionals to help members who are experiencing complex health problems to successfully navigate the complicated healthcare system. These advocates review benefit programs offered by the MADA Insurance Trust, help explain the member's summary of benefits, assist with billing questions, and/or help the member to resolve outstanding claims issues. This team also provides a high-touch program to assist our members who require health care outside of their primary service location.

FEATURES OF EBMS' TRAVEL BENEFIT CONCIERGE PROGRAM:

- *Travel Benefit Concierges understand the travel benefits available through the employer's health plan*
- *Providers the members with options for care, focusing on improved access to the members.*
- *Coordinates the transfer of all member records to the member-selected provider(s) and facility(ies)*
- *Coordinates all aspects of the member and their caregiver's travel for their treatment, including:*
    - *Airfare (includes transportation within airport)*
    - *Group Transportation*
    - *Hotels (includes specialized room needs)*
    - *Home Health Care Nursing Services*

MADA members can utilize the Travel Benefit Concierge program by calling 866-677-8745, ext. 4. Voice instructions will guide your selection to reach the dedicated Travel Benefit Concierge. The Concierge will request the Member's Name traveling for care, along with the Enrolled Members Name & ID Number.

Balance Bills

The next right thing for Health Plans

On January 1, 2015, the MADA Insurance Trust began reimbursing hospitals and other non-physician facilities based on a model designed to ensure these providers earn a reasonable profit while also allowing the Plan to avoid paying excessive and unreasonable charges that bear no relation to the value of services received. The Trust contracts with ELAP Services, LLC, which audits all ***Non-Network*** *facility claims and determine an allowable payment limit equal to the greater of Medicare's allowable payment plus 20%, or the actual cost of the service plus 12%. The facility or air ambulance carrier could bill you for the difference between the allowable payment limit, referred to as the Eligible Amount shown on your EBMS Explanation of Benefits, and the Facility's actual charge after your deductible and coinsurance has been applied as shown on your EBMS Explanation of Benefits in the Ineligible Amount column (see below example); this is called balance billing. If you are balance billed, contact ELAP immediately, and their attorneys will defend your balance bill at no cost to you.*

ELAP Balance Bill Department Contact Information:

- ***Call: (800) 977-7381***
  - ***Live call center available 9:00am – 7:00pm ET***
  - ***Off hours messaging system available to receive a next day call back***
- ***Email: balancebills@elapservices.com***
- ***Fax: (888) 560-2447***

ELAP is not available for balance bill defense of ***practitioner*** *claims. Since some claims could be processed as both a practitioner and a facility claim (e.g. doctor visit with lab work), we suggest that you contact EBMS at 866.894.1499 for assistance as they can tell you if your claim was sent as a practitioner claim, a facility claim, or both, and if your claim is eligible for balance bill defense in the event you are balance billed.*

Also, DO NOT PAY UPFRONT FOR FACILITY SERVICES as you may pay more than what you may be required to pay under your health plan through ELAP audit. ***If you pay more than you are required, it is very likely you will not receive the additional amount back from the facility****. If a facility is requiring you pay upfront or agree to a payment plan, please call EBMS right away at 866.894.1499 for guidance.*

Important: Some out-of-network providers may ask that you pay in advance of receiving services and/or required to complete a self-pay form. If you are asked to pay in advance of receiving services or complete a self-pay form, please contact EBMS at 866.894.1499 and they will assist you. If you are asked to sign any form detailing the estimated cost for your services, or if you are not sure what to do when asked to sign anything, please contact EBMS at 866.894.1499 immediately. Out-of-network practitioner claims will be processed by EBMS at 90% of UCR (usual, customary and reasonable charge) to set the allowable payment limit. ***Most providers will accept 90% UCR as payment in full, however for those that don't, you could be balance billed for the difference between their billed charge and the Plan's 90% UCR allowable payment limit.***

MADA Insurance Trust
As Administered by EBMS
PO Box 21367
Billings MT 59104-1367

ELP[PR-PR]

Explanation of Benefits

RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

Forwarding Service Requested

MEMBER NAME
ADDRESS LINE
YOUR CITY MT 59405

Customer Service

If you have any questions, please call
866-312-6723
or visit **www.ebms.com**

EBMS PHONE NUMBER

Visit miBenefits at www.ebms.com to receive your EOB electronically!

