



Frequently Asked Questions

Pathways Concierge: Your **PERSONAL** **ADVISOR** to Navigating Your Benefits Plan



**Call Pathways Concierge First
when you need help with:**

- ✓ Identifying the best options for providers & convenient service locations
- ✓ Making or changing an appointment with a care provider
- ✓ Referrals to available health related programs (such as wellness, diabetic monitoring, employee assistance programs, telemedicine & more)
- ✓ Billing questions and support (claim status, balance billing, grievances, appeals, explanation of benefits & more)
- ✓ Precertification support for upcoming medical procedures*
- ✓ Questions about your medications
- ✓ Understanding your diagnosis & proposed treatment
- ✓ Education, resources and support for you, your family & your care support system
- ✓ Managing self-care needs, including education & skill training

Navigating your benefits plan shouldn't be stressful.

Call Pathways Concierge to get assistance with understanding your benefits and provide you with options that will help you get the most out of your health plan.

Has your physician recommended surgery or a medical procedure?

BEFORE you schedule any elective inpatient or outpatient medical service, **CALL** your Pathways Concierge. Experienced benefits experts are ready to assist you.

To receive your bi-monthly issue of the Healthy Living Newsletter, please provide your current email address to your HR department!

*Precertification helps determine if the proposed procedure or treatment is medically necessary and covered by your benefit plan.



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Contact Pathways Concierge by phone or email:
(888) 537-3786 • PathwaysConcierge@urmedwatch.com

07.08.2024



Members Asked, Pathways Answered!

What is the Pathways Concierge Program?

Pathways is your “go-to” service when you have questions about your benefits, need help finding a physician, have questions on your medical bills, and more. They are your advocate and will help you navigate your healthcare options effectively.

What can my Pathways Concierge help me with?

- ✓ Finding participating providers

- ✓ Assisting with appointments

- ✓ Understanding your benefits, copays & deductibles

- ✓ Accessing benefits & related services

- ✓ Billing questions

- ✓ Questions about your diagnosis, treatment, or medication

- ✓ Educational resources

- ✓ Self-care education & skill training

- ✓ And more!

Can I ask questions about my health or diagnosis?

Yes! Your Concierge has access to the resources of our clinical staff and are available to answer questions about your medical condition, care plans, and other related topics.

Can I get assistance with scheduling appointments?

Of course! Your Pathways Concierge can assist with scheduling appointments and confirm that you are going to the right location for the care you need.

Can Pathways help me find a provider for an upcoming surgery or procedure?

Absolutely! Your Pathways Concierge can help you access medical services that are provided by quality physicians and surgeons at appropriate prices.

What does Pathways Concierge cost me?

Not a penny! The Pathways Concierge program is part of your benefit plan, so there’s no additional cost to speak with your Pathways Concierge or care team. Call them as often as you like. They are here to help.

Is my information kept confidential?

YES! Every precaution is taken to make sure your information is secure. Your data is securely encrypted and your records are never shared with your employer or other entity without your written approval unless required by law.

When should I call my Pathways Concierge?

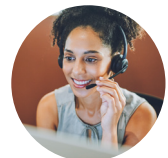
Whenever you have a question about your benefits, or know you may have an upcoming medical procedure, **call your Pathways Concierge first**. The earlier you make the call, the more assistance your Pathways Concierge can provide.

How do I contact my Pathways Concierge?

Call the number on your ID Card or shown below.



“I wasn’t expecting to speak with someone who was so knowledgeable and helpful with my benefits. Today it seems that customer service is nonexistent, but working with my Pathways Concierge was a great experience. When I got off the phone, I told all my coworkers what a great service this is!”





MedWatch
Empowering People. Improving Lives.



Frequently Asked Questions



(and how you can benefit from working with your **CASE MANAGER**)

What is Case Management?

Medical Case Management is a collaborative process that involves assessing, planning, coordinating, implementing, and evaluating healthcare services for patients with complex medical conditions who require extensive healthcare services. The goal of Case Management is to improve patient outcomes, enhance quality of life, prevent unnecessary hospitalizations or complications, reduce healthcare costs, and promote patient well-being. Case Management is provided to help you receive appropriate care when you need it most.

What does a Case Manager Do?

Case Managers are Registered Nurses who are assigned based on an individual's specific condition and need. They are specialized in areas best suited to those needs and will work closely with the patient, their families, healthcare providers, caregivers, and other entities to optimize care and outcomes. They can answer questions about medical conditions and assist in directing to appropriate healthcare services. Case Managers provide valuable support that will be helpful in making informed decisions about medical care and will help coordinate care that is within the guidelines of the medical benefits plan.

Why have I been contacted about this program?

Something in your medical journey has indicated a need for professional Case Management support. A Registered Nurse Case Manager has been assigned and will be reaching out to you to provide information about the program. They will be your advocate in navigating a healthcare system that can often be overwhelming and confusing. Case Management is a free benefit that is included with your health plan to help you get the right care, at the right time, in the right place, and with the best outcome.

