Contents

- Introduction
- FHN Primary Care Clinic List

- Blue Plus (Blue Cross Blue Shield)
- Blue Plus- Minnesota Advantage Health Plan

- Medica- Essential
- Fairview and North Memorial Vantage with Medica
- VantagePlus with Medica

- Hennepin Health- SNBC (formerly MHP- Cornerstone)

- Portico Healthnet

- PreferredOne
- PreferredHealth- Minnesota Advantage Health Plan
- PreferredHealth- Fairview, North Memorial and HealthEast

- UCare for Seniors - Medicare Advantage
- UCare - MN Health Care Programs
- Fairview UCare Choices

- Referral Guidelines
- Reminders
Introduction
Section 1

This guidebook identifies Fairview Physician Associates (FPA) health plans, provides general health plan and network descriptions, online services, resources and contacts along with examples of member identification cards for each plan.

Find useful resources on fpanetwork.org.

- Network Practices:
  - FPA Providers and Clinics lists (updated monthly)
  - FPA Health Plan Guidebook

- General information about FPA board & committees, clinic quality & reporting, contracting & policies, marketing and more.

- If you have questions about the health plans products listed in this guidebook, please contact Heidi Aarestad, FPA Provider Enrollment Coordinator at 952-914-1848 or haarest1@fairview.org
Fairview Health Network (FHN)
Primary Care Clinic List
Section 1

<table>
<thead>
<tr>
<th>Clinic Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adefris &amp; Toppin Women's Specialists</td>
<td></td>
</tr>
<tr>
<td>Associates in Women's Health, P.A.</td>
<td></td>
</tr>
<tr>
<td>Apple Valley Medical Clinic, Ltd</td>
<td></td>
</tr>
<tr>
<td>Burnsville Family Physicians, P.A.</td>
<td></td>
</tr>
<tr>
<td>Clinic Sofia OB-Gyn, P.A.</td>
<td></td>
</tr>
<tr>
<td>Comprehensive Healthcare for Women</td>
<td></td>
</tr>
<tr>
<td>Crown OBGyn PA</td>
<td></td>
</tr>
<tr>
<td>Diamond Women's Center, P.A.</td>
<td></td>
</tr>
<tr>
<td>Edina Sports Health and Wellness, P.A.</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Andover</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Apple Valley</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Bass Lake</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Blaine</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Bloomington Lake—Minneapolis</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Bloomington—Oxboro</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Bloomington Lake—Xerxes</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Brooklyn Park</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Burnsville</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Chisago City</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Columbia Heights</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Eagan</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Eden Prairie</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Edina</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Elk River</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Farmington</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Fridley</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Hiawatha</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Highland Park</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Hugo</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Integrated Primary Care</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Lakeville</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Lino Lakes</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Maple Grove</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Milaca</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—New Brighton</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—North Branch</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Pine City</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Princeton</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Prior Lake</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Riverside</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Rogers</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Rosemount</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—University Children’s</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Uptown</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Wyoming</td>
<td></td>
</tr>
<tr>
<td>Fairview Clinics—Zimmerman</td>
<td></td>
</tr>
<tr>
<td>Fairview Women’s Center—Edina</td>
<td></td>
</tr>
<tr>
<td>France Avenue Family Physicians P.A.</td>
<td></td>
</tr>
<tr>
<td>HealthEast Clinic - Cottage Grove</td>
<td></td>
</tr>
<tr>
<td>HealthEast Clinic - Downtown St. Paul</td>
<td></td>
</tr>
<tr>
<td>HealthEast Clinic - Grand Avenue</td>
<td></td>
</tr>
<tr>
<td>HealthEast Clinic – Hugo</td>
<td></td>
</tr>
<tr>
<td>HealthEast Clinic – Maplewood</td>
<td></td>
</tr>
<tr>
<td>HealthEast Clinic – Midway</td>
<td></td>
</tr>
<tr>
<td>HealthEast Clinic – Oakdale</td>
<td></td>
</tr>
<tr>
<td>HealthEast Clinic - Rice Street</td>
<td></td>
</tr>
<tr>
<td>HealthEast Clinic – Roselawn</td>
<td></td>
</tr>
<tr>
<td>HealthEast Clinic – Roseville</td>
<td></td>
</tr>
<tr>
<td>HealthEast Clinic – Stillwater</td>
<td></td>
</tr>
<tr>
<td>HealthEast Clinic – Tamarack</td>
<td></td>
</tr>
<tr>
<td>HealthEast Clinic - Vadnais Heights</td>
<td></td>
</tr>
<tr>
<td>HealthEast Clinic – Woodwinds</td>
<td></td>
</tr>
<tr>
<td>John A. Haugen Associates, P.A.</td>
<td></td>
</tr>
<tr>
<td>Metropolitan OBGyn</td>
<td></td>
</tr>
<tr>
<td>Minnesota Women’s Care, PA</td>
<td></td>
</tr>
<tr>
<td>Oakdale Obstetrics and Gynecology, P.A.</td>
<td></td>
</tr>
<tr>
<td>Obstetrics, Gynecology and Infertility</td>
<td></td>
</tr>
<tr>
<td>Obstetrics/Gynecology Specialists, P.A.</td>
<td></td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology West, P.A.</td>
<td></td>
</tr>
<tr>
<td>Partners Obstetrics and Gynecology, P.A.</td>
<td></td>
</tr>
<tr>
<td>Richfield Medical Group</td>
<td></td>
</tr>
<tr>
<td>Southdale OB/GYN Consultants, P.A.</td>
<td></td>
</tr>
<tr>
<td>Southdale Pediatric Associates, Ltd.</td>
<td></td>
</tr>
<tr>
<td>Women and Adolescents Gynecology Center</td>
<td></td>
</tr>
</tbody>
</table>
Blue Plus

Network and Plan Description/General Information

Blue Plus
Blue Plus is a non-profit affiliate of Blue Cross Blue Shield of MN (BCBSMN). Some of the plan names that fall under Blue Plus are: Triple Gold, Preferred Gold, SecureBlue, Minnesota Advantage Health Plan and Blue Advantage.

Blue Plus
Enrollees must select a primary care clinic. If the primary care clinic is associated with the FPA Network, the enrollee becomes a patient within care system. No referrals are required within the FPA network. If the primary care provider is coordinating care outside the care system, a referral should be processed by the primary care clinic. Specialty providers should coordinate out-of-care-system service with the primary care clinic.

Note: Blue Plus Minnesota Health Care Program members (Blue Plus Prepaid Medical Assistance, Minnesota Senior Care Plus and MinnesotaCare) have direct access to Blue Plus specialists without a referral from the enrollee’s Primary Care Clinic.

Out-of-Care-System Referrals
See the guideline in Section 8 of this guidebook for information on appropriate out-of-care-system referrals. Use BCBSMN online services through availity.com for referrals.

Provider Services
Call 651-662-5200 or 1-800-262-0820.
Blueline (claims status, eligibility, primary care clinic assignment) Provider Services fax: 651-662-2745

Customer Service
First use the phone number on the back of the member’s identification card. If the phone number is not listed, call general customer service at 651-662-5545 or 1-800-711-9862.

Online Services
bluecrossmn.com
Blue Plus Manual
Provider Manual
Policy & Procedure Manual Quick Points
Bulletins Separate provider section

Provider Web Self-Service:
Availity - Blue Cross contracted with Availity to give providers more HIPAA 5010 self-serve resources. Providers can access Subscriber eligibility, benefits, network, claim status and remittances, coordination of benefit information, referrals, preadmission notifications, PCCs, and recoupments. The portal is available at www.availity.com. Providers must complete the registration process for specific electronic transactions. The system is available 24 hours a day, 7 days a week, except for scheduled maintenance times. To register, contact www.availity.com or call 1-800-AVAILITY.
Prior Authorization
For prior authorizations, call 651-662-5270, then select, 2 - 2 - 1.

Case Management
Notify Blue Cross Case Management of all catastrophic/high dollar cases at 651-662-5520 or 1-888-878-0139, ext. 25520.

Chiropractic Services
Patients have direct access to chiropractic services without a referral within the specific health plan network. If the patient does not know which chiropractors are in his/her network, advise the patient to contact the health plan.

Mental Health/Chemical Dependency (MH/CD)
Blue Plus uses the Select Behavioral Health Network, 651-662-5200 or 1-800-262-0820. If patients contact their primary or specialty care clinics to find out where they can be seen for MH/CD services, they should be directed to call Select Behavioral Health Network. BCBS does not need a referral.

Note: Blue Plus Minnesota Health Care Program members (Blue Plus Prepaid Medical Assistance, Minnesota Senior Care Plus and Minnesota Care) do not use the Select Behavioral Health Network, the provider just needs to be participating.

