UTILIZATION MANAGEMENT PROGRAM

Call (800) 477-4625 or (512) 454-5112

The Plan's Utilization Management ("UM") Program is designed to provide covered individuals with quality medical care in a cost effective manner. The Utilization Management company does not diagnose or treat medical conditions.

The Plan's Utilization Management company is Capitol HealthCare Review, Inc. ("CHR") **dba Prime Dx**.

Prime Dx
PO Box 9201 Phone: (800) 477-4625 or (512) 454-5112
Austin, TX 78766 Confidential Fax: (512) 454-1624

Covered employees receive an identification card that contains instructions concerning the UM Program on the back of the card. It should be carried by the employee at all times and shown to all health care providers.

The Utilization Management Program requires that a covered person call Prime Dx in certain instances as described below. It is the covered person's responsibility to ensure that the call is made in a timely manner; however, the covered person's family or health care provider can make the call.

Medical services requiring pre-certification can be pre-certified after the fact; however, when pre-certification is not obtained in advance, the participant runs the risk that the service may not be a covered benefit under the plan, or that the service may be determined not to be medically necessary or not to be appropriate standard of care, in which case the participant would receive no benefits under the plan and would be responsible for all charges. *(Please see definition of Medically Necessary below).*

Urgent or Emergency Hospital Admission Review

The covered person (or family member or health care provider) should call Prime Dx on the first business day after an urgent or emergency hospitalization. Prime Dx will review the medical necessity of the admission and length of stay and notify the individual or the provider whether the admission and the length of stay are authorized.

Non-Emergency Hospital Pre-Admission Review

The covered person (or family member or health care provider) must call Prime Dx at least five days before a scheduled non-emergency hospitalization. Prime Dx will review the medical necessity of the proposed admission and length of stay and notify the individual or the provider whether the admission and the length of stay are authorized.

Continued Hospital Stay Review

If a covered person needs to stay in the hospital longer than originally authorized, the covered person (or family member or health care provider) must contact Prime Dx as soon as possible. Prime Dx will review the medical necessity of the request and notify the individual or the provider whether the additional stay is authorized as medically necessary.

Review of Additional Services

Pregnancy
The covered person (or family member or health care provider) must call Prime Dx within thirty days of learning that the covered person is pregnant.

Transplant
The covered person (or family member or health care provider) must call Prime Dx within five days of the covered person becoming a possible candidate for an organ transplant.

Skilled Nursing Facility Admission
The covered person (or family member or health care provider) must notify Prime Dx as soon as possible prior to being admitted to a skilled nursing facility.

Review of Outpatient Services

The covered person (or family member or health care provider) should call Prime Dx <u>at least three business days before the following scheduled outpatient procedures or services</u>:

Arthroscopy, diagnostic & surgical

Blepharoplasty

Cardiac catheterization and/or surgery

Carpal tunnel surgery

Chemotherapy—initial treatment and/or changes to treatment plan

CT scans (Computerized Tomography)

Dialysis

MRI's (Magnetic Resonance Imaging)

Outpatient Services performed at a Skilled Nursing Facility

Radiation Therapy—initial treatment and/or changes to treatment plan

Renting or purchasing Durable Medical Equipment if the cost exceeds $1,000

Home Health Care

Hospice Care

Physical, Occupational, or Speech therapy

Septoplasty

Medically Necessary or Medical Necessity

Medically Necessary – When a service, treatment, device, drug, or supply is necessary and appropriate for the diagnosis or active treatment of an Illness or Injury based on generally accepted medical practice.

To be Medically Necessary, Covered Expenses must:

- *be rendered in connection with an Injury or Illness;*
- *be consistent with the diagnosis and treatment of your condition;*
- *be in accordance with the standards of good medical practice; and*
- *be provided at the most appropriate level of care or in the most appropriate type of health care facility*.

Only your medical condition (not the financial status or family situation, the distance from a facility or any other non-medical factor) is considered in determining which level of care or type of health care is appropriate.

Medically Necessary is the criteria by which the Plan Administrator determines the necessity of medical service and treatment under this Plan.

<u>The fact that any particular Physician may prescribe, order, recommend or approve a service, treatment, device, drug or supply does not, of itself, make it Medically Necessary.</u>

A service, treatment, device, drug, or supply will not be considered Medically Necessary if:

it is provided only as a convenience to the Covered Person or provider;

it is not appropriate treatment for the Covered Person's diagnosis or symptoms;

it exceeds (in scope, duration or intensity) that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment;

it is part of a plan of treatment that is considered to be Investigative, Experimental or for Research Purposes in the diagnosis or treatment of an Illness or Injury. "Investigative, Experimental or for Research Purposes" means services or supplies not recognized or proven to be effective treatment of an Illness or Injury in accordance with generally accepted medical practice, based on consultation with an appropriate source; or

it involves the use of a drug or substance not formally approved by the United States Food & Drug Administration, even if approval is not required, or if it involves the use of a drug or substance that cannot be lawfully marketed without the approval of the Food and Drug Administration or other appropriate governmental agency, such approval not having been granted at the time of use or proposed use;

is generally, commonly, and customarily regarded by experts who regularly practice in the area of treatment of the particular disease or condition in question as a drug, treatment, device, procedure, or other service whose usage should be substantially confined to research settings, as set forth in the published authoritative literature; or

is being provided pursuant to a Food and Drug Administration Phase I or Phase II clinical trial or as the experimental or research arm of a Phase III clinical trial.

The sources of information to be relied upon are:

the published authoritative medical or scientific literature regarding the drug, treatment, device, procedure, or other service at issue as it is applied to the particular Injury or Sickness at issue;

a Covered Person's medical records;

protocol pursuant to which the treatments is to be delivered; or

any regulations and publications set forth by any governmental agency.