

Provider Fact Sheet on UHC Employees

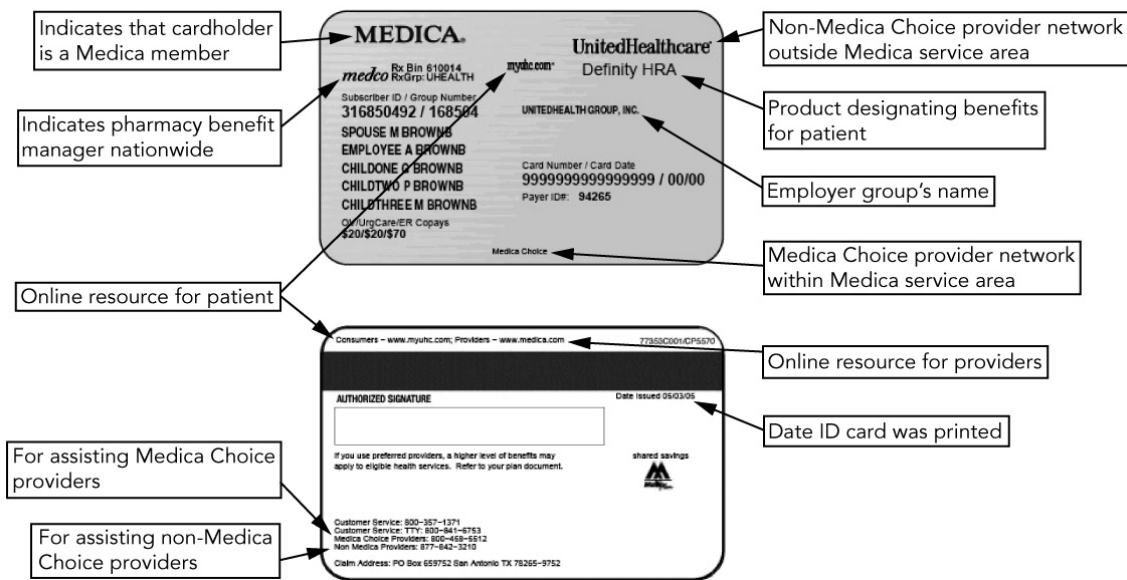
Overview

Beginning January 1, 2006, Medica will begin using a new business platform, referred to as the United Platform, for a limited number of new self-insured employer groups. UHC employees is among the first groups to be located on the United Platform. This new platform will upgrade Medica's current system capabilities and will allow Medica to be flexible and adaptable to future needs, as well as provide the ability to support new product offerings. Currently, the majority of business will remain on COSMOS – the existing platform. Going forward, Medica anticipates migrating additional commercial business to the United Platform. Please refer to the *Medica Provider Question and Answer on Medica's Migration to New Business Platform – United Platform* for more detailed information. Additional information will be provided as it becomes available.

New Self-Insured Group

- United HealthCare employees effective January 1, 2006.
- Group number 168504.

Sample Identification Card



- **Definity HRA:** A consumer directed health product in which a Medica Choice high deductible plan is paired with a Definity Health Reimbursement Account (HRA). This is a funding option – not a medical product.

Network

- **Medica Choice network** - Members who reside in the Medica Service Area (MSA), defined as Minnesota, Western Wisconsin and North & South Dakota
- **LaborCare network** - Members who reside outside the MSA when traveling to the MSA
- **American Chiropractic Network (ACN)** - Chiropractic network
- **National United Behavioral Health (UBH)** - Mental Health and Substance Abuse network
- **Medco** - Pharmacy network
- **Spectera** - Vision network

Claim Submission

- There is no change in either the paper or electronic claim submission address. Claims should continue to be submitted to:

Medica
 PO Box 30990
 Salt Lake City, UT 84130

Electronic Payer ID 94265

- 7-digit COSMOS provider number is not required in submission of claims. Medica recommends providers do **not** use the COSMOS provider number in the submission.
- Medica's 180-day *Timely Filing and Late Claims Policy* applies.

Claims Payment and Provider Explanations of Benefits (EOBs)

- Payments will be issued on a different schedule than payments for Medica's other business. Payments will be issued, once per week, based on the first letter of the provider's check name:

Monday	A-C
Tuesday	D-H
Wednesday	I-M
Thursday	N-R
Friday	S-Z, 0-9, any other characters
- Generally, the provider's check name will be the group name, e.g. ABC Clinic
- Payments will not be bundled to one entity under the Alt Payee address. Payments will be made to the provider's check name under the individual practitioner (see Q&A for more details).
- A maximum of 9 claims will be paid per Provider EOB.
- Provider EOBs and ePRA/835 will **not** include 7-digit COSMOS provider number.
- Adjustment, denial and disallow codes will **not** be used for this business. "Remark codes", which are a combination of numbers and letters, will be used.

Reimbursement

- Claims from Medica contracted providers, for services provided to members who reside in the MSA, will pay off Medica Choice contracted rates.
- Individual codes, which together make-up a more comprehensive code, will be combined into the more comprehensive code. **Example:**

If same provider submits:
93005 - Electrocardiogram, routine ECG with at least 12 leads, tracing only, without interpretation and report; and
93010 - Electrocardiogram, routine ECG with at least 12 leads, interpretation and report
Both codes will be denied with remark code **KW** – *we processed these charges using a procedure code that more accurately describes the services provided*
Service will then be recoded to the more comprehensive code, 93000 – Electrocardiogram, routine ECG with at least 12 leads, with interpretation and report, with remark code **KX** – *we received one or more procedure codes for the services provided. We used a single procedure code that more accurately represents these services. Your plan benefits were applied using this single procedure code.*

Coordination of Benefits

- COB Credit Reserve will be tracked.
- Tracking COB Credit Reserve is industry standard.
- Funds in the COB Credit Reserve will be used to pay coinsurances and deductibles on claims where the primary carrier did not pay in full.
- If there are not enough dollars in the COB Credit Reserve, when a claim is processed, any outstanding amount is patient responsibility, and will show as such on the Provider EOB.
- The primary carrier's allowed amount will be considered when Medica is secondary.

Electronic Commerce

- Providers can continue to access Medica.com for available transactions.
- Product will display as "Choice Plus" on electronic eligibility checks
- Providers should use Medica Electronic Payer ID #94265 for submission of claims.

Prior Authorization and Notification

- Standard Medica Prior Authorization List will not be utilized.
- Providers should contact the number indicated on the back of the ID card for questions on notification or prior authorization.
- Providers must supply procedure codes when providing notification
- Prior Authorization, utilization review and appeal requests, received from Medica contracted providers, will be reviewed by Medica.