

MANAGED CARE UPDATES

September/October, 2010

✚ **Mandatory Medicaid managed care enrollment of people living with HIV/AIDS (PLWHA)** began in New York City on September 1, 2010. Most people living with HIV/AIDS must choose either a “main-stream” Medicaid managed care plan or one of the three HIV SNPs (Amida Care, MetroPlus, and Select Health). SUNY Downstate is a participating provider with Amida Care as well as the other main-stream plans in which PLWHAs can enroll.

✚ **Plan Changes:**

- **Atlantis Health Plan** – is insolvent. The Department of Managed Care and Clinical Business will send a termination letter to Atlantis shortly. Do not book any new cases with this health plan because we will not get paid.
- **Touchstone Health and HealthCare Partners** – effective October 1, 2010, HealthCare Partners IPA has taken over the administrative functions for Touchstone. These include, claims payment, customer service, medical management and provider credentialing.
- **United HealthCare and Health Net** – United Health Care, Inc. has acquired Health Net, Inc.’s northeast insurance and HMO entities in Connecticut, New Jersey and New York.
- **GHI Medicare PPO and GuildNet Gold Members**
 - Participating providers in GHI Medicare PPO can accept patients with GuildNet Gold insurance. GuildNet Gold is a health plan offered by the Jewish Guild for the Blind for adults with Medicare and Medicaid. GHI provides benefits administration and processes claims for GuildNet.
- **GHI EPO and NY Bridge Plan**
 - As of October 1, 2010, GHI EPO providers can begin seeing patients who are members of the NY Bridge Plan, New York State’s Pre-Existing Condition Insurance Plan (PCIP). Enrollees are legal NYS residents who have one or more pre-existing medical condition and have had no health coverage for the last six months. SUNY Downstate participates in GHI EPO.

Prior Authorization and Referral Changes:

- **Health Plus** – as of September 1, 2010, Health Plus health plan **no longer requires prior-authorization** for specialty consultations and visits in participating office and outpatient settings. **Referrals** are still required for specialty visits.
- **Neighborhood Health Plan (NHP)** –
 - **NHP no longer requires PCP referrals to participating NHP Specialists.** This change includes referrals from Primary Care Dentists to Specialty Dentists.
 - On November 1, 2010, **NHP changed its prescription policy for Child Health Plus.** Going forward all prescriptions will require a matching prescriber name and individual NPI number.
 - Effective December 1, 2010, NHP no longer require pre-certification for non-obstetrical ultrasound, sonograms and echograph.

Other News:

The Patient Protection and Affordable Care Act (PPACA) changes health insurance coverage effective on September 23, 2010 or on the insurance renewal date as follows:

- **Extended Coverage for Young Adults:** With the enactment of PPACA, plans that provide dependent coverage will be required to extend coverage to adult children up to age 26.

This means that dependents may stay on or be added to their parents' health plan until they turn age 26. This extension applies to both grandfathered and non-grandfathered plans (health insurance coverage provided by a group health plan, or a group or individual health insurance issuer, in which an individual was enrolled on March 23, 2010, the date of the PPACA enactment, is considered "grandfathered."). This does not apply to young adults who are employed and have coverage through their employer.

Health plans and employer groups are required to provide a 30-day open enrollment period to allow subscribers to add their dependents.

- **Coverage of Preventive Health Services:** There is no cost-sharing for preventive care obtained in network. One of the core measures of health care reform is to keep health care costs down by helping people stay healthy through preventive care and wellness. To encourage preventive care, the law requires that preventive care be provided to the members at no cost to them so that they can stay healthy, be productive and in the long-term reduce health care costs.

Many insurance plans are offering monetary incentive to members for them to take preventive measures. Services covered include routine tests and vaccines, cancer screens and a wide range of services to support healthy pregnancies and child health. For a complete list of no-cost preventives care services covered by insurance plans, please visit:

<http://www.healthcare.gov/law/provisions/preventive/index.html>

- **No Lifetime or Annual Limits:** Both annual and lifetime dollar limits are eliminated, except in the case of certain covered benefits which are considered non-essential.

Since the cost of insurance is tied to usage, and usage will most likely increase under the new law especially for people with chronic conditions and diseases, health insurance companies are pushing programs that promote wellness and disease management services to assist people in making healthier lifestyle choices and managed chronic illnesses.

- **Waiver of pre-existing condition limitations:** With the enactment of PPACA on September 23, 2010, new individual and family plans, and employer group health plans are not allowed to deny or exclude coverage for children under age 19 with pre-existing condition, including a disability. Only grandfathered Individual and Family plan (IFP) policies are exempt from this provision. Health plans may have open enrollment for children under age 19 who have pre-existing conditions.

This change does not affect those currently enrolled in child-only plans, employer-sponsored, with their parents on a family plan, or the addition of newborns and adopted children to existing family plans that include child dependent coverage, or

- **Same co-pay and coinsurance for ER:** Emergency room co-pays and coinsurance are the same in or out of network.
- No referral or pre-approval needed for a woman to visit her OB/GYN.