

Answers to Your Questions



Montana Individual FAQ for Agents

Administration Question	Answer
Are my clients ID cards mailed with the policy?	Member ID cards are mailed separately from the policy. It can take up to 10 days to for members to receive them.
Who do I contact for more supplies?	Most of our materials and supplies are available online at PacificSource.com (For Agents section). You may also call our Individual Department toll-free at (888) 684-5585 or email montanaindividual@pacificsource.com to place an order for brochures.
Who should my client call to check on a bill?	Your client can call the Individual specialists in our Billing Department at (406) 442-6624 or (888) 985-1988.
My client turned in his application before I was able to add my information and signature. What can I do to be sure I receive credit for the application and can work on behalf of my client?	We will need agent of record information from your client. They can submit the information by email at montanaindividual@pacificsource.com, by fax at (541) 225-3646, or by mail at PacificSource Health Plans, Individual Sales, P.O. Box 7068, Springfield, OR 97475-0100.
How much commission will I receive and can it be split with another producer in my agency?	Our agent commission for Individual products is 7 percent. Direct commission questions to our agent coordinators at agentcoordinator@pacificsource.com or contact your Individual Sales Representative.

Application Process Question	Answer
Can an agent send an email to pull an application or does this have to come from the applicant?	The information needs to be in writing from the client. An agent can send an email if they are forwarding the request from the client.
What number should an agent call to check status on an application?	To check the status of an application, agents may call (406) 442-6609 or toll free (888) 684-5585, or email montanaindividual@pacificsource.com.
Can an application be submitted by fax? Will PacificSource require the original copy if the application is faxed?	Applications can be submitted by fax and it is not necessary for us to receive the original application. Please call PacificSource Individual Sales to confirm receipt.

Application Process Question	Answer
Can I make changes to the application on behalf of my client?	No. Changes need to be requested in writing by the client. Clients can request changes by email to you, and you may forward the client request to us.
What is the turnaround time for an application?	We ask for seven to ten days to process a complete application. If chart notes are requested, the turnaround time may be a little longer.
Can I send medical information about my client that was requested by PacificSource?	Yes. You can send requested client medical information as long as you are forwarding an email from your client or if you put the original paperwork from the client in the mail to PacificSource.
Can I submit a change request on behalf of my client?	Yes, you can send the information as long as you are forwarding an email containing the original request from the client.
Can I change an effective date for my client?	Yes, you can send the information as long as you are forwarding an email containing the original request from the client. Please include a Health Statement along with a written request to change the effective date.
Can I send a term request on behalf of my client?	Yes, you can send the information as long as you are forwarding an email containing the original request from the client.
Can I send an acceptance on behalf of my client?	Yes, you can send the information as long as you are forwarding an email containing the original request from the client.
What is PacificSource's appeal process?	The answer depends on the type of appeal. Please contact our Individual department at (888) 684-5585 for assistance.
My client is perfectly healthy. Why was he declined?	Information provided on the application or in our claims history may have placed your client outside of our underwriting guidelines. A detailed letter is provided to the client under these circumstances.
Can you tell me the status of my new group?	Please contact your group sales representative.
Do my clients have to put their initials in Section 8 of the application, for Protected Health Information?	No, initials are not required. However, initials may be required if we need to request chart notes. If that is the case, we may contact you or your client to get the necessary sign off initials.
Does PacificSource require payment at the time of application submission?	The payment does not need to be submitted at the time of the application. However, first months premium, along with a signed acceptance offer is required prior to a policy being issued.
What are your height/weight guidelines?	This information is proprietary and is not published. Please feel free to contact your PacificSource Individual Representative to discuss a medical prescreen before submitting an application.
Does PacificSource take agent of record requests?	Yes. Your client may submit the request by email at montanaindividual@pacificsource.com, by fax at (541) 225-3646, or by mail at PacificSource Health Plans, Individual Insurance, P.O. Box 7068, Springfield OR 97475-0100.
Can an employer pay premium?	No.
Do you offer dental coverage with your medical plans?	At this time we do not sell an individual dental product.

Benefits and Claims Question	Answer
How is the accident benefit paid?	In the event of an accident, the first \$500 or \$1,000 (depending on plan design) of covered expense incurred within 90 days of the accident is paid at 100% and is not subject to the deductible. The remaining balance is covered subject to deductible and then coinsurance. "Accident" is defined as an unforeseen or unexpected event causing injury that requires medical attention. "Injury" is defined as any bodily trauma or damage that is independent of disease or infirmity. The damage must be caused solely through external and accidental means. For the purpose of this benefit, injury does not include muscular strain obtained in the performance of physical activity.
If my Preferred client received a vision exam this year when is he eligible for another exam?	The vision benefit covers one vision exam and hardware every two calendar years. For example, if your client's exam was in April of 2012, they would be eligible for their next exam on or after January 1 of 2014.

