

NetworkNotes

United Behavioral Health-Minnesota Care Advocacy Center News for Medica Clinicians and Facilities

Spring 2009

Restricted Recipient Program

The Restricted Recipient Program has changed for the following State Public Programs members: 59xxx, 05xxx, and 07xxx groups, PMAP, MNCare, GAMC, MSHO, SNB, branded as Medica ChoiceCare, Medica MinnesotaCare, Dual Solution, and AccessAbility Solution.

Members are restricted to one designated doctor, one pharmacy, and one hospital unless there is a referral from the designated primary care physician (PCP). The program is designed to assure appropriate use of medical services, including access to prescription medication. For any services that do not have a referral in place, including those that have been authorized by United Behavioral Health (UBH), the claims will be denied. Providers or the member should be in contact with the PCP to request that



a referral is submitted for behavioral health services. We recommend that providers check the Minnesota Department of Human Services (DHS) billing system at the [DHS MN-ITS](#) site

to verify eligibility to and determine whether a member is a restricted recipient. Designated PCPs and other referrals can also be viewed on MN-ITS.

Electronic Transactions

Effective January 15, 2009, providers in Minnesota are required to check eligibility electronically. Contracted clinicians are requested to transition to electronic eligibility checks when that is the only purpose of the contact, for example, in order to re-verify eligibility each calendar month for patients receiving care at the end of the prior month.

Network behavioral health clinicians will receive the most complete service

from [www.ubhonline.com](#). This site allows you to:

- Complete eligibility inquiries
- Review MH/SA benefit information
- View and/or request authorizations for routine outpatient care
- Submit claims and view processing status

Please note that both clinicians and facilities can send electronic

claims as well as eligibility or claim inquiries to UBH or Medica through a clearinghouse. Effective July 15, 2009, providers in Minnesota will also be required to submit all health care claims electronically.

National Provider Identifier (NPI) UPDATE

Medica initiated a pilot project to deny claims submitted without NPI numbers starting this spring. To avoid payment delays, it is essential that all claims to UBH include the “PayTo”, “Rendering” and “Billing” NPI numbers.

Screening for Co-Occurring Disorders

Please be aware of a new DHS requirement that all state public programs members (Medica’s 59xxx, 05xxx, and 07xxx groups) must be screened for the presence of co-occurring mental illness and substance use disorders upon initial access of behavioral health services. While you may use the screening tool(s) of your choice, there are required specifications that must be met.

The state’s recommended tools in mental health for detecting substance use are the Substance Use Disorder Screener of the Global Assessment of Individual Needs-Short Screener (GAIN-SS) or the CAGE-AID; and in a chemical health service setting for detecting mental health issues, sections 1 and 2 (Internalizing Disorder

and Externalizing Disorder Screeners) of the Global Assessment of Individual Needs-Short Screener (GAIN-SS) or the Kessler 6-Item Psychological Distress Scale (K6).

Details can be found on the [Minnesota CMC](#) forms page on ubhonline® under “Clinical Resources”