How do I contact my Case Manager?

Your Case Manager will send an introductory letter that will include their phone number and email address so you will be able to communicate with them when you need to and when it is convenient. They will also reach out by phone if they have your contact information to explain how the program works and how they can help. Your Case Manager is always there for you should you have any questions or want to discuss your diagnosis or ongoing care, and you can be assured that your conversations will be confidential.



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This program is provided to you at absolutely no cost as part of your benefit package.

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Will my Case Manager ask personal questions?

Every health matter is personal. Your Case Manager needs to be aware of all potential illnesses and influences that may impact your medical needs to better understand and assist with your specific medical condition. Sharing information enables your Case Manager to provide better assistance. Please be assured that your personal health information is safeguarded and kept confidential in accordance with HIPAA guidelines.

Will working with my Case Manager cost me anything?

Case Management is a valuable service provided through your medical benefits plan at **NO COST TO YOU**. Your Case Manager will provide their email address along with a toll-free (800) number, so calls to your **Case Manager are FREE of charge!**

If you are contacted by a Case Manager:

PLEASE ANSWER THE CALL AND/OR RESPOND TO THE LETTERS THAT ARE SENT. By communicating with your Case Manager, you will gain a better understanding of how they can help you through this potentially difficult time. Your Case Manager will help with the coordination of your medical care and be there for you throughout your medical journey.

What do I do next?

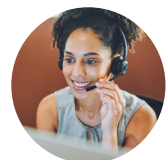
Once you receive your letter in the mail, simply sign and return the confidentiality statement that was sent to you. This release allows your Case Manager to have access to your medical records and allows your doctors to discuss your care needs with them, thus providing you with the best options available. Your information is always kept 100% confidential.

REMEMBER . . .

Participation is voluntary, but this beneficial support is provided as part of your benefit plan, offering additional support and guidance when needed most. There is **NO COST TO YOU** for this service.



"I just wanted you to be aware how wonderful my Case Manager has been. Without her dedication and kindness, I would not have the treatment that I need to feel better. Thank you for employing such a wonderful person."



Living Well  **With Chronic Conditions**

MedWatch
Empowering People. Improving Lives.



Frequently Asked Questions



ACCREDITED
Disease Management

Expires: 04/01/2028

Our **TOTAL LIFESTYLE COACHES** are here to help you. Call today and begin your journey to improved health.

What is “Chronic Condition Management?”

Chronic Condition Management (also called Disease Management) consists of services tailored to assist individuals with their health and wellness needs. Our program is designed for those with chronic conditions like asthma, coronary artery disease, congestive heart failure, and diabetes.

Why am I receiving information about the Living Well with Chronic Conditions program?

As part of your health plan benefit, the Living Well with Chronic Conditions program provides support for individuals who have or are trending towards having medical issues related to chronic conditions. We proactively send information to individuals who have been identified through an analysis of their medical claims or based on their Health Assessment and/or results of their blood work. We provide education about your medical condition(s) and associated health risks along with the resources and support that will help you make healthy lifestyle choices.

Why should I actively participate in the Living Well program?

The goal of Living Well is to HELP YOU achieve better health! Your TLC wants to work with you to address health issues before they become chronic or severe. This can enable you to enjoy your daily activities, prevent losing time at work, and avoid spending money on medical care.

What is a Total Lifestyle Coach?

Total Lifestyle Coaches (TLCs) are qualified, professional nurses. When you have been identified, a TLC who specializes in your condition(s) will be assigned to be your advocate, teacher, partner, resource, friend, and coach.

How do I contact my Total Lifestyle Coach?

You can call or email your TLC as often as you like and with full confidentiality. Our toll-free number lets you call your TLC free of charge!



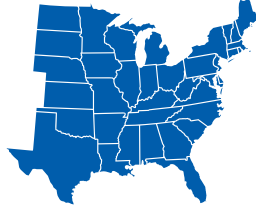
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To begin your journey to improved health, call your Total Lifestyle Coach today at: 800-386-5475

09.18.2024

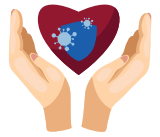
Did You Know?

More than
50%
of adults in the
U.S. have a
chronic health
condition



99%

of the responsibility
to manage a chronic
condition falls on the
individual with the
condition and
their families.



What does a Total Lifestyle Coach do for me?

Your TLC will help you understand your medical condition(s) and explain the specific program(s) that will provide the most benefit. With your permission, a TLC can request medical records from your providers to help understand your medical history and provide the most effective care. Your TLC will work with you to set attainable, measurable goals and provide education, support, and ongoing encouragement to help you achieve them.

How often will I communicate with my Total Lifestyle Coach?

