Reminder: Changes Made to Minnesota Health Care Programs

As you are aware, the 2003 legislative session has resulted in numerous changes to the Minnesota Health Care Programs. These changes may apply to some of your patients, particularly Medica State Public Programs members who have coverage through the Prepaid Medical Assistance (PMAP), General Assistance Medical Care (GAMC), and MinnesotaCare programs.

PMAP and GAMC: While most adults on these plans have new copayments for medical visits, these do not apply to mental health or substance abuse treatment. In addition, the new copayments for prescription drugs are waived for antipsychotic drugs, as well as for any prescriptions for children and pregnant women.

MinnesotaCare: As of October 2003, individuals between 75% and 175% of the federal poverty guideline are only able to purchase the MinnesotaCare Limited plan, (these are new MinnesotaCare group numbers 59525, 59725 and 59825). These members have very limited mental health and substance abuse benefits.

- The only outpatient services covered are those provided by a physician (or Clinical Nurse Specialist, Nurse Practitioner or Physician Assistant), up to a $5,000 combined annual medical/behavioral maximum.
- There is no coverage for day treatment or outpatient substance abuse treatment.
- There is benefit coverage for residential substance abuse treatment under the inpatient benefit, subject to the $10,000 annual maximum and 10% copayment. Therefore, substance abuse assessments are covered in order to determine eligibility for this level of care.
- There is a $5 office visit copayment for behavioral health visits.

Other MinnesotaCare groups do not have any benefit changes affecting behavioral health services. Members of these groups still do not have copayments for office visits, and non-pregnant adult members will continue to have prescription drug copayments for all medications, including antipsychotic drugs.

Thank you for continuing to serve Medica patients in these challenging times. If you have questions about these changes, please feel free to contact our Medica Care Management Center staff or Network Management at 1-800-848-8327.
New Manager of Network Operations Appointed

Renee Reed, LICSW, has joined the UBH Minnesota Clinical Network Services department as Manager of Network Operations and Development. In this position, Renee will directly manage the Clinical Network Services team in Minnesota, as well as work with Scott Craven, Regional Vice President, to align network services with Care Management Center (CMC) initiatives for all UBH products and customers managed in the state.

Please join UBH in welcoming Renee to her new position. She and the rest of the Minnesota Clinical Network Management Team can be reached at 1-800-848-8327.

Description Required for 90899 Code

As the CPT code 90899 is a non-specific code used for a variety of programs, you must include a description for this code on your claims submission. When submitting claims with the CMS-1500 form, please write the description in either box 24D or 24K. For your convenience, Clinical Network Services is developing a list of standard descriptions for code 90899 that match your contracted UBH programs. This list will be mailed to you later this year.

Timely Filing of Claims for Medica Enrollees

In order for you to be reimbursed for services rendered for Medica enrollees, please note the following time limit for filing your claims.

- All Medica claims must be received by UBH Minnesota within 180 days of the date of service.
- All claim resubmissions and adjustments must be received within 180 days of the send-back, rejection or paid date. The received date on the resubmission or adjustment request must be no later than 18 months after the date of service.

Longer timeframes may be allowed for certain Medicare claims, as well as some claims that involve coordination of benefits. For further details, or if you have any questions, please call your network manager.

Check ubhonline® for the Latest Medica Updates

Visit www.ubhonline.com and go to the “resource center” drop-down menu on the upper right corner of the home page. Scroll down the menu and select “regional information,” then click the “Minnesota Care Management Forms and Information” link.