OB/GYN Access
Direct access to OB/GYN providers goes beyond the FPA Network. Blue Plus members may choose to access non-FPA Blue Plus OB/GYN providers directly for services that Blue Plus considers to be within the “OB/GYN scope of practice.” A list of these services can be found in the BCBS of MN provider policy and procedure manual on the Web site bluecrossmn.com. You also may request a list of these services from Blue Plus Provider Services at 651-662-5200. This direct access option to non-FPA network providers is limited.

Urgent Care
The primary clinic should handle urgent care referrals like all other referrals. First use the phone number on the back of the member’s identification card. If the phone number is not listed, call general customer service at 651-662-5545 or 1-800-711-9862 for Urgent Care locations.

Note: Blue Plus- PMAP/MNCare
No referrals are required for this open access product.
Blue Plus
ID Cards

Member Identification
The primary care clinic will be listed on the card. If the clinic is part of the FPA Network, the patient is with care system. Each family member receives his or her own card. Blue Plus uses “Z” in the sixth position of the group number. The card will indicate the patient’s primary care clinic.

Claim submission
Electronic submission
Minnesota Advantage Health Plan – Blue Plus
Minnesota Advantage Health Plan is the name of the benefit plan offered to the State of Minnesota employees. Blue Plus is one of the health plans involved in administering this product.

Cost Levels/ Co-pays
The State of Minnesota assigned each clinic a cost level based on previous financial performance and geographic location. The cost level impacts the co-pay amount for the enrollee. This year the co-pay amount also will depend on whether the enrollee completed an on-line health assessment during open enrollment. If the enrollee completed a health assessment, the family will see a lower co-pay. The co-pay amount will be listed on the member ID card. Blue Cross will have FPA clinics in cost level 2 for 2018.
Note: Do not collect co-pay for preventive care services. Do not collect co-pay after the patient has met the out-of-pocket maximum of $1200 per person/$2400 per family

Primary Care Clinic Designation
Enrollees must select a primary care clinic. If the primary care clinic is associated with the FPA Network, the enrollee becomes a patient within the care system. FPA patients have direct access to providers within the FPA Network. FPA requires no referrals within the care system. If the primary care clinic provider is coordinating care outside of the care system, the primary care clinic should process a referral. Specialty providers should coordinate out-of-care-system service with the primary care clinic.

Out-of-Care-System Referrals
See the guideline in Section 8 of this guidebook for information on appropriate out-of-care-system referrals. Use BCBSMN online services through www.providerhub.com for referrals.

Blue Plus Customer Service/Provider Service
This service line is dedicated to the Minnesota Advantage Health Plan. Call 651-662-5090 or 1-800-262-0819.

Online Services
bluecrossmn.com
Blue Plus Manual
Provider Manual
Policy & Procedure Manual
Quick Points Bulletins
Online claims adjustment
**Blue Plus - Minnesota Advantage Health Plan**

**General Information, continued**

**Provider Web Self-Serve**
Go to [providerhub.com](http://providerhub.com) for a detailed user guide. The site allows users to self-activate their account. For support, call 651-662-5743 or email [support@providerhub.com](mailto:support@providerhub.com)

Admission notification  
Claims & claims adjustments  
Eligibility  
Online referrals

**State of Minnesota Employee Web site: mn.gov/mmb**

**Prior Authorization**
For prior authorizations, call 651-662-5270 then select: 2 - 2 - 1.

**Pharmacy Benefit**
The Advantage plan’s pharmacy benefit manager is Navitus Health Solutions.  
Call 1-866-333-2757 or navitus.com

**Case Management**
Blue Cross Case Management should be notified of all high-risk medical diagnosis/conditions at 651-662-5520 or 1-888-878-0139, ext. 5520.

**Chiropractic Services**
Patients have direct access to chiropractic services without a referral within the specific health plan network. If the patient does not know which chiropractors are in his/her network, advise the patient to contact the health plan.

**Mental Health/Chemical Dependency (MH/CD)**
Blue Plus uses the Select Behavioral Health Network, 612-662-5200 or 1-800-262-0820. If patients contact their primary or specialty care clinics to find out where they can be seen for MH/CD services, they should be directed to call Select Behavioral Health Network. No referral is necessary.

**OB/GYN Access**
Direct access to OB/GYN providers extends beyond the FPA Network. Minnesota Advantage Health Plan - Blue Plus members may choose to access non-FPA Blue Plus OB/GYN providers directly for services that Blue Plus considers to be within the “OB/GYN scope of practice.” Find a list of these services in the BCBSMN provider policy and procedure manual on the Web site, bluecrossmn.com. You also may request a list of these services from Blue Plus Provider Services, 651-662-5200. This direct access option to non-FPA providers is limited.

**Urgent Care**
The primary clinic should handle urgent care referrals like all other referrals. You may contact Minnesota Advantage Health Plan Customer Service at 651-662-5090 or 1-800-262-0819 for Urgent Care locations.
Blue Plus - Minnesota Advantage Health Plan

ID Card

Member Identification

The primary care clinic will be listed on the card. If the clinic is part of the FPA Network, the patient is with FPA. Each family member will receive his or her own ID card. The group numbers for Minnesota Advantage Health Plan—Blue Plus are OS228-Z, OS231-Z, or OS229-Z. The OS229 will be used for the members who live and work outside of Minnesota. The card also indicates their selected primary care clinic.

Claim submission

Electronic submission
Medica Essential

Network and Plan Description/General Information

Medica Essential
This is a managed care plan administered by Medica. FPA is one of seven care systems participating in this product. The others are Altru Health System, Children’s Health Network, Integrity Health Network, HealthEast, Essentia West and St. Luke’s.

Primary Care Clinic Designation
Enrollees must select a primary care clinic. If the primary care clinic is associated with the FPA Network, the enrollee becomes a patient within the care system. FPA patients have direct access to providers within the FPA Network. FPA requires no referrals within the care system. If the primary care clinic/provider is coordinating care outside the care system, the primary care clinic should process a referral. Specialty providers should coordinate out-of-care-system services with the primary care clinic.

Out of Care System Referrals
See the guideline in Section 8 of this guidebook for information on appropriate out-of-care-system referrals. Use Medica’s online service at medica.com to submit referrals.

Note: There are three care levels for referrals. Level 1 is approved for consultation only; Level 2 is approved for consultation and diagnosis. In most cases, levels 1 and 2 are appropriate. A referral approved at a level 3 will authorize the out-of-care-system specialist to consult, diagnose and treat. Level 3 referral allows the out-of-care-system provider to order and/or direct services to any Medica contracted provider or facility and is considered by Medica as part of the approved referral as long as it is within the date range indicated on the referral.

Provider Service Center
Call 1-800-458-5512

Customer Service
Call 952-945-8000 or 1-800-952-3455. TTY users: 711.

Online capabilities
medica.com
Provider manuals
Provider college
Eligibility detail
Demographic change forms
Newsletter – Connections
Referrals
Medica Essential

General Information, continued

Prior Authorization
Call 1-800-458-5512

Case Management
For management of chronically and/or catastrophically ill patients and patients receiving transplants, call 1-800-458-5512.

Pharmacy Benefit
Medica has designated CVS as the pharmacy benefits manager (PBM).

Chiropractic Services
Members have direct access to chiropractic providers with Optum Health Physical Health, call 1-800-873-4575. No referral needed.

Mental Health/Chemical Dependency (MH/CD)
Medica Essential members have direct access to Medica Behavioral Health, call 1-800-848-8327. If patients contact their primary or specialty care clinics to find out where they can be seen for MH/CD services, they should be directed to call Medica Behavioral Health. No referral needed.

OB/GYN Access
Enrollees have direct access to OB/GYN providers within the FPA Network.

Urgent Care
Enrollees have direct access to Urgent Care Center’s within the FPA Network and within the greater Medica Essential network. Enrollees also have access to other urgent care centers listed in their Essential directory or call Customer Service at 952-945-8000 or 1-800-952-3455 for additional locations.

Note:
- Medica will continue to sell both Medica Elect and Medica Essential. Both products are care system products. The main difference is the provider networks. FPA is not a Care System with Medica Elect.
- FPA, Children’s Health Network, and HealthEast are currently the only local care systems in Medica Essential.
- Medica does not retro review prior authorizations.
- The Medica Medical Director reviews and determines whether out of network referral requests are approved or denied.
**Medica Essential**

**ID Card**

**Member Identification**
The primary care clinic will be listed on the card. If the clinic is part of the FPA Network, the patient is with FPA. Each family member will receive his or her own ID card. ID cards for fully-insured patients will designate care type as MIC or MHP. Self-insured employer groups have the option to list the employer group name on the card. When an employer chooses to list the employer group name, it appears in lieu of Essential on the card. The other self-insured ID cards will designate care type as MSI.

