

Teamsters Miscellaneous Security Trust Fund

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 113

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IMPORTANT NOTICE

To: All Active and Retired Participants of the Teamsters Miscellaneous Security Trust Fund Enrolled in Health Net, PacifiCare or the Medical Reimbursement Plan

From: The Board of Trustees

**Re: Employee Member Assistance Program (EMAP)
Teamsters Miscellaneous Security Trust Fund**

The Board of Trustees of the Teamsters Miscellaneous Security Trust Fund has selected Health Management Concepts (HMC) and APS Healthcare (APS) as the new service provider to administer the Fund's managed behavioral health and substance abuse benefits for you and your eligible dependents effective March 1, 2007.

The Employee - Member Assistant Program (E-MAP) provides support services designed to help people work through a variety of personal and career related issues. You and your eligible dependents will have access to the E-MAP 24 hours a day, 7 days a week. E-MAP provides master's level clinical professionals as the first point of contact for all clinical needs 24 hours a day, 365 days a year. E-MAP clinicians act as advocates and will coordinate appropriate treatment for you and your eligible dependents.

*******IMPORTANT*******

IF YOU ARE CURRENTLY RECEIVING TREATMENT FOR MENTAL HEALTH OR SUBSTANCE ABUSE, YOU MAY REGISTER YOUR CARE BY EITHER CALLING HMC/APS AT 866-269-7391 OR BY FORWARDING THE ENCLOSED FORM TO YOUR MENTAL HEALTH PROVIDER FOR REGISTRATION OF YOUR CARE WITH HMC/APS. HMC/APS WILL AUTHORIZE YOUR TREATMENT PLAN WITH YOUR CURRENT PROVIDER UNTIL MAY 31, 2007.

Conversations and sessions with your E-MAP professional are **confidential**. HMC/APS cannot release information without your signed consent. However, information may be disclosed when required by law. Please contact E-MAP if you have any questions or concerns regarding confidentiality issues.

(Please see reverse side for additional information.)

E-MAP includes treatment received for mental health and substance abuse issues and covers outpatient therapy, inpatient care and alternate levels of care. HMC/APS provides assessments, referrals and coordination of care and emphasis is placed on making sure you and your eligible dependents receive the most appropriate care at the time it is needed.

In order to receive benefit coverage, you must contact the Employee - Member Assistance Program before receiving services or treatment for mental health or substance abuse problems. To ensure that you and your eligible dependents receive quality care the program includes inpatient and outpatient case management and a qualified provider network for helping with your concerns.

ON OR AFTER MARCH 1, 2007, NO BENEFITS ARE PAYABLE OR WILL BE PAID FOR MENTAL HEALTH OR SUBSTANCE ABUSE OUTPATIENT OR INPATIENT (HOSPITAL) TREATMENT IF YOU FAIL TO CALL E-MAP PRIOR TO RECEIVING TREATMENT. BENEFITS WILL ONLY BE PAID FOR AUTHORIZED SERVICES. CALL THE EMPLOYEE-MEMBER ASSISTANCE PROGRAM (E-MAP) FOR ANY CARE NEEDED ON OR AFTER MARCH 1, 2007 OR TO REGISTER YOUR CURRENT TREATMENT.

In the next few weeks you will be receiving additional information on the new Employee Member Assistance Program (E-MAP). In the meantime, if you should have any questions regarding the information contained in this letter, please contact HMC/APS at 866-269-7391.



If you are a Teamsters Miscellaneous Security Trust Fund member or dependent currently in treatment for behavioral health services, please provide this form to your provider for pre-registration of your care.

Dear Provider:

Beginning on March 1, 2007, HMC/APS will be managing the behavioral health care for your patient under benefits provided by the Teamsters Miscellaneous Security Trust Fund which is administered by Southwest Administrators, Inc. To allow for a smooth transition of care, HMC/APS will be honoring authorizations made by the previous vendor through **May 31, 2007** *as long as HMC/APS is notified by you or the member that a prior authorization exists.* In order to facilitate your ability to obtain an initial authorization from HMC/APS, we ask that you complete this form in its entirety and fax it to APS at **1-888-897-8931** prior to seeing the client beyond **March 1, 2007**. In the event that treatment is not pre-authorized in this way, claims denials may result.

Client Information:

First Name: _____ Last Name: _____
 Date of Birth: _____ SSN: _____

Provider Information

First Name: _____ Last Name: _____
 Degree: _____ TIN/EIN: _____
 Group affiliation: _____ Phone #: _____
 Office address: _____

 Billing address (if different from office address):

Authorization Information

CPT codes billed: _____
 Start date of current authorization: _____ End date of current authorization: _____
 Number of units authorized: _____ Current Contracted Rate: _____

**For questions regarding Teamsters Miscellaneous Security Trust Fund members, call
 HMC/APS at: 866-269-7391**