

Transitioning Care and Claims Payment UAW Retire Medical Benefit Trust Population

ValueOptions® is committed to assuring a smooth transition of care that will become effective 01/01/2010 for the members and their eligible dependents of the UAW Retiree Medical Benefit Trust (TRUST) who elect the non-HMO medical plan option.

Provisions for transitioning care will cover the following populations:

- UAW GM non-Medicare eligible retirees
- UAW GM Medicare eligible retirees
- UAW Ford non-Medicare eligible retirees
- UAW Ford Medicare eligible retirees
- UAW Chrysler non-Medicare eligible retirees
- UAW Chrysler Medicare eligible retirees

To be covered under the provisions, care must begin on or before 11:59PM, 12/31/2009.

Care started on or after 12:00 midnight, 01/01/2010, will be administered by ValueOptions®.

A. Transition Provisions for Inpatient (IP), Partial Hospital Program (PHP), or Residential Treatment Care (RTC):

1. Any patient receiving inpatient (including acute care, detoxification, intensive care and residential rehabilitation), partial hospital, or residential care on or before 12/31/09, will be managed by the current vendor, for the entire length of stay (into 2010) as long as the admission remains at that level of care and is medically necessary. The claim for the entire length of stay will be adjudicated and paid by the existing 2009 vendor. ValueOptions® will manage the case when the patient is discharged to a different level of care with BCBS paying those claims under the TRUST plan.
2. Any patient admitted to inpatient (including acute care, detoxification, intensive care and residential rehabilitation), partial hospital, or residential care on or after 01/01/2010 will be managed by ValueOptions® with BCBS paying those claims under the TRUST plan.

3. Beginning 12/15/09, ValueOptions[®] requests notification on a weekly basis of all active IP, PHP, and RTC cases with a projected discharge date after 12/31/09 so that provisions can be made for the transition of the case to the ValueOptions[®] administration upon discharge to another level of care. In order to prepare for case transition, ValueOptions[®] requests the following information about each case:
 - a) Employee name and ID number
 - b) Patient name
 - c) Provider/Physician name, address, and phone number
 - d) Facility name, address and phone number
 - e) Admission date and level of care
 - f) Diagnosis, estimated discharge date and discharge plan

B. Transition Provisions for Outpatient Treatment:

1. All patients in outpatient treatment will have their care management transferred to the administration of ValueOptions[®] effective 01/01/2010.
2. Claims incurred in 2009, will be adjudicated and paid by the current 2009 vendor. Claims incurred 01/01/2010 and beyond will be adjudicated and paid by BCBS.
3. The transition period will not extend beyond 90 days (or March 31, 2010) and will be limited up to 12 outpatient visits. The transition units are intended to provide members the opportunity to complete treatment without having to change providers and to allow their existing provider an opportunity where applicable the option to apply for inclusion in the network. During the patient's transition period, mental health and substance abuse outpatient services rendered by out-of-network providers, when authorized, are to be paid using the in-network benefit structure.
4. Exceptions to extend the transitional period will be reviewed for medical necessity.

