

Celticare Commonwealth Care Bridge Provider Manual Supplement

CELTICARE COMMONWEALTH CARE BRIDGE SUMMARY

CeltiCare Health Plan of Massachusetts will cover the legal immigrants who were disenrolled from Commonwealth Care on August 31, 2009. The Commonwealth Care Bridge program will provide coverage starting October 1, 2009 for many members, and extending through June 30, 2010. The program will be available to members in three phases: Greater Boston on October 1st; the northern and southern parts of the state on November 1st; and the central and western parts of the state on December 1st.

The plan covers many of the benefits that people received under Commonwealth Care, including PCP and specialty visits, inpatient and outpatient hospital care, and prescription drugs. A detailed benefit list, as well as a list of benefit exclusions exclusive to this population is included in this insert. Please be aware that this population will have access to hardship waivers, and should immediately contact the Commonwealth Connector Authority with any questions or concerns regarding premium payment at (877)623-6765.


CeltiCare takes the privacy and confidentiality of our members' health information seriously. We have processes, policies and procedures to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Massachusetts privacy law requirements. If you have any questions about CeltiCare privacy practices, please contact our Privacy Officer at 1-866-895-1786.

Member ID card

CeltiCare Health Plan issues each member an ID card which will be received within 15 calendar days of enrollment. This card is proof of enrollment in the Commonwealth Care Bridge program. Members should show this card every time they go for any service under the Commonwealth Care Bridge program. The ID card will show the member name, member ID#, phone number for Behavioral Health services, and co-payments required at the time of service. If a member does not receive their ID card within a few weeks after joining, please instruct them to call Member Services at 1-866-895-1786. Another card will be issued.

Front

- Name
- Member ID#
- Co-pays
- Plan Name

		Rx: US Script BIN:008019
Member Name: Jane Doe		Member ID#: XXXXXXXXXX
PCP Name: John Doe		PCP Number: XXX-XXX-XXXX
Co-pays		
PCP/Spec: \$X/\$X		ER:\$X
RX:\$X/\$X/\$X		INPX: \$X
If you have an emergency, call 911 or go to the nearest emergency room. If you are not sure whether you need to go to the emergency room, call your PCP or CeltiCare as soon as possible.		
Commonwealth Care Bridge		

Back

- Important Member & Provider Phone Numbers
- Medical & Behavioral claims address
- Website address

MEMBERS: Member Services line 1-866-895-1786 TDD/TTY 1-866-614-1949 24/7 NurseWise 1-866-895-1786, option 7	
For information on reproductive and family planning services, call 1-866-895-1786.	
PROVIDERS: IVR Eligibility inquiry - Prior Auth 1-866-895-1786 US Script Help Desk 1-866-810-1903 Cenpatco Behavioral Health 1-866-896-5053	
Medical claims: CeltiCare Attn: CLAIMS PO Box 3080 Farmington, MO 63640-3824	Behavioral Health claims: Cenpatco Behavioral Health Attn: CLAIMS PO Box 7200 Farmington, MO 63640-3813
Provider/claims information via the web: www.celticarehealthplan.com .	

COVERED SERVICES

The following offers information regarding Commonwealth Care Bridge covered benefits, applicable co-payments and benefit limitations. The member is responsible for co-payments, if required, at the time of service and fully responsible for any non-covered services. Some covered services may require prior authorization by CeliCare before services are provided. The benefit year is from October 1, 2009 to June 30, 2010. Please refer to the preceding *Services Requiring Authorization* and *Exclusions from Coverage* grids for more information.

Commonwealth Care Bridge

Covered Benefit	Co-Payment
Outpatient Medical Care	
Community Health Center Visits (Primary Care and Specialist)	\$0/\$25
Office Visits (Primary Care and Specialist)	\$0/\$25
Outpatient Surgery (Hospital and Ambulatory Surgery Centers)	\$50
Abortion Services	\$50
X-rays/Labs	\$0
Inpatient Medical and Maternity Care	
Room and Board (includes deliveries/surgery/x-rays/labs)	\$250*
Prescription Drugs	
Medication via Pharmacy (1 month supply)	<ul style="list-style-type: none"> •Generic \$0 •Brand Preferred \$50 •Non-Preferred Brand \$50
Maintenance Medication via CeliCare Mail-Order Plan (3 month supply)	<ul style="list-style-type: none"> •Generic \$0 •Brand Preferred \$100 •Non-Preferred Brand \$100
Emergency Care	\$100**
Inpatient Mental Health & Substance Abuse****	\$250*
Outpatient Mental Health & Substance Abuse ****	\$25
Methadone Treatment (dosing, counseling, labs)	\$0
Rehabilitation Services	
Cardiac Rehabilitation	\$0
Home Health Care	\$0
Inpatient Rehabilitation (combined 100 days per Contract Year)	
Inpatient Rehabilitation or Chronic Disease Hospital	\$250*
Short-term outpatient rehab (Physical, Occupational, &/or Speech Therapy)**	\$25
Other Benefits****	
Ambulance (emergency only)	\$0
Durable Medical Equipment, Supplies, Prosthetics, Oxygen & Respiratory Therapy Equipment	\$50
Orthotics (for diabetics)	\$0
Routine foot care (for diabetics)	\$10
24/7 Nurse Triage Hotline****	\$0
CentAccount Healthy Rewards Program*****	\$0
Wellness (Family Planning, Nutritional Counseling, Prenatal, and Nurse Midwife)	\$0
Annual Out-of-Pocket Expenses per benefit year	Maximum amount
All Services (excluding Pharmacy)	\$1000
Pharmacy	None

*Co-pay waived if transferred from another inpatient unit.

**Co-pay waived if admitted to an inpatient unit.

***20 combined sessions of PT/OT/ST unless waived with prior authorization.

****Plans may offer additional benefits, but the additional costs are not part of the rate submission.

*****Inpatient and Outpatient Mental Health & Substance Abuse services are covered in accordance with medical necessity and may be subject to pre-authorization.

*****Members can earn up to \$150 in the first year by completing healthy behaviors. Funds may be used towards copays or other healthcare related

CELTICARE COMMONWEALTH CARE BRIDGE

PLAN SPECIFIC BENEFIT EXCLUSIONS

The following services are additional benefits not covered by CeltiCare for the Commonwealth Care Bridge population.

Excluded Benefit	Description
Dental Services	<p>Benefit coverage is not provided for non-emergent dental services for Plan Type II or III or the Commonwealth Care Bridge population. Non-emergent dental services include diagnostic, endodontic, exodontic, orthodontic, preventative, periodontal, or restorative dental services, and dentures.</p> <p>Benefit coverage is provided for all Plan Types for emergent/emergency dental services. Covered emergent/emergency dental services include treatment related to traumatic injury to sound, natural and permanent teeth caused by a source external to the mouth AND the emergency services are provided by a physician in a hospital emergency room or operating room within 48 hours of the injury. Services covered for emergent/emergency include x-rays and emergency oral surgery related to the repair of damaged tissues and/or the repositioning of displaced or fractured teeth.</p>
Hospice	Benefit coverage is not provided for hospice care for the Commonwealth Care Bridge population.
Skilled-Nursing	Benefit coverage is not provided for skilled nursing services for the Commonwealth Care Bridge population.
Vision Services	Benefit coverage is not provided for routine or non-routine vision services for the Commonwealth Care Bridge population. These services include routine eye exams, prescriptions eyeglasses, contact lenses and all eye exams for the treatment of medical conditions of the eye.