The frequency will depend on your individual goals, the status of your condition, and how often it is necessary to reach your maximum health potential. Your TLC is always available should you have questions or simply want to discuss your condition or progress.

Why does my Total Lifestyle Coach ask personal questions?

Every health matter is a personal one. Your TLC isn't acting out of curiosity; they need to be aware of all possible situations that may impact your health. This sharing of personal information will allow your TLC to better assist with your health challenges. Your information is **strictly confidential** and is not shared without your permission.

How long should I participate in the Living Well program?

The Living Well program is voluntary. Your engagement level with your TLC will impact how quickly you may see improvements in your health, and thus, how long you will benefit from being in the program. Chronic conditions are forever, but the goal of the program is to help you understand and keep your condition under control. Once you have

achieved your goals, you will graduate from the program with the skills and confidence to maintain your health. Your TLC will always be there to support you.

Will my employer have access to information I share with the program?

Your information will never be shared with your employer and won't be shared with other care providers without your permission.

How much will this program cost me?

The Living Well with Chronic Conditions program is provided by your medical benefits plan at no cost to you. By working with your TLC, your overall health can improve, resulting in lower out-of-pocket medical costs. You'll be healthier and spend less time and money on expenses related to your condition. **Now that's a win-win!**



"I wasn't expecting to have such a positive and supportive person with this program as my Total Lifestyle Coach was. Susanne truly helped me understand how I could help myself and improve the way I felt, by taking time to take care of me. Thank you Susanne, for helping me enjoy my life again!"





Frequently Asked Questions



The **PRECERTIFICATION PROCESS** and What You Should Do

1 Confirm that your provider has initiated the precertification process:

- 7 to 10 days prior to an inpatient or outpatient elective surgery or high dollar procedure being performed
- Within 24-48 hours of an emergency hospital admission occurring**

2 Your provider will need the following information:

- Plan member/patient name, address, and date of birth
- Plan member ID
- Name and address of the physician and facility/hospital
- Admission/procedure date
- Proposed procedure/procedure code

3 A Utilization Management Specialist will:

- Review the precertification request to determine medical necessity and appropriateness of treatment
- Review treatment options that may be more appropriate/beneficial to your care
- Coordinate the service with the facility/hospital
- Determine the appropriate length of stay when required

4 If admitted for a hospital stay, our nurse will:

- Contact your provider to confirm services have taken place and if surgery was required
- Confirm prescribed treatment is being followed
- Coordinate discharge to minimize your inpatient hospital stay

* Check with your benefit plan for outpatient precertification requirements. ** Check your benefit plan for specific time requirements.



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The process is easy! If you have questions, simply call the number provided on your benefits card or check with your Human Resources representative.

07.08.2024



Members Asked, Our Specialists Answered!

What is Precertification?

Precertification, also known as Utilization Review or Utilization Management, is a beneficial process that helps ensure the medical care you and your family receive is necessary and appropriate. Your benefit plan may require the precertification process for many inpatient and outpatient medical procedures to make sure you have the best options and services that meet nationally approved medical necessity guidelines.

Why is Precertification necessary?

Precertification is a safeguard that is put in place to protect you from medical procedures that may not be medically necessary, appropriate, or approved by medical guidelines.

What are Medical Necessity and Medical Guidelines?

Medical Necessity means that the services, supplies, or drugs being prescribed are necessary for the prevention, diagnosis, or treatment of your medical condition. Medical guidelines help determine if the proposed services are approved for use and if they meet accepted standards of medical practice.

How do I know if my services need Precertification?

You should review your benefit plan for a complete listing of services that require precertification. Most providers will precertify services on your behalf, however, it is your responsibility to ensure this task has been completed prior

to the service being rendered or penalties may apply. Once the request has been precertified, a copy of the approval will be faxed to your provider's office/facility.

Do I still have the freedom to choose my own physician or hospital?

Yes. The decision of which physician or hospital to use is always yours, however, receiving care from a non-participating provider of your benefit plan may result in greater out of pocket expenses for you.

Is it my responsibility to call? When should I call?

Yes! Although your provider will generally call and request the precertification, you should call your provider to confirm that they have initiated the process at least 7 to 10 days prior to the scheduled service. For emergency admissions, the call should be made within 24-48 hours following your admission. If you receive medical services that require precertification but fail to have precertification completed in advance, it could result in additional out-of-pocket costs to you.

Questions about your benefits should be directed to your Human Resources department or Concierge Service when available.

For questions concerning the precertification process, please call the number provided on your member benefits card or discuss with your Human Resources representative.



"I wanted to thank you for going above and beyond to make sure that I had all the correct authorizations for the various medical test that needed to be done prior to my procedure. In addition to being so thorough, your kindness and willingness to explain everything to me was greatly appreciated. I was truly blessed to have you as my advocate. I am as good as new after my procedure; everything went really well."