---

### Claim submission
Electronic payer ID 942
Provider Network
The Fairview and North Memorial Vantage with Medica product is a defined network comprised of:

Primary Care= Fairview Health Network (FHN) pg. 4, North Collaborative Care and HealthEast, Boynton Health Service and UMP PCCs are included for U of M and UMP employee benefits. Consult Vantage Plus with Medica online directory for North Memorial, HealthEast clinics and other aligned independent clinics.

Boynton Health Service and UMP PCCs are included for U of M and UMP employees’ benefits

Specialty Care= FPA + UMP + Hospital-based specialists

Hospitals= (No prior authorization required) Fairview Lakes; Fairview Northland; Fairview Ridges; Fairview Southdale; University of Minnesota Medical Center; University of Minnesota Masonic Children’s Hospital; Maple Grove Hospital; North Memorial Medical Center

Cost Levels/Member Liability
This is a defined network-based health plan product with open access within the network. Members must receive their care within the network of providers and hospitals as described above in order to have services paid at the highest benefit level. If services are received from providers outside the network for the Fairview and North Memorial Vantage with Medica product, members will incur a significantly higher member liability if members self-direct to those out of network providers. Medica tiers their OON process. If the provider is not in the defined network, but is part of the Medica Elect or Essential, the OON price is less than if the providers are not in Vantage, Elect or Essential.

Out of Network Services/Non-par Providers
Members will receive the highest benefit level (least member financial liability) when services are received within the defined network of providers for the Fairview and North Memorial Vantage with Medica product.

- If the patient self-selects for services outside the network described above, the member will incur significantly higher out of pocket fees.
- If a provider determines that the necessary patient care service is not available within the network for the Fairview and North Memorial Vantage with Medica product, and the service is from a provider or facility in the extended Medica Choice network, a Pre-Authorization request must be submitted by referring provider to FPA before the patient receives the service. If this is not done, the claim will pay at the lesser benefit level, resulting in greater financial liability for the patient.
- If a member is directed to a non-par provider outside the Medica Choice network, Medica must be contacted directly for medical necessity determination prior to the patient receiving services.

Pre-Authorization and Customer Service Contact Information
- For Pre-Authorizations as described above, please call FPA at 952-914-1848.
- Fairview and North Memorial Vantage with Medica contact information: 855-569-7526
- For Medica non-par services, you can submit an online request using the “Referrals to Out of Network Providers” form found at: http://provider.medica.com/C7/priorAuthorization/default.aspx
Fairview and North Memorial Vantage with Medica
General Information, continued

Online Services
Web site for consumers: http://fairviewnorthvantagewithmedica.com/
Patients can log in to: request an appointment with a provider (appointments can be at the clinic, conducted by telephone, or through an email visit on MyChart)

Patients have access to: review health benefits; request an appointment with a provider (appointments can be at the clinic, conducted by telephone, or through an email visit on MyChart); and receive care for common conditions through OnCare (formerly known as Fairview Zipnosis) online diagnosis and treatment. The virtual care benefit applies. As an added benefit, if a member doesn't qualify for an OnCare visit, they will be offered a telephone visit with a provider. Patients can access this through the consumer portal or by going directly to https://oncare.org/

* Note: OnCare allows patients to be treated online for common conditions, including: cold and flu, sinus infections, urinary tract infections, sore throat, allergies, cold/canker sores, yeast infections, acne and quitting tobacco. A patient uses a web browser to go to the OnCare.org site and answer a series of questions about their symptoms. This information is sent to a Fairview clinician who provides a diagnosis, suggested follow up courses of action and a prescription, if necessary, you can access expert health care 24/7.

Pharmacy Benefit
The pharmacy benefit manager is CVS. Prime Therapeutics manages prescription drug benefits for the U of M employee plan.

Case Management
Notify case management of catastrophic/high dollar cases at: 1-888-992-3875.

Chiropractic Services
Direct access to Optum Health Physical Health.

Mental Health/Chemical Dependency Services
Direct access to MH/CD services through the Medica Behavioral Network. Patients may call 1-800-848-8327.

OB/GYN Services
Direct access to OB/GYN providers within the Fairview and North Memorial Vantage with Medica network.

Urgent Care Services
Members have access to a variety of Urgent Care centers listed in their member directory, and may also access convenience care at MinuteClinics, Target Clinics, and others listed in their directory.
Identification Cards
**VantagePlus with Medica**

**Provider Network**
The VantagePlus Medica product is an Account Care Organization (ACO) network comprised of:

**Primary Care**= Fairview Health Network (FHN) pg 4, North Collaborative Care and HealthEast, Boynton Health Service and UMP PCCs are included for U of M and UMP employee benefits. Consult VantagePlus with Medica online directory for North Memorial, HealthEast clinics and other aligned independent clinics,

**Specialty Care**= FPA + UMP + Hospital-based specialists

**Hospitals**=Fairview, North Memorial, and HealthEast facilities: Fairview Lakes; Fairview Northland; Fairview Ridges; Fairview Southdale; University of Minnesota Medical Center; University of Minnesota Masonic Children’s Hospital; Maple Grove Hospital; North Memorial Medical Center; HealthEast St. Joseph’s, HealthEast St. John’s, Woodwinds.

*You may access the Vantage Plus with Medica online network directory: [https://www.medica.com/find-a-doctor/group/vantageplus](https://www.medica.com/find-a-doctor/group/vantageplus)*

**Cost Levels/Member Liability**
This is an ACO network-based health plan product with open access within the network. Members must receive their care within the network of providers and hospitals as described above in order to have services paid at the highest benefit level. If member’s self-direct to a provider outside the network for the VantagePlus with Medica product, members will incur a significantly higher member liability for those services.

**Out of Network Services/Non-par Providers**
Members will receive the highest benefit level (least member financial liability) when services are received within the ACO network of providers for the VantagePlus with Medica product.

- If the patient self-selects for services outside the network described above, the member will incur a significantly higher out of pocket fees.
- If a provider determines that the necessary patient care service is not available within the network for the VantagePlus with Medica product, and the service is from a provider or facility in the extended Medica Elect/Essential network, a care direction form must be submitted to Medica on behalf of the member.

**If this is not done, the claim will pay at the lesser benefit level, resulting in greater financial liability for the patient.**

If a member is directed to a non-par provider outside the Medical Elect/Essential network, a Pre- Authorization request must be submitted by the referring provider to FPA before the patient receives the service.

**Pre-Authorizations and Customer Service Contact Information**
- For Pre-Authorization as described above, please call FPA at 952-914-1848.
- For Medica non-par services, you can submit an online request using the “Referrals to Out of Network Providers” form or by calling 1-888-992-3875
**VantagePlus with Medica**

**Online Services**
Web site for health plan members: [VantagePlusWithMedica.com](http://VantagePlusWithMedica.com)
Members have access to information regarding their health plan’s benefits and care options and can search for an in-network provider. Members have access to online care through Fairview MyChart, Health East MyChart, and OnCare (formerly known as Fairview Zipnosis)

* Note: OnCare allows members to be treated online for common conditions, including: cold and flu, sinus infections, urinary tract infections, sore throat, allergies, cold/canker sores, yeast infections, acne and quitting tobacco. A patient uses a smart phone or computer to OnCare.org site and answer a series of questions about their symptoms. This information is sent to a Fairview clinician who provides a diagnosis, suggested follow up courses of action and a prescription, if necessary, you can access expert health care 24/7.

**Pharmacy Benefit**
The pharmacy benefit manager is CVS. Prime Therapeutics manages prescription drug benefits for the U of M employee plan.

**Case Management**
Notify case management of catastrophic/high dollar cases at: 1-888-992-3875.

**Chiropractic Services**
Direct access to Optum Health Physical Health.

**Mental Health/Chemical Dependencies**
Direct access to MH/CD services through the Medica Behavioral Network. Patients may call 1-800-848-8327.

