



VITALTRADITIONS (HMO POS)

## Utilization Review Procedures

Utilization Review (Utilization Management) is a process that helps ensure you receive the right health care service in the right place at the right time. It is performed by the Insurance Company of Scott and White (ICSW) medical staff in the Health Services Department, who determine with the ICSW Medical Director(s) the coverage and payment of your health care services. This review is done either before you receive your medical care or coverage (prior authorization), during delivery of your medical care (concurrent review) or after your care has already been delivered. For scheduled or non-urgent hospital admissions and certain types of procedures listed in the Evidence of Coverage (EOC) as needing prior approval (PA), you need preauthorization from the Health Services Department before the procedure occurs. ICSW determines and informs you whether there will be coverage (payment) before you actually receive the requested care. You need to receive the prior authorization from the Health Services Department prior to receiving the scheduled, non-urgent hospital admission or procedure if you want to be sure that the service is covered and paid by the Plan. This results from a PA process in which your coordinating physician or primary care physician (PCP) requests prior authorization from ICSW for the desired care. A team of nurses and physicians then determine if the care is covered under the terms of your EOC and meets all Medicare and Plan medical necessity and appropriateness criteria. This process allows ICSW to monitor the quality of care that you receive and protect your finances.

To maximize your Vital Traditions benefits, all non-emergent medical care must be provided by Plan-approved providers, called "network providers." The Plan will not cover out-of-network (OON) care unless it is an emergency or the Plan has approved it (in writing) ahead of time. If you see a specialist and the specialist thinks that you need a referral to a different specialist and/or require a different procedure, your specialist should communicate his or her recommendation to your coordinating PCP. Except for emergency situations, your specialist should not send you to another specialist without referrals by your PCP and the referral must be to a "network provider." This allows your primary care physician to coordinate all your care and prevent unneeded duplication. If you elect to obtain non-emergent/urgent services that are not provided or arranged by ICSW, you will be personally responsible for payment of all charges.

The Plan will pay for an approved length of stay in network hospitals. The Plan pays for urgent/emergent admissions while you are temporarily out of the service area, anywhere in the United States or its territories, but not routine or ongoing care unless approved PRIOR to the visits or care. It is your responsibility to make certain the Plan is aware whenever you are not receiving services from a network clinician or hospital or other health care provider.

Vital Traditions, from the Insurance Company of Scott and White, is an HMO and HMO-POS plan with a Medicare contract. Enrollment in Vital Traditions depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

This information is available for free in other languages. Please call our Customer Service number at 1-888-423-7633, 7 a.m.-8 p.m., 7 days a week. TTY users should call 1-800-735-2989. Esta información está disponible gratis en otras idiomas. Por favor llame nuestro número de Servicio al Cliente en 1-888-423-7633, 7 a.m.-8 p.m., 7 días a la semana. Los usuarios de TTY deben llamar 1-800-735-2989.

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