

## **Magellan Mental Health and Substance Abuse Program**

### **Summary Plan Description**

**1/1/2011**

Devereux's mental health/substance abuse benefits for those enrolled in the Blue Cross PPO plans are offered through Magellan Health Services. Magellan may be reached by calling -1-800-220-1570. Devereux's Employee Assistance Program (EAP) and Work Life Program are offered through Carebridge. Carebridge may be reached by calling 1-800-437-0911. The program focuses on early intervention, ease of access to qualified Providers, and appropriate use of your benefits.

**Mental health and substance abuse services are accessed through Magellan's help line: 1-800-220-1570, TTY Service for hearing and speech impaired: 1-800-409-8640.** This number can be used for any of the following:

- Referral to a qualified, accessible mental health or substance abuse provider to obtain maximum benefit coverage and lower out-of-pocket costs
- Pre-authorization of mental health and substance abuse care
- Emergency assistance 24 hours/day, 365 days/year
- General information about the program, eligibility, benefits, and specific services.

### **Mental Health and Substance Abuse Care**

Magellan manages the mental health and substance abuse benefits for all Devereux employees and dependents covered by the Blue Cross Closed Panel PPO. Employees with the High Deductible Health Plan are covered directly by Independence Blue Cross. Employees covered by an HMO will receive mental health/substance abuse benefits from the HMO provider.

### **Magellan Provider Network**

Magellan has an extensive provider network throughout the fifty states. All providers have a minimum of a Masters Degree and licensure in their profession. All providers have been through a rigorous credentialing and privileging process. Using a state-of-the-art referral system a provider match can be made within minutes.

### **Network and Non-Network Care and Procedures**

The program has been set up so that you can also seek treatment with providers and facilities that are not in the Magellan network. However, benefit coverage is reduced for out-of-network care. For care with non-network providers, services will be paid at the usual, customary and reasonable (UCR) rates for the region in which you receive the services. Because providers who are not in the Magellan network may charge a different rate, they may bill you for the difference between their rates and the UCR rate.

### **Pre-authorization Procedures**

In order to receive the maximum benefit, you must call the Magellan help line at 1-800-220-1570 before seeking any mental health or substance abuse care. All inpatient, partial hospitalization and intensive outpatient services require pre-authorization. In-network, outpatient services also require pre-authorization. For outpatient care that is outside of Magellan's network, it is recommended that you call prior to the first visit, and it is **REQUIRED** that any sessions beyond 10 visits be pre-authorized.

### **Emergency Care**

A Magellan professional will help you assess the seriousness of the situation. If it is an emergency, we will assist you in getting the treatment needed as quickly as possible. If it is not an emergency that requires an inpatient admission, we will assist you with scheduling an urgent care appointment. If the decision is not to admit, we will discuss it with you and your physician. Together, we will determine the most appropriate care and setting.

**Remember: You or your provider must call Magellan at 1-800-20-1570 for pre-authorization of all inpatient treatment (emergency, scheduled, or elective) prior to admission.**

### **Magellan's Quality Management Program**

Magellan is committed to continuous quality improvement. Components of the Quality Management program include provider, patient confidentiality, effective and appropriate care, and patient satisfaction.

#### **Confidentiality**

All Magellan personnel are bound by strict confidentiality procedures governed by HIPAA. Magellan follows all state and federal laws and regulations regarding the release of member information. A member must provide written consent for such release, unless an emergency or permissible legal exception occurs. Release of records related to drug or alcohol treatment must not only follow appropriate written authorization by the member but also appropriate federal regulations. Furthermore, Magellan's systems are designed specifically to limit access to confidential patient information.

#### **Complaints and Grievances**

While we work hard to ensure satisfaction, there may be times when problems or concerns arise. Call the Magellan help line if you have a complaint about our services. A client service representative will assist you. We are very interested in hearing what you have to say and we are committed to timely response and resolution of your concerns.

- A verbal complaint may be filed directly with the client service representative, who will complete the appropriate documentation and forward it for resolution and response. You will receive a verbal response within 5 days of receipt of your complaint.
- If you decide to file a written complaint, you will receive a written response within 10 days of receipt of your complaint.
- Grievances are typically formal complaints submitted by an organization on behalf of a member. All grievances will be responded to in writing within 30 days of receipt.

#### **Appealing Medical Necessity Decisions**

All medical necessity decisions for precertification or continuance of care are handled by a team of skilled clinicians. If care cannot be certified by the Care manager, it is referred to a Physician Advisor (psychiatrist) who discusses the treatment with the treating physician and makes a determination. In the event that you or your provider does not agree with a Magellan medical necessity determination, you may appeal it. The appeals process can include two levels of review.