**OB/GYN Services**
Direct access to OB/GYN providers within the VantagePlus with Medica network.

**Urgent Care Services**
Members have access to Fairview and North Memorial Urgent Care clinics, a variety of Urgent Care centers listed in their member directory, and may also access convenience care at MinuteClinics, and others listed in their directory.
VantagePlus with Medica

Identification Cards

MEDICA®
Payer ID: 94265
ID: 999999901
Group: DFLT

Name: JOHN Q 01332/01609XXXX
Dependents:
JANE R DOE
DAUGHTER R DOE
SON T DOE
BABY1 U DOE
BABY2 V DOE
CareType: VantagePlus with Medica
Svc Type: MEDICAL
O/C/CONV/JRGR/ER/(C/D/E)$XX/$XX/$XX/$XX/$XX/$XX
For your best benefits, use the VantagePlus with Medica Network

MEDICA®
Payer ID: 94265
ID: 999999901
Group: Policy DFLT

Name: JOHN Q 00180/01539XXXX
Dependents:
JANE R DOE
DAUGHTER R DOE
SON T DOE
BABY1 U DOE
BABY2 V DOE
CareType: VantagePlus with Medica
Svc Type: MEDICAL
O/C/CONV/JRGR/ER/(C/D/E)$XX/$XX/$XX/$XX/$XX/$XX
For your best benefits, use the VantagePlus with Medica Network

VantagePlusWithMedica.com
Care & Coverage Customer Service: 800-682-8490
Claims: Medica PO Box 30590, Salt Lake City, UT 84130
TTY Users: 711
Pharmacists: 800-364-6331
Providers: 800-450-5512 or www.medica.com
Medica Behavioral Health: 800-348-8327

UnitedHealthcare®
MultiPlan

Medica
Section 3

VantagePlus with Medica

Identification Cards

MEDICA®
Payer ID: 94265
ID: 999999901
Group: DFLT

Name: JOHN Q 01332/01609XXXX
Dependents:
JANE R DOE
DAUGHTER R DOE
SON T DOE
BABY1 U DOE
BABY2 V DOE
CareType: VantagePlus with Medica
Svc Type: MEDICAL
O/C/CONV/JRGR/ER/(C/D/E)$XX/$XX/$XX/$XX/$XX/$XX
For your best benefits, use the VantagePlus with Medica Network

MEDICA®
Payer ID: 94265
ID: 999999901
Group: Policy DFLT

Name: JOHN Q 00180/01539XXXX
Dependents:
JANE R DOE
DAUGHTER R DOE
SON T DOE
BABY1 U DOE
BABY2 V DOE
CareType: VantagePlus with Medica
Svc Type: MEDICAL
O/C/CONV/JRGR/ER/(C/D/E)$XX/$XX/$XX/$XX/$XX/$XX
For your best benefits, use the VantagePlus with Medica Network

VantagePlusWithMedica.com
Care & Coverage Customer Service: 800-682-8490
Claims: Medica PO Box 30590, Salt Lake City, UT 84130
TTY Users: 711
Pharmacists: 800-364-6331
Providers: 800-450-5512 or www.medica.com
Medica Behavioral Health: 800-348-8327

UnitedHealthcare®
MultiPlan

Medica
Section 3

VantagePlus with Medica

Identification Cards

MEDICA®
Payer ID: 94265
ID: 999999901
Group: DFLT

Name: JOHN Q 01332/01609XXXX
Dependents:
JANE R DOE
DAUGHTER R DOE
SON T DOE
BABY1 U DOE
BABY2 V DOE
CareType: VantagePlus with Medica
Svc Type: MEDICAL
O/C/CONV/JRGR/ER/(C/D/E)$XX/$XX/$XX/$XX/$XX/$XX
For your best benefits, use the VantagePlus with Medica Network

MEDICA®
Payer ID: 94265
ID: 999999901
Group: Policy DFLT

Name: JOHN Q 00180/01539XXXX
Dependents:
JANE R DOE
DAUGHTER R DOE
SON T DOE
BABY1 U DOE
BABY2 V DOE
CareType: VantagePlus with Medica
Svc Type: MEDICAL
O/C/CONV/JRGR/ER/(C/D/E)$XX/$XX/$XX/$XX/$XX/$XX
For your best benefits, use the VantagePlus with Medica Network

VantagePlusWithMedica.com
Care & Coverage Customer Service: 800-682-8490
Claims: Medica PO Box 30590, Salt Lake City, UT 84130
TTY Users: 711
Pharmacists: 800-364-6331
Providers: 800-450-5512 or www.medica.com
Medica Behavioral Health: 800-348-8327

UnitedHealthcare®
MultiPlan

Medica
Section 3

VantagePlus with Medica

Identification Cards

MEDICA®
Payer ID: 94265
ID: 999999901
Group: DFLT

Name: JOHN Q 01332/01609XXXX
Dependents:
JANE R DOE
DAUGHTER R DOE
SON T DOE
BABY1 U DOE
BABY2 V DOE
CareType: VantagePlus with Medica
Svc Type: MEDICAL
O/C/CONV/JRGR/ER/(C/D/E)$XX/$XX/$XX/$XX/$XX/$XX
For your best benefits, use the VantagePlus with Medica Network

MEDICA®
Payer ID: 94265
ID: 999999901
Group: Policy DFLT

Name: JOHN Q 00180/01539XXXX
Dependents:
JANE R DOE
DAUGHTER R DOE
SON T DOE
BABY1 U DOE
BABY2 V DOE
CareType: VantagePlus with Medica
Svc Type: MEDICAL
O/C/CONV/JRGR/ER/(C/D/E)$XX/$XX/$XX/$XX/$XX/$XX
For your best benefits, use the VantagePlus with Medica Network
**Hennepin Health – SNBC (formerly MHP- Cornerstone)**

**Plan Description/General Information**

**Hennepin Health (formerly called Metropolitan Health Plan)**
Hennepin Health is a not-for-profit, state-certified HMO, providing coverage for Hennepin Health - SNBC enrollees residing in Hennepin county. Hennepin Health is the primary payer for this plan.

**Medical Home Designation**
Enrollees are required to pick a medical home.

**Medical Benefit Inquiries**
Call Hennepin Health 612-596-1036 (Select Option 2).

**Provider Services**
Call Hennepin Health at 612-596-1036 (Select Option 2).

**Member Service Department (Customer Service)**
Call Hennepin Health at 612-596-1036

**Service Authorizations**
Call Hennepin Health’s Medical Administration Department at 612-596-1504 or fax at 612-677-6222.

**Online Services**
All providers have access to the Hennepin Health Provider Portal. Hennepin Health’s Provider Portal has current Hennepin Health Member eligibility and claim information that is refreshed/updated every 24 hours.

**Hennepin Health’s Provider Portal:**
https://mhpproviderportal.tmghealth.com/portal/
Provider Portal User Guide:

**Co-payments**
See co-payments listed on the member’s card according to service type. For assistance call Hennepin Health at 612-596-1036 (Select Option 2).

**Chiropractic Services**
Hennepin Health members can access Chiropractic services from any Hennepin Health network provider. Call Provider Services at 612-596-1036 (Select Option 2) or refer to Hennepin Health’s provider directory.
Mental Health and Chemical Health Services
Hennepin Health members have open access to mental health services. They may choose to receive care from a Hennepin Health contracted provider or any licensed mental health/chemical health provider in Minnesota who is enrolled as Minnesota Health Care program (MHCP) provider, accepts MHCP rates from Hennepin Health, and is willing to see Hennepin Health members. Refer to Hennepin Health’s Provider Manual at hennepinhealth.org for thresholds.

OB/GYN Access
Hennepin Health members have direct access to OB/GYN providers and may choose to access any Hennepin Health contracted OB/GYN providers directly for services considered within the “OB/GYN scope of practice.”

Urgent Care
Enrollees may be seen for any urgently needed care from any Hennepin Health network provider. Call 612-596-1036 (Select Option 2) for additional Urgent Care locations or refer to Hennepin Health’s provider directory.

Dental Services
Dental services are provided by Delta Dental Plan of Minnesota through the Delta CivicSmiles Dental Network. For questions or help finding a dental provider, call Delta Dental Customer Service at 651-406-5907 or 1-800-774-9049, or refer to Hennepin Health’s online directory.
**Hennepin Health – SNBC (formerly MHP- Cornerstone)**

**ID Cards**

**Member Identification**
Each member receives their own card, which will have “Hennepin Health” across the top. The name of the program will be listed in the “Care type” section on each card. Fairview is in network with Hennepin Health for Care Type: Hennepin Health-SNBC only

**Hennepin Health - SNBC Group Numbers:**
8280, 8290, 8380, 8390

**Claims submission**
Providers are required to submit their claims electronically.

Providers may submit claims through any of the following means: Claims clearinghouses: Emdeon, RelayHealth, OfficeAlly, or ClaimLynx

For electronic claims submissions or status questions, call Hennepin Health at 612-596-1036 (Select Option 2).
Portico Healthnet

Plan Description/General Information

Portico Healthnet
Portico Healthnet is a health care access program for participants who live in Dakota and Hennepin Counties and have an annual household income less than or equal to 275 percent of the Federal Poverty Level and who are ineligible for Minnesota’s Public Health Care programs. This product will have approximately 200 enrollees. Participating primary care clinics include Fairview Clinics- Apple Valley, Fairview Clinics- Bloomington, Fairview Clinics- Burnsville, Fairview Clinics- Eagan, Fairview Clinics- Edina, Fairview Clinics- Eden Prairie, Fairview Clinics- Hiawatha, Fairview Clinics -Lakeville, and Fairview Clinics- Uptown.