Benefits and Claims	
Question	Answer
Does the deductible or out-of-pocket maximum carry over annually?	No.
How do I request a reconsideration if my client was denied coverage?	You may email, fax or mail a detailed letter, include doctor notes, if they are available from the client. Please make sure each condition listed on the denial is addressed and that your client provides us with new information that was not disclosed on the application.
Are a mammogram and a pap smear included with the routine gynecological exam?	Yes.
How is a colonoscopy covered?	Preventive colonoscopies are paid at 100 percent for members age 50 through 70. All other colonoscopies are paid according to outpatient services and are subject to deductible and coinsurance.
Do the deductible and copayments apply to the out-of-pocket amount?	For Individual plans, the deductible and copayments apply to the out-of-pocket amount.
Do Individual plans cover on-the-job (OTJ) injuries?	Yes. If you are self-employed and are not covered by workers' compensation, you are eligible for on-the-job health coverage at no extra cost.
Does pharmacy apply to the out-of-pocket maximum?	For our HSA qualifying plans, pharmacy does apply to the out-of-pocket. For all other plans, pharmacy does not apply to the out-of-pocket amount.
Is there a waiting period to become pregnant once approved for coverage?	No, there is no waiting period. However, if your client is pregnant or responsible for a pregnancy at the time of underwriting, they will be declined.
Are midwife services covered?	Yes. Services of a physician or licensed, certified nurse midwife (C.N.M.) are covered subject to the same conditions and limitations that apply to similar expense incurred for illness.
How is the vision benefit paid?	Our Preferred plan is the only plan that currently offers vision coverage. Members receive one vision exam every two calendar years and a \$200 hardware allowance every two calendar years.
How many well-child exams can my client receive?	At birth: one standard in-hospital exam Age 0-7: As recommended by the child's pediatrician Age 8-21: One exam per calendar year
When can my client get a physical?	Our Individual plans offer routine physical examinations, including appropriate screening radiology and laboratory tests and other screening procedures for each member, are available according to the following schedule: Age 22-34: One exam every four years Age 35-59: One exam every two years Age 60+: One exam per year
What is the scheduled benefit for Preventive Care exams?	Preventive care is available on all our plans. This benefit pays for the services of a physician, nurse practitioner, or physician's assistant for preventative care services, which are covered as follows:

Rates and Underwriting	
Question	Answer
When do members receive increases?	Individual plan rate increases occur in the policy anniversary month.
Where can I find your underwriting guidelines?	This information is proprietary and is not published. Please feel free to contact your PacificSource Individual Representative to discuss a medical prescreen before submitting an application.

Traveling Question	Answer
Do PacificSource Individual plans provide coverage when a member is traveling?	When a member travels outside of our service area they can save on out-of-pocket expense by using the participating providers available through the First Health Network (our national network). If the member is experiencing an emergency and is 100 or more miles from home or in a foreign country, services from Assist America's Global Emergency Services are also available.
How does a member find a doctor for non-emergency care while traveling?	To find a participating provider outside the region covered by the PacificSource Provider Network, members should call First Health at (800) 449-9905. This phone number is also printed on the back side of the member's PacificSource ID card. They can also go to our online Provider Directory available at PacificSource.com.
How does a member obtain emergency care when traveling?	If the member is experiencing a life-threatening emergency, they should call 911. If it is a medical emergency which is not life-threatening, and the member is 100 or more miles from home or in a foreign country, members can contact Assist America. Information about this program, and an ID card, was provided in the member's new member packet. Assist America will refer members to doctors within our regular networks wherever possible. Information about Assist America and its services is available on our website at PacificSource.com.
If my client goes on a trip out of the country and needs medical attention, how is that paid and what is the process?	For non-par emergency services, the member will need to pay for the services and submit the bill for possible reimbursement. Assist America also has services which can help eligible members when traveling in a foreign country. Assist America services provided at the time of the emergency are not billed to the member (once under the care of a physician or facility, provisions and limitations under the member's plan apply).
How is a claim paid when the member has medical needs when traveling out of state?	Participating providers are paid as they normally would be under the member's plan. For non-participating provider services, the member must pay and submit the bill for reimbursement. Assist America also offers services to help members who experience a medical emergency when traveling 100 or more miles from home or in a foreign country. Services provided to the member by Assist America at the time of the emergency are not billed to the member.

