

Network Notes

State Public Programs Updates

- The MinnesotaCare Limited plan has been eliminated. All members of Medica 59x25 groups are now enrolled in other MinnesotaCare plans effective Jan. 1, 2008.
- Several behavioral benefits previously covered under straight Medical Assistance have been transitioned into the health plan benefits as of Jan. 1, 2008. This includes Assertive Community Treatment (ACT), Intensive Residential Treatment Services (IRTS) and Crisis Residential Services. Room and board associated with IRTS and Crisis Residential Services continues to be paid by the county or the member; only the treatment components are covered through the health plan.
- A legislative change has eliminated most differences between benefit sets. All members of the Prepaid Medical Assistance Program, MinnesotaCare and General Assistance Medical Care now have access to Adult Rehabilitative Mental Health Services (ARMHS), IRTS, ACT and Adult Crisis Response benefits. MinnesotaCare members no longer have restrictions on coverage of outpatient mental health services. Elements not affected by this legislation include copay differences between plans, certain MinnesotaCare plans continue to have \$10,000-inpatient limits, and MinnesotaCare members remain ineligible for Provide A Ride services.
- The product name for Minnesota Senior Care has been changed to Minnesota Senior Care Plus (MSC+). This is a Medical Assistance plan. There are two new benefit plans: 59682 has Coordination of Benefits (COB) with Medicare, whereas 59683 members do not have Medicare. Benefits are the same as other Minnesota Senior Care benefits but for these groups, Elderly Waiver benefits are integrated into the health plan, so they are approved and paid by Medica rather than straight Medical Assistance. These groups are in regional/greater Minnesota only. The new model will come to the metro area on Jan. 1, 2009.
- **Copay Changes:** For members of PMAP, GAMC, MSHO, Senior Care and most MinnesotaCare plans, health care providers may not refuse service based on inability to pay copays or past unpaid copays. Providers **may** refuse service on this basis for members enrolled in MinnesotaCare Basic Plus One (59522, 59722); if there is outstanding debt, if you gave the enrollee advance notice of your debt policy and gave them a reasonable opportunity to make payment.

Medicare Updates: New Medica Medicare Plans

AccessAbility Solution

(group numbers 05025, 05026, 05027, 05050, 05051, 05052) This is a Special Needs Basic Plan for individuals with physical, mental or developmental disabilities. Medicare and Medicaid benefits are combined into one plan for those on both programs, though some members have Medicaid only. Key components are individualized care coordination supporting members' health goals; facilitation of access to care; development of care teams; and coordination and communication with care teams and with targeted and waived services case management.

Complete Solution

(group numbers 05000, 05001, 05002, and 05003) This is a Medicare Special Needs Plan open to individuals with asthma, cardiovascular disease, COPD, congestive heart failure, diabetes, dementia and hypertension. Members join a specific care system. The focus is on members in campus-based settings, particularly assisted living. Members receive care coordination and onsite physician/nurse practitioner/nurse visits. Members of 05000 (Fairview Care System) access behavioral health through Behavioral Healthcare Providers. All others use Medica Behavioral Health.

Claims Tips

Though Medica members' cards now show a medical claims address in Salt Lake City; UBH-contracted clinicians and facilities should continue to use the UBH Medica claims address when billing for services to Medica members: UBH Claims – Medica, P.O. Box 30757, Salt Lake City, UT 84130-0757.

Medica Behavioral Health: New Name, Same Great Services

Effective Jan. 1, 2008, the United Behavioral Health (UBH) operation in Minnesota changed its name to Medica Behavioral Health. UBH will continue providing the same services they have been, but now under the Medica brand. This is an exciting change and opportunity for Medica to reinforce its brand for both our members and the clinical network. In Minnesota, UBH will now answer phones as Medica Behavioral Health. Critical correspondence to members and providers also will reflect this name change. This branding change has no impact on how claims are paid or how contracting/credentialing is handled with behavioral health clinicians and facilities. Appropriate changes are being made to member materials and the Web interfaces Medica shares with UBH.



Network Notes
Spring 2008