

2009 ADDENDUM TO THE CERTIFICATE OF COVERAGE FOR MINNESOTA SENIOR CARE PLUS (MSC PLUS)

This Addendum describes **changes** to your 2008 **UCare Certificate of Coverage**. Use this Addendum along with your UCare Certificate of Coverage. Keep this Addendum with your UCare Certificate of Coverage.

If you do not know which Minnesota Health Care Program you are receiving, ask your county worker or call UCare Minnesota (UCare).

If you have questions about your health care benefits, call Member Services at 612-676-3200. You may also call toll-free at 1-800-203-7225. For TTY/TDD, call 1-800-688-2534.

Effective January 1, 2009

Co-pays:

- There will no longer be co-pays for eyeglasses, diagnostic procedures, or non-preventive office visits.
- The prescription drug co-pay and the \$6 co-pay for non-emergency visits to the emergency room will be the only co-pays.
- The most you will have to pay for prescription drug co-pays will be \$7 per month (instead of \$12). If you have Medicare, you will still be responsible for any co-pays you may have through your Medicare prescription drug (Part D) plan.

Important information on getting the care you need (Section 2): The following sentence is added: UCare will provide language assistance to help you access services.

Mental Health Services: Screening for the presence of co-occurring mental illness and substance use disorder will be included as part of the diagnostic assessment.

Minnesota Senior Care: For members who live in the counties of Anoka, Carver, Dakota, Hennepin, Ramsey, and Washington, the Minnesota Senior Care program will end on December 31, 2008. Members who are enrolled in this program will be changed to the Minnesota Senior Care Plus program starting January 1, 2009. The Minnesota Senior Care Plus benefits include 180 days of nursing home care paid by UCare. If you need nursing home care beyond the 180 days, the Minnesota Department of Human Services will pay for your care. Also, any eligible Home and Community Based Services through Elderly Waiver will be covered by UCare.

Oral appeal with UCare: Oral appeals must be followed by a written and signed appeal, unless you are requesting an expedited resolution. UCare must help you complete a written and signed appeal.

Oral or written grievance with UCare: If you do not agree with UCare's decision about an oral or written grievance, you can file a complaint with the Minnesota Department of Health. See your Certificate of Coverage (COC) for information about filing a complaint with the Minnesota Department of Health (telephone 651-201-5100 or 1-800-657-3916). Also see your COC for information about contacting the Ombudsman for Managed Health Care Programs (telephone 651-431-2660 or 1-800-657-3729) for help.

Relocation Service Coordination: Starting January 1, 2009, you will access these services through UCare. Before January 1, 2009, you accessed these services through your county.

Restricted Recipient Program: Members in the Restricted Recipient Program who fail to follow program rules will be required to continue in the program for an additional 36 months.

Plan contact information: Contact information regarding chemical dependency and mental health services has changed for members who chose an Altru Primary Care Clinic. Therefore, the Chemical Dependency Services item and the Mental Health Services item are replaced by the following:

Chemical Dependency Services

Call:

- Behavioral Healthcare Providers (BHP) at 763-525-9919 or 1-800-361-0491 (toll free), Monday through Friday, 8 a.m. to 5 p.m. TTY at 1-800-627-3529. After hours calls are answered by Fairview University Mental Health Intake. If you chose an Altru Primary Care Clinic, call BHP.
- MMSI, if you chose a MMSI Primary Care Clinic, at 1-800-645-6296 (toll free). TTY at 711 for the Minnesota Relay Service.

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Mental Health Services

Call:

- Behavioral Healthcare Providers (BHP) at 763-525-9919 or 1-800-361-0491 (toll free), Monday through Friday, 8 a.m. to 5 p.m. TTY at 1-800-627-3529. After hours calls are answered by Fairview University Mental Health Intake. If you chose an Altru Primary Care Clinic, call BHP.
- MMSI, if you chose a MMSI Primary Care Clinic, at 1-800-645-6296 (toll free). TTY at 711 for the Minnesota Relay Service.

Health Ride: The Health Ride information shown on pages 36 through 38 is replaced by the following:

Health Ride: We provide rides to medical appointments for eligible members who have no other means of transportation. You must be able to ride in a car, meet our guidelines, and follow the rules. You can have a ride or bus pass to eligible covered services. Bus passes are available only in Minneapolis/St. Paul metro area and St. Cloud. Examples of eligible rides are to: the Plan network doctor's office (primary care, chiropractor, eye care doctor, dentist, podiatrist, psychiatrist), physical therapy, mental health and chemical dependency treatment. Rides are also provided to a pharmacy to pick up prescriptions. You can have a ride during business appointment hours Monday through Friday. Emergency rides are available 24 hours a day, seven days a week. Call the number shown in Section 2 of the Certificate of Coverage. In case of a medical emergency, call 911.

