Mandated benefits

All health plans that contract with the Department of Human Services to provide coverage to those on Medical Assistance (MA) and MinnesotaCare must cover certain services as determined by DHS and the legislature. This includes comprehensive preventive, diagnostic, therapeutic and rehabilitative health care services, such as, but not limited to medically necessary:

- Eye care
- Chemical dependency treatment
- Community Health Worker services
- Doctor visits
- Durable medical equipment
- Home care services
- Hospital stays
- Interpreter services
- Mental health care
- Over-the-counter & prescription drugs
- Public health services
- Transportation (MA only)

Non-mandated benefits for Medica members

Medica offers additional programs and services to members to encourage healthy living by getting preventive health care services, achieve and/or maintain a healthy weight and keep children safe in vehicles. Medica members have access to these programs and services at no cost to them.

- Long-term evidenced-based home visiting programs modeled on the Nurse-Family Partnership and Healthy Families America guidelines.

Healthy Families America is designed to work with overburdened families who are at-risk for adverse childhood experiences, including child maltreatment and with families who may have histories of trauma, intimate partner violence, mental health and/or substance abuse issues. Services begin prenaturally or right after the birth of the baby and are offered 3 to 5 years after the birth of the baby.

Nurse-Family Partnership provides low-income, first-time moms with the care and support they need to have a healthy pregnancy, provide competent care for their children, and achieve a better life for themselves and their families. Services continue until the baby turns two years of age.

- My Health Rewards by Medica℠ provides rewards for getting preventive care and healthy living.

- Healthy Living with MEDICA℠ is an online health and wellness tool that includes programs on everything from Nutrition to Stress and Quit Smoking and more. It also provides rewards in the form of discounts at local businesses.

- Medica Social Service Coordinators help members find the community resources they need.

- Live and Work Well is a member portal that focuses on mind-body integration for a practical, low-cost approach to wellness and well-being. MenteSana-CuerpoSano.com (Healthy Mind-Healthy Body), the award-winning affiliated site to liveandworkwell.com for Spanish-speaking members focuses on providing culturally relevant material for Hispanic and Latino members.

- Fit Choices by Medica℠ offers a $20 credit toward monthly fitness center fees for MinnesotaCare members.

Trivia

Medica was the first health plan to provide transportation to Medical Assistance recipients.

To improve services to our Medicaid members, Medica launched a transportation project in cooperation with the Minnesota Department of Human Services (DHS) on June 1, 1992.

We initiated this project to help members get more timely care while at the same time solving the problem of missed doctor appointments that affect the efficiency health care offices.
## Transition Services vs Continuity of Care

<table>
<thead>
<tr>
<th>Situation</th>
<th>Transition Services</th>
<th>Continuity of Care</th>
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</thead>
<tbody>
<tr>
<td>Definition</td>
<td>A continuation of medically necessary services the member was receiving before enrolling in Medica.</td>
<td>A continuation of medically necessary services with an out-of-network provider while receiving in-network benefits.</td>
</tr>
<tr>
<td>Applicability</td>
<td>When an individual changes Minnesota Healthcare Programs (MHCP) health plans (not necessarily a new Medica member) and wants to continue receiving the services he/she was getting prior enrolling in Medica.</td>
<td>• A member new to Medica wants to continue seeing an out-of-network provider, or&lt;br&gt;• A current member wants to continue seeing a provider whose contract was not renewed with Medica.</td>
</tr>
<tr>
<td>Eligibility</td>
<td>See the scenarios below</td>
<td>Members will receive prior authorization to continue with an out-of-network providers if they:&lt;br&gt;• Are in a current course of treatment for an acute condition (they have received consultation or treatment from the provider for a specific condition before their enrollment with Medica and they require consultation or care within the first 120 days of coverage), or&lt;br&gt;• Have a life-threatening mental or physical illness, or&lt;br&gt;• Have a physical or mental disability (defined as an inability to engage in one or more major life activities, provided that the disability has lasted or can be expected to last for at least one year, or can be expected to result in death), or&lt;br&gt;• Are beyond the first trimester of pregnancy, or&lt;br&gt;• Have special cultural needs, or&lt;br&gt;• Have a language barrier and can only be seen by a provider with special expertise in that culture/language</td>
</tr>
<tr>
<td>Timeframe</td>
<td>No specific time limit; it depends on the situation.</td>
<td>Services can be authorized for up to 120 days. If the member’s life expectancy is 180 days or less, Medica will authorize care for the remainder of the member’s lifespan.</td>
</tr>
<tr>
<td>Services Previously Authorized</td>
<td>Medica will cover medically necessary services that were:&lt;br&gt;• Authorized by another Minnesota MA/MinnesotaCare health plan prior to enrollment with Medica, or&lt;br&gt;• Authorized by DHS under the fee-for-service program prior to enrollment with Medica, or&lt;br&gt;• Ordered by a provider for covered out-of-network services before enrollment with Medica, or&lt;br&gt;• Ordered by a provider for covered out-of-service area services prior to enrollment with Medica.</td>
<td>N/A</td>
</tr>
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Medica may require the member to receive the services from a provider in the Medica network, if such a transfer:<br>• Will not create undue hardship on the member, and<br>• Is clinically appropriate.
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</thead>
</table>
| Orthodontia Care                | For children enrolled in Medica under MinnesotaCare or Medical Assistance, Medica will provide orthodontia care if:  
1. An out-of-network or out-of-service area provider or  
the STATE has Service Authorized such care,  
2. The care falls under an established plan of care, and  
3. The care plan has a definitive end date. | N/A                |
| At Risk Pregnancy               | When the member enrolls in Medica while in her third trimester of pregnancy, and her non-participating physician has reported her pregnancy to be at-risk on a standardized prenatal assessment, Medica will authorize the care by non-participating provider for services related to prenatal care and delivery, including inpatient hospital costs for the mother and child. | Pregnancy beyond the first trimester. |
| Chemical Dependency Services    | Medica is responsible for all CD treatment excluding room and board effective upon the date of the member’s enrollment into Medica. Medica will provide coverage for services that were authorized by:  
• The CCDTF (Consolidated Chemical Dependency Treatment Fund), or  
• Another Minnesota MA/MinnesotaCare health plan prior to the member’s enrollment with Medica, unless Medica completes a new Rule 25 assessment or assessment update that identifies a different level of need for services. | Please refer to eligibility section. |
| Mental Health Services          | At the time of initial enrollment in Medica, Medica Behavioral health will consider the individual member’s prior use of mental health services and develop a transition plan to assure continuity of care and to assist the member in changing mental health providers, should this be necessary. | Please refer to eligibility section. |
| Member Changes to a Different MHCP Product | Medica will continue coverage if:  
1) The member was previously enrolled with Medica, but under a different MHCP product, and  
2) The two Medica products do not have the same provider network  
Medica will notify any affected member of his or her right to choose to remain with their original participating providers. | N/A                |
| Pharmacy                        | Medica will cover all drugs member is taking under a current prescription, (except for those drugs covered by a Medicare Prescription Drug Program).  
This Coverage will continue until a transition plan can be established or ninety (90) days, whichever occurs first. | N/A                |