Customer Service
Call 651-603-5100

Provider Relations
Call 651-603-5100

Customer Service
Portico Healthnet patients should contact Portico Healthnet with any plan questions or concerns at 651-603-5100.

Care Management Coordination
Social workers are available to assist members with referrals to community resources, MNSure Applications and enrollments, and navigating the health care system. Each household receives a Portico participation handbook and an annual family health assessment.

Interpreter Services
Contact Portico to schedule or use one of two contracted providers.

Mental Health
This program provides some outpatient mental health services. Please contact Portico Healthnet for a referral to a provider.

Other Services
This program provides durable medical equipment (DME) and eye exams. Please contact Portico Healthnet for providers that are in network.

Referrals
This program provides primary, preventive and limited specialty care services. Referral forms are not required, although participants must be directed by their primary care provider for specialty care services.

Women’s Health Screening
Whenever possible, Portico Healthnet requests that potentially eligible patients be referred to Sage (1-888-643-2584) for breast and cervical cancer screenings.


Portico Healthnet
ID Card

Member Identification
Member identification cards will include the Portico Healthnet logo. The primary care clinic and phone number will be listed on the card. If the clinic is part of the FPA Care System, the patient is with FPA. Direct questions on member eligibility to Portico Healthnet Customer Service, 651-603-5100.

**Front of Card**

**Name**
**Clinic Phone Number**

ID#: XXXXXXXXXX    RX GROUP #: XXXXXXXX
GROUP #: MEP H00-FVW0    RX GROUP #: CV020-07

**Co-Payments:**

RGS/PROPAR PGIGN RX COVERAGE: GOLDNET (FOLLOW BCBS FORMULARY)
NON-Routine Office: $10.00  Urgent Care: 20.00
Specialty: $20.00  PT/OT/BH: $10.00
(No ER or IP Coverage)

**Back of Card**

Portico Healthnet is not an insurance plan or an HMO.

Go to your Portico primary care clinic listed on the front of this card for care. If you need services not provided at this clinic, you will need a referral from your primary care doctor. **Portico Healthnet does not pay for hospital care, emergency room, or dental care.** If hospitalized, call Portico at (651) 603-5100 within 48 hours for help applying for Medical Assistance.

<table>
<thead>
<tr>
<th>Emergency Care:</th>
<th>Call your primary care clinic for directions on how to get care for illness, injury or mental health crisis. If the emergency is life-threatening, call 911.</th>
</tr>
</thead>
</table>
| Urgent Care:    | Fairview Eagan Clinic, 1440 Duckwood Drive, Eagan, MN 55122  
| Phone # (651) 406-8877|                                                                                                                                    |
| Pharmacy Info:  | To locate a Goldnet Participating pharmacy, call 1-(800) 509-                                                                 |
| 0545: General Info: | Call Portico Healthnet at (651) 603-5100  
| Claims Submitted To: | ATTN: Claims, PO Box 70, Minneapolis, MN 55440-0070                                                                 |

Claim submission
PreferredOne

Network and Plan Description/General Information

PreferredOne Administrative Services (PAS)
Self-insured product administered by PreferredOne. Includes care team plans and open access plans.

PreferredOne Community Health Plan (PCHP)
Fully insured HMO product administered by PreferredOne.

PreferredOne Insurance Company (PIC)
Low cost defined network for members living in the 9 county metro area. Includes Fairview and FPA.

PreferredHealth (Accountable Care Network)
Defined network product comprised of Fairview, North Memorial Collaborative Care, and HealthEast.

PAS Care Team Network
Enrollees must select a primary care clinic. If the primary care clinic is associated with the FPA Network, the enrollee becomes a patient within the care system. FPA patients have direct access without referral to providers within the FPA Network. If the primary care clinic/provider is coordinating care outside of the care system, the primary care clinic should process the referral. Specialty providers should coordinate out-of-care-system services with the primary care clinic.

PAS and PCHP Open Access
Enrollees do not select a primary care clinic.

Out of Care System Referrals
See the guideline in Section 8 of this guidebook for information on appropriate out-of-care-system referrals. Use PreferredOne’s online service through preferredone.com to submit referrals.

Provider and Customer Service
PAS: 763-847-4477 or 1-800-997-1750 Fax: 763-847-4010
PCHP: 763-847-4488 or 1-800-379-7727 Fax: 763-847-4010

Online Services
Web site – preferredone.com
- Minnesota uniform practitioner change form
- Clinic provider maintenance
- Provider newsletters
- Subscriber/dependent eligibility
- Referrals
To obtain access, register on-line. Each clinic will have a parent log in holder, which can assign sub-log ins to others in their office.

Pharmacy Benefit
The pharmacy benefit manager (PBM) varies by plan.
Case Management  
Notify case management of catastrophic/high dollar cases at 763-847-4488, option 2.

Chiropractic Services  
Direct access to Magellan at 952-225-5700. No referral required.

Mental Health/Chemical Dependency (MH/CD)  
PreferredOne members may self-refer for MH/CD services to any PreferredOne contracted provider. If a PreferredOne patient contacts their primary or specialty care clinics to find out where they can be seen for MH/CD services, they should be directed to call PreferredOne Administrative Services at 763-847-4477 or 1-800-997-1750. PreferredOne Community Health Plan at 763-847-4488 or 1-800-379-7727. PreferredOne will prior authorize services beyond 10 visits.

Fairview employee group (PKA20006) members may self-refer for MH/CD services received through the Behavioral Healthcare Provider (BHP) network. BHP is a network of over 950 behavioral health practitioners around the Twin Cities metropolitan area. If a Fairview employee group member contacts their primary or specialty care clinics to find out where they can be seen for MH/CD services, they should be directed to call BHP. There is no referral needed. Call BHP at 763-525-9919 or 1-800-361-0491.

OB/GYN Access  
Direct access to OB/GYN providers extend beyond the FPA/FHN Care System. PreferredOne members may choose to access non-FPA/FHN PreferredOne providers directly for services that PreferredOne considers to be within the OB/GYN specialty network. This direct access option to non-FPA/FHN providers is limited.

Urgent Care  
Enrollees have direct access to Fairview Urgent Care Centers. Urgent care services will also be covered at retail clinics available at pharmacies etc. Contact PreferredOne Administrative Services at 763-847-4488 or 1-800-379-7727 for additional Urgent Care locations.
PreferredOne
ID Cards

Member Identification
Cards will include the PreferredOne logo and the words Administrative Services just below the logo.

PreferredOne Administrative Services (PAS) Care Team ID Card
Each family member chooses a primary care clinic, indicated by the two-letter designation in front of the PCC number (FP=FPA). If the clinic is part of the FPA Network, the patient is with FPA.

PCHP-CT on the sample ID card indicates the health plan network and not the product name.

PreferredOne Administrative Services (PAS) Open Access ID Card

PCHP/PreferredOne PPO on the sample ID card indicates the health plan network and not the product name.

Claim submission
Electronic submission
PreferredOne Community Health Plan (PCHP) Open Access Cards

OA200 (PICS5100) on the sample ID card indicates the health plan network and not the product name.
MN Advantage Health Plan- PreferredOne
Network and Plan Description/General Information

Minnesota Advantage Health Plan – PreferredHealth
Minnesota Advantage Health Plan is the name of the health benefit program being offered to State of Minnesota employees. PreferredOne is one of the health plans involved in administering this product.

PreferredOne- MN Advantage Health Plan is a defined network comprised of:

Primary Care = Fairview Health Network (FHN) – see pg. 4, North Memorial Collaborative Care and HealthEast.
* (consult PreferredHealth on-line directory for North Memorial & HealthEast clinics)
Specialty Care = FPA + UMP+ Hospital based specialists
Hospitals = Fairview, North Memorial, and HealthEast facilities: Fairview Lakes, Fairview Northland, Fairview Ridges, Fairview Southdale, University of Minnesota Medical Center, University of Minnesota Masonic Children’s Hospital, North Memorial Medical Center, Maple Grove Hospital, HealthEast St. Joseph’s, HealthEast St. John’s, Woodwinds. (Children’s and Gillette are both suppressed from member material but are included in highest benefit level.)

*You may access the PreferredHealth on-line network directory at:
https://www.preferredone.com/

Primary Care Clinic Designation
Enrollees must select a primary care clinic. If the primary care clinic is associated with the PreferredHealth network, the enrollee becomes a patient within the care system. PreferredHealth patients have direct access to providers within the care system, and require no referrals within the care system. If the primary care provider is coordinating care outside of the care system, the primary care clinic should process a referral. Specialty providers should coordinate out-of-care-system service with the primary care clinic.

Cost Levels/ Co-pays
The State of Minnesota assigned each clinic a cost level based on previous financial performance and geographic location. The cost level impacts the co-pay amount for the enrollee.

Out-of-Care-System Referrals
See the guideline in Section 8 of this guidebook for information on appropriate out-of-care-system referrals. Use PreferredOne’s online service through preferredone.com to submit referrals.