- You or your provider may verbally request a second opinion of the initial Magellan medical necessity determination. This second opinion is conducted by a second Physician Advisor. The second opinion is made within one (1) business day of the request.
- If the second opinion is not satisfactory, you or your provider may request that an appeals panel consisting of two Physician Advisors (neither of whom have any prior involvement with the case) make a final determination. Requests for an appeals panel determination must be submitted in writing within 30 days of the date of the second opinion. Appeals panel final, written determinations are completed within 30 business days of receipt of the written request and all essential records and documentation.

#### **Claims**

All claims will be processed through Magellan Health Services, P.O. Box 2275 Maryland Heights, MO 630439. For questions about claims call **1-800-220-1570**.

**MENTAL HEALTH AND SUBSTANCE ABUSE.** If you receive a Magellan referral, your provider will complete and submit the appropriate claim form to be reimbursed for your care. If you self-refer to a provider of your choice, you may

need to pay the provider, submit the appropriate claim form and await reimbursement. Remember, if you self-refer to another provider Magellan must still authorize **ALL** inpatient care and outpatient care after the 10<sup>th</sup> visit.

	<b>Type of Care</b>	<b>Pre-certification?</b>	<b>You Pay</b>	<b>Magellan Pays</b>	<b>Number of Visits Available Per Year</b>
<b>Outpatient<sup>1</sup></b>	<b><i>In-Network</i></b>	Yes	\$20/visit	Difference	Unlimited <sup>4</sup>
	<b><i>Out-of-Network</i></b>	Yes	50%	50% UCR <sup>3</sup>	20 visits*
<p><b><i>Please note: No Lifetime maximum for Outpatient Treatment in Network.</i></b></p> <p><b><i>Lifetime maximum for Out-of-Network Outpatient Treatment is 120 visits.</i></b></p> <p><b><i>Exchange Ratio: 1 Inpatient Day to 4 Outpatient Visits</i></b></p>					
<b>Inpatient<sup>2</sup></b>	<b><i>In-Network</i></b>	Yes	0%	100%	Unlimited <sup>4</sup>
	<b><i>Out-of-Network</i></b>	Yes	50%	50%	30 days**
<p><b><i>Please note: No Lifetime maximum for In-network Inpatient Treatment.</i></b></p> <p><b><i>Lifetime maximum for Out-of-Network Inpatient Treatment is 90 days.</i></b></p> <p><b><i>Exchange Ratio: 1 Inpatient Day to 2 Partial Hospital or 4 Intensive Outpatient Visits</i></b></p>					

\* Maximum combined In-network/Out-of-Network outpatient care = Once Out-of-Network Care is used, In-network care is still available if authorized.

\*\* Maximum combined In-network/Out-of-Network inpatient care = Once 30 days of Out-of-Network care is used, In-network care is still available if authorized.

1All outpatient visits are preauthorized by calling Magellan. For out of network, it is recommended that you call Magellan prior to your first visit; member is responsible for initiating the review.

2 No inpatient benefits are available if Magellan does not pre-certify care

3 UCR refers to Usual, Customary and Reasonable Allowance as determined by Magellan. Out of Network providers may balance bill subscribers the amount of their charges in excess of allowance in addition to the subscriber's coinsurance liability.

4 Unlimited is defined as managed days approved through Magellan preauthorization process based on common practice and need.

## **EXCLUSIONS**

- **Acupuncture**
- **Autism**
- **Chronic Care**
- **Court Ordered Care (including involuntary commitments and court stipulated care) unless that care is considered to be medically necessary and is provided by Magellan contracted providers**
- **Evaluation/testing (and form completion) for:**
  - **Adoption**
  - **Child Custody**
  - **Employment**
  - **Insurance**
  - **Legal**
  - **Licensing**
  - **School – learning disabilities, developmental delay, mentally gifted**
  - **Travel**
- **Experimental Services**
- **Interpreter services (foreign language and hearing impaired), although Magellan will have every effort to provide this**
- **Marriage counseling, except when it is the approved treatment plan for a specific mental health or substance abuse diagnosis**
- **Mental retardation services**
- **Methadone maintenance**
- **Pastoral counseling**
- **Psychoanalysis**
- **Psychological testing except brief testing to establish diagnosis**
- **Services required because member engaged or tried to engage in an illegal occupation or committed or tried to commit a felony**
- **Sex change services**
- **Smoking cessation aids/services**
- **Weight reduction or control services**
- **Worker's compensation eligible or covered services**