

October 25, 2005

Dear Provider:

On November 1, 2005 the benefits available to **Unison/MedPLUS+** Members will change. The following two benefit categories will have certain limits and co-pays.

The following **Benefit limits** will take place for those members in the **Medical Assistance Adult** Category (These limits will not apply to Members under the age of 21 or if they are pregnant):

- **18 Outpatient Visits each year.** (This includes visits to a physician, hospital outpatient clinic, podiatrist, chiropractor, certified registered nurse practitioner, Federally Qualified Health Center, Rural Health Center). OT, PT and ST are excluded from this limitation.
- **1 Inpatient Medical Rehabilitation Hospital Admission each year.**

These **Benefit limits** will take place for those members in the **General Assistance** Category (These limits do not apply to Members under the age of 21 or if they are pregnant):

- **18 Outpatient Visits each year.** (This includes visits to a physician, hospital outpatient clinic, podiatrist, chiropractor, certified registered nurse practitioner, Federally Qualified Health Center, Rural Health Center). OT, PT and ST are excluded from this limitation.
- **1 Inpatient Medical Rehabilitation Hospital Admission each year**
- **30 Home Health Visits per year.**

The yearly limits on these services refer to services performed between November 1, 2005 and June 30, 2006. The yearly limits will start again on July 1 of every year.

In addition to checking Member Eligibility, you will also be able to check the status of a Member's benefit limits by calling our IVR line at: **1-888-586-4766** or by accessing our website at: [www.unisonhealthplan.com](http://www.unisonhealthplan.com).

Please be advised that checking the status of a Members' benefit limits is not a guarantee of payment. If a Member is over their limit and they have not sent in a request for an exception, the Member may have to pay for the service. **Please see the information at the end of this notice that explains the exception process.**

In addition to benefit limitations, effective November 1, 2005 Members will also be responsible for co-payments on certain services. Please see the attached grid for the co-payment amounts.

Members in the **Medical Assistance Adult** category will not have to pay co-payments once they have paid **\$90.00** of co-payments between **January and June** or between **July and December**. Members in the **General Assistance** category will not have to pay co-payments once they have paid **\$180.00** of co-payments between **January and June** or between **July and December**.

Please note that although the Members are responsible for these co-payments, they cannot be refused care if they are unable to pay them upfront. If a co-payment is not collected, please so indicate this by entering visit code "11" on box 24H of the CMS 1500.

### **Exception Process**

The Member or Provider can ask **MedPLUS+** to approve services after the Member has reached their benefit limit through the Exception Process.

#### **An exception to a limit may be granted if:**

- The Member has a serious chronic illness or other serious health condition and without the additional service their life would be in danger; or
- The Member has a serious chronic illness or other serious health condition and without the additional service their health would get much worse; or
- The Member would need more costly services if the exception is not granted; or
- The Member would have to go into a nursing home or institution if the exception is not granted.

If you wish to request an exception, please call our Member Services Department at 1-800-414-9025. They will send you instructions on how to file an exception. Once we receive the exception request, we will review it within 30 days and provide a response within five days. If you believe that the exception request needs to be expedited, please indicate that on the request and it will be reviewed within five days. You will need to advise us on why the request should be expedited.

If you have any questions on any of these changes, please contact Provider Services at: 1-800-600-9007.

**Unison/MedPLUS+**