Online Services
Web Site - preferredone.com To obtain access, register On-line.

State of Minnesota Employee Web site – mmb.state.mn.us

Provider and Customer Service
Contact PreferredOne Administrative Services at 763-847-4477 or 800-997-1750 with any questions or concerns.
**Pharmacy Benefit**
The Advantage plan’s pharmacy benefit manager is Navitus Health Solutions. Call 1-866-333-2757 or navitus.com

**Case Management**
Notify case management of catastrophic cases at 763-847-4488, option 2.

**Chiropractic Services**
For direct access to Health Services Management, call 651-501-9635. No referral required.

**Mental Health/Chemical Dependency (MH/CD)**
PreferredOne members may self‐refer for MH/CD services to any PreferredOne contracted provider. If a PreferredOne patient contacts their primary or specialty care clinics to find out where they can be seen for MH/CD services, they should be directed to call PreferredOne Administrative Services at 763-847-4477 or 1-800-997-1750. PreferredOne will prior authorize services beyond 10 visits.

**OB/GYN Access**
Enrollees have direct access to OB/GYN providers within the PreferredHealth network. * See participating OB/GYN clinics at PreferredHealth on-line network directory at: https://www.preferredone.com/

**Urgent Care**
Urgent care services will be covered at retail clinics such as CVS, etc. Contact PreferredOne Administrative Services at 763-847-4477 or 800-997-1750 for additional Urgent Care locations.
# PreferredOne - Minnesota Advantage Health Plan

## ID Card

### Member Identification

<table>
<thead>
<tr>
<th>NAME</th>
<th>ID:</th>
<th>Cost Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>First E Last</td>
<td>7777777700</td>
<td>PH1</td>
</tr>
<tr>
<td>First P Last</td>
<td>7777777701</td>
<td>PH1</td>
</tr>
<tr>
<td>First W Last</td>
<td>7777777703</td>
<td>PH1</td>
</tr>
</tbody>
</table>

**PreferredOne Advantage Plan**

**Account:** PKA20074

**PCP:**
- Fairview Lakes Med Ctr: $18
- Fairview Lakes Med Ctr: $18
- Fairview Lakes Med Ctr: $18

**COPAYMENT:**
- OV: $100
- ER: $18
- UC: $10
- CC: $10

Hospitalizations/surgeries must be pre-certified (call Customer Service).

---

**Present this card when obtaining health care services.**

Submit all claims to:
PreferredOne Administrative Services
PO Box 58212 Minneapolis MN 55458-0212

Customer Service: (763) 847-4477 or 1-800-997-1750
www.preferredone.com/SEGIP

Employee Assistance Counseling Program: 1-800-657-3719

- Refer to your plan document (Summary Plan Description or Summary of Benefits) or contact Customer Service for information regarding providers, plan benefits, referral procedures and services requiring precertification.
- Notify Customer Service as soon as is reasonably possible when emergencies require hospitalization.
- If you receive a bill, please call Customer Service for assistance or submit the itemized bill by mail.
- Benefits are paid through a self-funded plan sponsored by your employer. PreferredOne Administrative Services provides administrative services only.

*This card does not guarantee coverage.

Members needing care out of the PreferredOne Networks, call PHCS Healthy Directions at 1-800-678-7427 for a PHCS provider.

---

**Claim submission**

Electronic submission
PreferredHealth – Fairview, North Memorial and HealthEast Network and Plan Description/General Information

Plan Description
The PreferredHealth plan is a defined network comprised of:

Primary Care = Fairview Health Network (FHN) – see pg. 4, North Collaborative Care and HealthEast.
*(consult PreferredHealth on-line directory for North Memorial & HealthEast clinics)
Specialty Care = FPA + UMP+ Hospital based specialists
Hospitals = Fairview, North Memorial, and HealthEast facilities: Fairview Lakes, Fairview Northland, Fairview Ridges, Fairview Southdale, University of Minnesota Medical Center, University of Minnesota Masonic Children’s Hospital, North Memorial Medical Center, Maple Grove Hospital, HealthEast St. Joseph’s, HealthEast St. John’s, Woodwinds. (Children’s and Gillette are both suppressed from member material but are included in highest benefit level.)

*You may access the PreferredHealth on-line network directory at:
https://www.preferredone.com/

Cost Levels/Co-pays- For Benefit Plans Using The PreferredHealth Network
Members must receive their care within the PreferredHealth network of providers and hospitals described above in order to have services paid at the highest benefit level. If services are received outside the PreferredHealth network, members will incur significantly higher member liability if those services are available within the PreferredHealth network.

Out of Network Referrals
This is an open access product. Members will receive highest benefit level (least member liability) within the PreferredHealth network. If members choose to go outside of the network, they will have greater financial responsibility. If a patient seeks services outside of the network, it will be reviewed centrally for service availability within the PreferredHealth Network and/or benefit determination as to how the claim will be paid. If a patient requests a prospective referral for services not available in the network, the request should be referred to FPA for authorization determination.

Provider and Customer Service
- For prospective and retrospective authorization of services outside the PreferredHealth network, please call FPA at 952-914-1848.
- PreferredHealth contact information: 612-672-2932 or 855-480-7770
  Customer Service/Precertification: 763-847-4488 or 800-379-7727 (Community Health Plan)
  763-847-4477 or 800-997-1750 (Insurance Company)

Online Services
Web site – preferredone.com
  Minnesota uniform practitioner change form
  Clinic provider maintenance
  Provider newsletters
  Subscriber/dependent eligibility
  Referrals
To obtain access, register on-line. Each clinic will have a parent log in holder, which can assign sub-logins to others in their office.
PreferredHealth- Fairview, North Memorial and HealthEast
General Information, continued

Case Management
Notify case management of catastrophic/high dollar cases at 763-847-4488, option 2.

Chiropractic Services
Direct access to Magellan at 952-225-5700. No referral required.

Mental Health/Chemical Dependency (MH/CD)
PreferredOne members may self-refer for MH/CD services through the Behavioral Healthcare Provider (BHP) network. BHP is a network of over 3,000 behavioral health practitioners state wide. If a PreferredOne patient contacts their primary or specialty care clinics to find out where they can be seen for MH/CD services, they should be directed to call BHP at 763-525-9919 or 1-800-361-0491.

OB/GYN Access
Enrollees have direct access to OB/GYN providers within the PreferredHealth network.
* See participating OB/GYN clinics at PreferredHealth on-line network directory at:
  https://www.preferredone.com/

Online Services
Patients can log in to: request an appointment with a provider (appointments can be at the clinic, conducted by telephone, or through an email visit on MyChart)
- Patients have access to: review health benefits; request an appointment with a provider (appointments can be at the clinic, conducted by telephone, or through an email visit on MyChart); and receive care for common conditions through (formerly known as Fairview Zipnosis) Oncare online diagnosis and treatment for $25 as part of this plan. As an added benefit, if a member doesn't qualify for an Oncare visit, they will be offered a telephone visit with a provider. For members with a copay plan, either the Oncare or the telephone visit benefit applies. Patients can access this through the consumer portal or by going directly to https://app.oncare.org/

* Note: Oncare allows patients to be treated online for common conditions, including: cold and flu, sinus infections, urinary tract infections, sore throat, allergies, cold/canker sores, yeast infections, acne and quitting tobacco. A patient uses a web browser to go to the Oncare site and answer a series of questions about their symptoms. This information is sent to a Fairview clinician who provides a diagnosis, suggested follow up courses of action and a prescription, if necessary, you can access expert health care 24/7.

Urgent Care
Urgent care services will be covered at retail clinics such as CVS, etc. Contact PreferredOne Administrative Services at 763-847-4477 or 800-997-1750 for additional Urgent Care locations
PreferredOne
Section 6

PreferredHealth - Fairview, North Memorial and HealthEast
ID Cards

PreferredOne

FAIRVIEW

PreferredHealth

Account: PKA20006

NAME: Pattie J Stover
ID: 80156930100

PREFERREDHEALTH NETWORK

DEDUCT MED COINS COPAY RX COINS
$1500 20%/10% $0 20%/20%/25%/30%

Preventive covered 100% PrefHealth Ntwk
Must pre-certify hospital/surgery. PCHP/PrefOne PPO F049
UCare for Seniors - Medicare Advantage

Plan Description/General Information

UCare for Seniors is a Medicare Advantage Plan (also known as Medicare Part C). With this plan, UCare contracts with the federal government to administer the Medicare Part A and Part B benefits for their members, plus provides additional benefits to fill in the gaps. With the exception of the Value plan, all UCare for Seniors options also include Medicare Part D outpatient prescription drug coverage. Plans available in the Twin Cities Metro include Classic, Essentials Rx, Prime, Value and Value Plus.