24/7 ACCESS TO ALL CURRENT AND HISTORICAL CLAIMS INFORMATION THROUGH MIBENEFITS

Date: 2/22/2016
Employee: MEMBER NAME
Reference #: 009999999999
Division: 000 DIVISION NAME

IMPORTANT INFORMATION FOR MEMBERS TO HAVE WHEN CALLING EBMS.

Additional information may appear on the back of the document.

Document #: 1699999999
Patient: PATIENT NAME

EOB #: 20160999-9999
Provider: FACILITY NAME
Patient #: XXX999999
ID #: ***-**-999

REASON CODE INFORMATION

DEDUCTIBLE INFORMATION

Date(s) of Service	Nature of Service	Billed Amount	Discount / Adjustment	Ineligible Amount	Reason Code	Eligible Amount	Deductible Amount	Co-pay Amount	Paid At	Total Payable By Plan
12/22-12/24/2015	EMERGENCY ROOM	$13,479.46	$0.00	$7,421.07	ELP	$6,058.39	$2,106.21	$0.00	50%	$1,976.09
12/22-12/22/2015	EMERGENCY ROOM	$19.00	$0.00	$14.18	ELP	$4.82	$0.00	$0.00	50%	$2.41
12/24-12/24/2015	EMERGENCY ROOM	$19.00	$0.00	$14.18	ELP	$4.82	$0.00	$0.00	50%	$2.41
12/22-12/22/2015	EMERGENCY ROOM	$131.00	$0.00	$97.80	ELP	$33.20	$0.00	$0.00	50%	$16.60
12/22-12/22/2015	EMERGENCY ROOM	$37.00	$0.00	$27.62	ELP	$9.38	$0.00	$0.00	50%	$4.69
12/22-12/22/2015	EMERGENCY ROOM	$71.00	$0.00	$53.01	ELP	$17.99	$0.00	$0.00	50%	$9.00
12/22-12/22/2015	EMERGENCY ROOM	$71.00	$0.00	$53.01	ELP	$17.99	$0.00	$0.00	50%	$9.00
12/23-12/23/2015	EMERGENCY ROOM	$131.00	$0.00	$97.80	ELP	$33.20	$0.00	$0.00	50%	$16.60
12/23-12/23/2015	EMERGENCY ROOM	$74.00	$0.00	$55.25	ELP	$18.75	$0.00	$0.00	50%	$9.38
12/23-12/23/2015	EMERGENCY ROOM	$37.00	$0.00	$27.62	ELP	$9.38	$0.00	$0.00	50%	$4.69
	Column Totals	$14,069.46	$0.00	$7,861.54		$6,207.92	$2,106.21	$0.00		$2,050.87
								Other Carrier Payment		$0.00
								Total Net Payment		$2,050.87

You May Owe: $4,157.05

AMOUNT YOU MAY BE BILLED BY YOUR PROVIDER

THIS IS THE PAYMENT AMOUNT THE PLAN WILL MAKE TO YOU OR YOUR PROVIDER

Payment Details

Paid To	Amount
FACILITY NAME	2,050.87

DEDUCTIBLES, OUT OF POCKET MAXIMUMS AND OTHER ACCUMULATORS

IF THERE IS NO CHECK, PLEASE REFER TO THE "PAYMENT" FIELD. THE CHECK MAY HAVE BEEN SENT DIRECTLY TO THE PROVIDER.

Accumulators

Patient Medical Deductible Met to Date	3000.00
Family Medical Deductible Met to Date	6000.00
Patient Medical Out of Pocket Met to Date	9990.99
Family Medical Out of Pocket Met to Date	9999.99

*** Reflects accumulators as of this claim.*
Please visit www.ebms.com or call for the most current accumulator total.

Additional Information

ELP Charges in excess of the Allowable Claim Limits are excluded. Please refer to the attached letter of explanation or the Claim Review and Audit Program section in the Summary Plan Description for additional information.

THESE ARE YOUR RIGHTS TO APPEAL ANY FINAL DECISION ON THE CLAIM

Appeal Language

Important Information about Your Appeal Rights

What if I need help understanding this denial? Contact us at (800) 777-3575 if you need assistance understanding this notice or our decision to deny you a service or coverage.

What if I don't agree with this decision? You have a right to appeal any decision not to pay for an item or service (in whole or in part).