Guidelines and rules:

- Rides are free. You can have a one-way or a round-trip ride, or a bus pass (if available).
- If you use a wheelchair that folds and you can get into a car independently, the Health Ride driver will store your wheelchair for you. If your wheelchair does not fold or you need help getting into a car and you are eligible for special transportation, you can arrange wheelchair van service yourself. Call Health Ride at the number shown in Section 1 for the name and phone numbers of van service providers.
- If you ride in a cab, you must ride to and from a single pick-up address and a clinic. You cannot pick up or drop off anyone during your trip.
- You may bring an attendant.
- If you need special help with your cab ride or bus pass, call Health Ride to find out your options.
- You must use Health Ride for authorized trips only.
- We may place restrictions on your Health Ride Services benefit if you:
 - Miss three or more scheduled rides.
 - Are physically or verbally abusive to any Health Ride staff or driver, or cab company staff.
 - Use or attempt to use Health Ride for unauthorized purposes.

How to schedule or cancel a ride:

- You must schedule your ride with Health Ride at least three to seven days before your appointment. See the phone number in Section 1.
- You can order a bus pass from Health Ride, if available in your area, seven to 10 days prior to your scheduled appointment.
- Please give the pick-up address, drop-off address, and clinic or hospital telephone number for each ride scheduled.
- To get home from your medical appointment you may use your bus pass, or the driver will give you a return ride pass. Call the number on the return pass to schedule your ride home. If you need a ride home from the clinic but Health Ride did not take you there, call Health Ride at the number shown in Section 1.
- If you cancel your medical appointment, please give a two-hour notice to Health Ride to cancel your scheduled ride.

While in the vehicle:

- Do not distract the driver.
- You cannot eat, drink, or smoke while in the vehicle.
- Please use your seat belt.
- Children under 4 years or who weigh less than 40 pounds should use a child restraint seat. We suggest you bring a restraint seat for the child. Please note the driver does not assist in putting the seat in the vehicle. If you do not have a car seat, please call Member Services for information about our car seat program. The driver can refuse your ride if you refuse to use a child restraint seat. Children cannot be left unattended in the car.
- The driver can refuse to provide your ride if you are abusive in any way.
- Call Health Ride to change your destination prior to calling your cab.

Service authorizations: The list of service authorizations in the UCare Certificate of Coverage is replaced by the following (changes noted by **bold underlined text**):

- These are services that require your provider get a service authorization from us. All services subject to member's eligibility. Call Member Services for service authorization information.
 - Acute inpatient rehabilitation.

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- Alpha 1 Anti-trypsin medications.
 - Bariatric surgery (gastric bypass).
 - Benefit exceptions: A request to authorize a service that is specifically excluded from coverage.
 - Chemical dependency services.
 - Certain non-emergency mental health services, excluding court-ordered services.
 - Chiropractic services.
 - Certain dental services: Specified dental services arranged by the dental provider.
 - Durable medical equipment: (a) equipment that costs more than \$1,000 to purchase (excluding oxygen, Baclofen pumps, bone growth stimulators, cutaneous nerve stimulators, insulin pumps, prosthetics, and orthotics), (b) more than four months of equipment rental (excluding oxygen, continuous positive airway pressure machines, and nebulizers), (c) purchase of a wheelchair or other power mobility device.
 - Personal care assistant services.
 - Certain prescription drugs. Call Member Services for a list of drugs that may require a service authorization.
 - Reconstructive surgery.
 - Optometry: Accommodative exercises, orthoptic exercises, vision therapy (this does not apply to routine eye exams).
 - Home care: Skilled nursing visits, home health nursing and aides, including private duty nursing for services beyond **30 dates of service** per type of service in a calendar year.
 - Therapy services: Physical, occupational, or speech therapy that exceeds **50 dates of service** per therapy type in a calendar year.
- Below are the services for which your provider is required to provide notification to UCare's Clinical Services Department. All services are subject to your eligibility. Call Member Services for notification information.
- Hospice.
 - Inpatient medical and/or surgical admission.
 - Inpatient behavioral health admission (call either Behavioral Healthcare Providers or MMSI at the numbers listed in Section 2).
 - Transplant services.
 - Nursing facility care.
- Below are the services for which you or your network provider is required to get a service authorization from UCare's Clinical Services Department. All services are subject to your eligibility. Call Member Services for service authorization information.
- Any service you receive from a provider who is not in the network (unless it is an open access service, emergency and post-stabilization services, out-of-area renal dialysis, or out-of-area urgently needed care).

CuraScript specialty pharmacy: CuraScript, Inc. (CuraScript) will be the exclusive provider of specialty medications for members. Specialty medications are costly injectable or oral drugs that often require special handling or have side effects that require monitoring by a trained pharmacist or nurse. If you are currently using a specialty medication, CuraScript will contact you and your physician to transfer the prescription to CuraScript. Your medication and any needed supplies will be shipped to your home, work, or doctor's office. CuraScript will also provide clinical support to you and your caregivers. A CuraScript pharmacist is available any time of day if you have an urgent need related to your medication.

Effective No Earlier Than May 1, 2009

Co-pays: If your income is at or below 100 percent of federal poverty guidelines, you will pay no more than 5 percent of your monthly income for co-pays.

Effective July 1, 2009

Mental Health Targeted Case Management for persons with serious and persistent mental illness (SPMI): Starting July 1, 2009, you will access these services through UCare. Before July 1, 2009, these services may be available through your county. Call your county for information.

Effective Upon Federal Approval

Mental Health Services – Dialectical Behavioral Therapy (DBT): This service is for adults diagnosed with borderline personality disorder. It will be covered upon federal approval.