To be eligible for the UCare for Seniors, a person must have Medicare Part A and Part B (by age or disability), live in the service area (individual plan service areas vary by county), and not have end-stage renal disease (in most cases). No physical exam or other health screening is required. They also must enroll within specific timeframes set by Medicare, known as election periods. Although members may see any specialists in their network without a referral, when coordinating care, please continue to coordinate care within the care system. You can identify enrollees by their UCare ID Card. The ID card includes the UCare logo. When members enroll, they select a primary care clinic. Questions on member eligibility should be directed to the UCare Provider Assistance Center at 612-676-3300, 1-888-531-1493 toll free or online at ucare.org-click on “Providers” in the top right of the Screen.

Note: A few members still remain on UCare SeniorSelect, although not open for enrollment.
UCare for Seniors - Medicare Advantage
Plan Description/General Information

Provider Assistance Center
Call 612-676-3300 or 1-888-531-1493.

Customer Service
UCare for Seniors patients should contact UCare Member Services with any plan questions or concerns at 612-676-3600 or 1-877-523-1515.

Online services
UCare offers an online tool for contracted provider to obtain member eligibility and claims status at ucare.org/providers (password required to access online service).

Authorizations & Service Determinations
UCare’s Clinical Services is responsible for all Utilization Review (UR) determinations, e.g., skilled nursing facility (SNF), durable medical equipment (DME) and home care. Please see the Eligibility and Authorization tab on the UCare provider website website for a complete list of the services and their requirements. Questions call 612-676-6705 or 1-877-447-4384; fax 612-884-2499.

Member Appeals and Grievances
Call 612-676-6841 or 1-877-523-1517.

FPA Case Managers
FPA has a team of nurse case managers and a care coordinator who provide telephonic wellness and preventive health screening, care coordination and disease management for FPA UCare for Seniors members. Disease management programs include Cardiocom, palliative care consult and fall risk assessments.
UCare for Seniors - Medicare Advantage

General Information, continued

**Pharmacy**
UCare for Seniors plans with pharmacy benefits use Express Scripts, Inc. Participating pharmacies are listed in the UCare for Seniors Provider Directory.

**Chiropractic Services**
For Chiropractic Services, patients have direct access to find a chiropractor by going to ucare.org and clicking Find a Chiropractor. Patients can also call UCare at the phone number listed on their ID card, to determine their eligibility and benefit coverage specific to chiropractic services.

**Interpreter Services**
Per UCare, face-to-face oral interpretation is no longer covered under Medicare benefits and is not a benefit for members.

**Mental Health/Chemical Dependency (MH/CD)**
Behavioral health benefit management, including mental health and chemical dependency services for inpatient and outpatient care, is provided by UCare Behavioral Health Services.

Members or providers can call UCare’s Customer Service number between 8 a.m. and 5 p.m. For assistance with benefits, finding a provider, and determining authorization requirements.

Urgent care or crisis interventions for mental health or chemical dependency situations that are life-threatening do not require prior authorization.

Forms required for certain service authorizations are located on UCare’s Provider website. A request for service authorization using these forms can be faxed to 1-855-260-9710. Providers can call 1-888-531-1493 or 612-676-3300 or check the UCare Provider Portal for information about authorizations.

**OB/GYN Access**
Direct access to OB/GYN providers extends beyond the FPA Network. UCare for Seniors members may choose to access any UCare for Seniors contracted OB/GYN provider directly for services considered within the “OB/GYN scope of practice.”

**Urgent Care**
UCare for Seniors patients should contact UCare Customer Service at 612-676-3600 or 1-877-523-1515 for Urgent care locations.
UCare for Seniors - Medicare Advantage

ID Cards

**Member Identification**
The ID card displays care system name, UCare logo and Medicare Advantage. The plans are listed in the “Care Type”.

2018 UFS Classic ID Card

---

**Claim submission**
UCare uses, McKesson RelayHealth (“RelayHealth”) as its managed gateway for electronic data interchange (EDI). You can choose to use any clearinghouse you like; however, your clearinghouse will need to have a direct connection with RelayHealth in order to exchange EDI data with UCare.
UCare – Minnesota Health Care Programs
Plan Description/General Information

UCare Minnesota Health Care Programs
UCare Connect (Special Needs Basic Care- SNBC), UCare MN Senior Care Plus (MSC+), UCare Connect + Medicare (HMO SNP) (SNBC) and UCare’s MSHO eligibility is determined at the local county service agency. MSHO and UCare Connect + Medicare (HMO SNP) (SNBC) members must be Medicare eligible. UCare only provides MA (Prepaid Medical Assistance Program) and MinnesotaCare coverage in Olmsted County.

UCare Connect + Medicare is a new SNBC combining Medicare and Medicaid coverage available in the ten county metro area 1/1/17. UCare Connect (SNBC) is still a Medicaid-only product. UCare MSC+ and UCare Connect members may or may not be Medicare eligible.

UCare
Identify enrollees by their ID card, which includes the UCare logo. Each eligible enrollee selects a primary care clinic. Direct questions on member eligibility to the UCare Verification Line, 612-676-6824, 1-888-531-1493 or online at ucare.org

Customer Services
UCare patients should contact UCare Member Services with any plan questions or concerns. PMAP, MNCare or MSC+ -- 612-676-3200 or 1-800-203-7225. UCare Connect -- 612-676-3395 or 1-877-903-0061 toll free. UCare Connect + Medicare – 612-676-3310 or 1-855-260-9707 toll free. MSHO -- 612-676-6868 or 1-866-280-7202 toll free.

Provider Assistance Center
Call 612-676-3300 or 1-888-531-1493.

Member Appeals and Grievances
Call 612-676-6481 or 1-877-523-1517.

Online services
UCare offers an online tool for contracted providers to obtain member eligibility and claims status at ucare.org

Pharmacy Benefit
UCare’s pharmacy benefit management (PBM) company, Express Scripts, Inc. maintains drug formularies for UCare benefit programs.
UCare – Minnesota Health Care Programs

General Information, continued

Mental Health/Chemical Dependency (MH/CD)
Behavioral health benefit management, including mental health and chemical dependency services for inpatient and outpatient care for UCare members throughout the state of Minnesota, are provided by Beacon Health Strategies, operating under the name of UCare Behavioral Health Services. Intake staff can assist providers with:

- Screening the member’s needs and level of urgency.
- Locating a provider that is appropriate for the member’s needs.

Members or providers can call UCare’s Member Services 612-676-3200 or 1-800-203-7225 numbers between 8 a.m. and 5 p.m. for referrals. Phone calls are answered 24 hours a day, 7 days a week for crisis or emergency assistance.

Urgent care or crisis interventions for mental health or chemical dependency situations that are life-threatening do not require prior authorization. Forms required for certain service authorizations are located on UCare’s Provider website. A request for service authorization using these forms can be faxed to 1-866-610-7215. Providers can call 1-888-531-1493 or 612-676-3300 or check the UCare Provider Portal for information about authorizations.

Chiropractic Services
For Chiropractic Services, patients have direct access to find a chiropractor by going to ucare.org and clicking Find a Chiropractor. Patients can also call UCare at the phone number listed on their ID card to determine their eligibility and benefit coverage specific to chiropractic services.

Interpreter Services
UCare will reimburse for face-to-face oral interpretation. UCare will only reimburse for interpreters who are listed on the state registry and are contracted with UCare.

OB/GYN Access
Direct access to OB/GYN providers extends beyond the FPA Network. UCare members may choose to access any UCare contracted OB/GYN provider directly for services considered within the “OB/GYN scope of practice.”

Urgent Care
UCare patients should contact UCare Customer Services for Urgent Care locations. PMAP, MNCare or MSC+ 612-676-3200 or 1-800-203-7225. UCare Connect -- 612-676-3395 or 1-877-903-0061 toll free. UCare Connect + Medicare – 612-676-3310 or 1-855-260-9707 toll free. MSHO -- 612-676-6868 or 1-866-280-7202 toll free.
UCare – Minnesota Health Care Programs
ID Card

Member Identification
The ID card displays the UCare logo. The name of the program will be listed in the “Care Type” section on each card.

2018 PMAP Member ID Card
UCare – Fairview UCare Choices
Network and Plans Description/General Information

Plan Description: Fairview UCare Choices is a defined network product developed by Fairview Health Services and UCare. This is an HMO plan with a point-of-service option offered by UCare on Minnesota’s Health Insurance Exchange: MNsure. This product allows members to self-direct to any primary or specialty care provider, including OB/GYN Clinics. No referrals are required for specialty care services within FPA and UMP as noted below. The product does offer out of network benefits; however, members/patients have a very strong financial incentive to stay within the network.