How do I file an appeal? You may submit your appeal in writing with documents, records, and other information to support your claim within 180 days from the

Claim Example #1

Sally is covered on the CMM 50/50 Plan, has NOT met anything towards her deductible, and has the following services:

Sick Visit

Sally believes she has strep throat. She visits an in-network doctor who requests lab work:

1. Doctor charges $100 for the visit
2. Lab is sent offsite to facility and the charge is $50
3. Prescription for an antibiotic is $20
⇨ Total billed: $170

EBMS processes as follows:
1. The doctor charge is $100. EBMS sends both the doctor and Sally an Explanation of Benefits (EOB) showing the 'Patient May Owe' is a $35 co-pay. The allowable charge was $90. The Trust pays the additional $55 and the doctor will consider $90 as payment in full since they are in-network. Plan pays $55 and Sally paid her $35 co-pay.

2. A $50 Lab charge is billed from a facility so EBMS sends the claim to ELAP for audit. ELAP determines that $25 is a reasonable charge for the lab and sends the audit back to EBMS who sends an EOB to both the facility and Sally showing the 'Patient May Owe' is $25 which goes towards Sally's deductible; the balance of $25 is considered ineligible billed charges as documented in the EOB. The facility didn't consider the $25 lab payment as payment in full so they bill Sally the full $50; she has just been balance billed $25. Sally contacts ELAP for balance bill defense. Plan pays $0 and Sally owes $25.00. ELAP defends the remaining $25.
3. Sally picks up the antibiotic from her pharmacy who charges $20 which goes towards her deductible.

⇨ Sally's responsibility is: $60 (because ELAP is defending $25 Balance Bill)

Claims Example #2

Sally is covered on the CMM 50/50, has met her $3,000 max out-of-pocket and has the following services:

Injury Visits

Sally fell on ice and broke her leg. She is sent to the nearest hospital for emergency care and has follow-up visits with an out-of-network orthopedic surgeon:

1. Hospital charges $1,250
2. Sally has four visits with the orthopedic surgeon which totals $500
⇨ Total billed to EBMS: $1,750

EBMS processes as follows:
1. The hospital charge is considered a facility claim so EBMS sends the claim to ELAP for audit. ELAP determines that $750 is a reasonable charge for the visit and sends the audit back to EBMS who sends an Explanation of Benefits (EOB) to both the hospital and Sally showing the 'Patient May Owe' $0 because Sally had met her deductible/max and the Plan pays the $750 to the hospital; the balance of $500 is considered ineligible billed charges as documented in the EOB. The hospital didn't consider the $750 payment as payment in full so they bill Sally for the remaining $500; she has just been balance billed $500. Sally contacts ELAP for balance bill defense.

2. The surgeon is not in-network so EBMS processes the claims at 90% UCR which is $450. EBMS sends an EOB to both the doctor and Sally showing the 'Patient May Owe' $0 because Sally had met her deductible/max and the Plan pays $450 to the surgeon. The surgeon didn't accept $450 as payment in full and bills Sally for $50; Sally has just been balance billed $50. Because this is a practitioner claims, this claim is not eligible for ELAP balance bill defense and Sally will be responsible for the $50 but can ask the provider to write-off the balance.

⇨ Sally's responsibility under the Plan is: $0-$50 (depends on if the surgeon balance bills her or not)

Reference your Plan Document for more details on these vendors and benefits.

DISCLAIMER: In the event there is a discrepancy between this communication and the Plan Documents, the Plan documents will control.

MTADA Insurance Trust Partners

Employee Benefit Management Services (EBMS), Billings, MT
(866) 894-1499
www.ebms.com
Processing claims and customer service support. Access your benefit and claims information online.

ELAP, Pottstown Pike, PA
(800) 977-7381
www.elapservices.com
Audits facility claims (except for NRHA claims) to set allowable payment limits, check for billing errors, and provides balance bill defense.

InterWest, Missoula, MT
(406) 542-1912
www.interwesthealth.com
Primary network of practitioners

Navitus Health Solutions
(866) 333-2757
www.navitus.com
Pharmacy benefit administrator

CareLink
(866) 894-1505
Utilization Management. Pre-notification is not mandatory but strongly recommended.

Northern Rockies Healthcare Alliance, MT
(866) 838-5083
Hospital network

Leavitt Great West
(406) 443-1060
www.leavittgreatwest.com
Benefit Plan Consulting

VSP
(800) 877-7195
www.vsp.com
Preventive vision benefit administrator

Unum
(800) 854-1446
Life Insurance Benefit

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