Primary Care = Fairview Physician Associates Network (FPA)
Specialty Care = Fairview Physician Associates Network (FPA) + University of Minnesota Physicians (UMP)
Hospitals = Fairview Lakes; Fairview Northland; Fairview Ridges; Fairview Southdale; University of Minnesota Medical Center; University of Minnesota Masonic Children’s Hospital; Maple Grove Hospital

UCare
Members are identified by their ID cards (see copy), which includes the Fairview UCare Choices logo. Each eligible enrollee is encouraged to select a primary care clinic. Member eligibility can be verified on the UCare Verification Line, 612-676-6824, 1-888-531-1493 or online at choicesmember.org

Cost Levels
The plan offers two benefit levels: Bronze (higher deductible and out of pocket costs) and Silver (lower deductible and out of pocket costs).

Customer Services
Fairview UCare Choices members should contact Customer Services at 612-676-6609 or 1-877-903-0069 with questions regarding benefits and services.

Member Appeals and Grievances
Members may be directed to UCare to file an appeal. Members may call UCare’s Customer Services if they have questions about filing an appeal. Members may call 612-676-6609 or 1-877-903-0069.

Out of Network Services:
Some benefits and services are covered from non-network providers. Non-network providers do not have a network contract with UCare for this product. If a network provider requests a prospective referral for services not available in network, the request should be referred to FPA for authorization determination by calling 952-914-1848. If a patient requests a prospective referral for a service not available in network, members need prior approval from UCare. Members can call 612-676-6609 or 1-877-903-0069. Preventive services (with the exception of voluntary family planning services) are not covered if received from a non-network provider. Members are responsible for any preventive service charges from non-network providers.

Pharmacy Benefit
UCare’s pharmacy benefit management (PBM) company, Express Scripts, Inc. maintains drug formularies for UCare’s programs. Contact Express Scripts for prior authorization requests at 1-877-558-7521. UCare Choices and Fairview UCare Choices members are required to have all of their specialty prescriptions fulfilled through Fairview Specialty Pharmacy. They can be contacted at 612-672-5260.
UCare – Fairview UCare Choices
General Information, continued

Provider Assistance Center
Call 612-676-3300 or 1-888-531-1493

Mental Health/Chemical Dependency (MH/CD)
UCare members may self-refer for MH/CD services received through the Fairview UCare Choices network. UCare patients should contact their primary or specialty care clinics to find out where they can be seen for MH/CD services, or they may call UCare Customer Service. For referral assistance, providers can call UCare Behavioral Health Services at 612-676-6609 or 1-877-903-0069. No referral is needed.

Chiropractic Services
For Chiropractic Services, patients have direct access to find a chiropractor by going to ucare.org and clicking Find a Chiropractor. Patients can also call UCare at the phone number listed on their ID card, to determine their eligibility and benefit coverage specific to chiropractic services.

Interpreter Services
UCare will reimburse for face-to-face oral interpretation. UCare will only reimburse for interpreters who are listed on the state registry and are contracted with UCare.

OB/GYN Access
Members have direct access to OB/GYN providers within FPA Network.

Urgent Care
Fairview UCare Choices members have access to Fairview Urgent Care Clinic locations found at fairview.org/UrgentCare

Virtual Care
Patients can log in to: request an appointment with a provider (appointments can be at the clinic, conducted by telephone, or through an email visit on MyChart)
  • Patients have access to: review health benefits; request an appointment with a provider (appointments can be at the clinic, conducted by telephone, or through an email visit on MyChart); and receive care for common conditions through OnCare (formerly known as Fairview Zipnosis) online diagnosis and treatment for $25 as part of this plan. As an added benefit, if a member doesn’t qualify for an OnCare visit, they will be offered a telephone visit with a provider. For members with a copay plan, either the OnCare or the telephone visit benefit applies. Patients can access this through the consumer portal or by going directly to https://app.oncare.org/

* Note: OnCare allows patients to be treated online for common conditions, including: cold and flu, sinus infections, urinary tract infections, sore throat, allergies, cold/canker sores, yeast infections, acne and quitting tobacco. A patient uses a web browser to go to the OnCare site and answer a series of questions about their symptoms. This information is sent to a Fairview clinician who provides a diagnosis, suggested follow up courses of action and a prescription, if necessary, you can access expert health care 24/7.

NOTE: UCare Choices – Open Access product offered by UCare on the MNSure exchange. Not subject to the above narrow network circumstances
UCare – Fairview UCare Choices

ID Cards

Fairview UCare Choices is a defined network product developed by Fairview Health Services and UCare. This is an HMO plan with a point-of-service option offered by UCare on Minnesota’s Health Insurance Exchange: MNsure. This product allows members to self-direct to any primary or specialty care provider, including OB/GYN Clinics, within FPA.
ID Cards
Referral Guidelines

The guidelines outlined below are designed to assist you in the process of care coordination for FPA members.

Section 3.8 in the Fairview Physician Associates (FPA) Network Member Agreement states that FPAN Member Provider(s) will direct covered persons in accordance with Covered Person’s Payer requirements and where collaborative partnership through clinical integration work demonstrates value for patients and populations.

Although health services for the enrolled FPA population are generally received and directed within the FPA Network, care outside of the network is warranted when that care demonstrates value for the patient. Below, we have identified situations where out of network referrals would be appropriate. Please keep in mind that the payer still dictates payment for services, so all referrals will depend on members’ benefit sets and coverage.

Referrals to non-FPA providers may occur under the following circumstances (non-exhaustive):

1. **Services not available** Specialty services needed by the patient are not available within the FPA Network.
   - **Action** If a service is not available within the Network, direct care to a provider within the patient’s larger health plan network. Generate an out-of-care-system referral to the health plan. The health plans require that out-of-care-system referrals come from the primary care clinic. If you are a specialty provider, please coordinate the referral with the primary care clinic.

2. **Access issue** Specialty services are available within FPA Network, but the specialist(s)/facility are not available in a timely manner to provide the patient care and delay would be detrimental to the health of the patient.
   - **Action** Generate an out-of-care system referral to the health plan as needed. Some health plans require that the out-of-care system referrals come from the primary care clinic. If you are a specialty provider, please coordinate the referral with the primary care clinic.

3. **Transition of care** Out-of-care-system referrals may be appropriate when the patient’s severity of illness or treatment is such that redirecting his/her care without a transition into FPA would disrupt the health of the patient.
   - **Action** Some health plans require that the out-of-care-system referrals come from the primary care clinic. If you are a specialty provider, please coordinate the referral with the primary care clinic.

4. **Patient self-referred outside of the network** When a patient seeks services on his/her own outside of the care system and without prior direction from an FPA provider, this action is known as a self-referral. The services for which the patient self-referred will fall under a different level of benefit for the patient.
   - **Action** Most health plans offer a self-referral benefit for patients who choose to direct their care outside the care system. Direct the patient to contact his/her health plan customer service department for an explanation of self-referral benefits for the health plan policy the patient has chosen.

5. **Out of Area** When a patient travels out of the area serviced by FPA Network and needs medical care, these services will fall under a different benefit level for the patient.
   - **Action** It is not necessary to process referrals to out-of-area providers. Instead, the patient should contact their health plan for instructions on next steps.

For questions regarding these guidelines please contact FPA at 952-914-1848.
Reminders

FPA members have direct access to all FPA Network providers. No referrals are required within the FPA network. If the primary care provider is coordinating care outside the care system, a referral should be processed by the primary care clinic. Specialty clinics/providers should coordinate out-of-care-system service/referral with the primary care clinic.

Blue Plus
Blue Plus- Minnesota Advantage Plan
Hennepin Health – SNBC (formerly Cornerstone)
Medica Essential
Minnesota Advantage Plan- PreferredOne
Portico Healthnet
PreferredOne Administrative Services – Care Team

The following plans do not have referrals in the plan design. Patients have access to a larger network of participating providers, though their member liability may be greater for services received outside their defined network as applicable. See specifics in plan descriptions.

Medica- Fairview and North Memorial Vantage with Medica
Blue Plus – PMAP/MNCare
PreferredOne Administrative Services – Open Access
PreferredOne Community Health Plan
PreferredHealth- Defined network product
Fairview UCare Choices - Defined network product
UCare for Seniors
UCare SeniorSelect
UCare – Minnesota Health Care Programs

Importance of complete and accurate coding
FPA’s ability to negotiate competitive contract rates is tied directly to the network’s performance around the triple aim: cost effective care, patient experience, and quality. Accurate and complete diagnosis coding will correctly reflect the illness burden of our patient population and support the acuity adjusted total cost of care calculations, which is increasingly utilized by health plans to measure cost effective delivery of care.

Catastrophic/high dollar case management
Each health plan or third party administrator requests to be notified of all potential high-dollar cases that may benefit from case management.

Provider and practice changes
Notify FPA of provider and practice changes. Each health plan also requests to be notified of these changes.