

Chapter 1

About SelectCareSM and LaborCare[®]

An introduction to the preferred provider organizations (PPOs).

Section A Overview

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Chapter 1: About SelectCareSM and LaborCare[®]

Section A: Overview

SelectCareSM and LaborCare[®] are the preferred provider organization (PPO) options in the product portfolio of Medica[®], a not-for-profit health organization that serves approximately one million members and provides easy access to health care providers across the Upper Midwest.

In 2012, Medica again received full three-year accreditation from the National Committee for Quality Assurance (NCQA). As a result, Medica is one of a preferred group of health care organizations nationally that has received this accreditation. SelectCare and LaborCare apply the Medica commitment to continuous quality improvement not only in day-to-day internal operations, but also in the relationships maintained with providers, enrollees, and third-party administrators (TPAs) and their clients.

With over 20 years of experience, SelectCare provides a full spectrum of medical services to more than 342,000 customers in Minnesota, western Wisconsin, and North and South Dakota. It also represents more than 4,400 employer groups, including payer relationships with more than 30 commercial carriers, third-party payers, national provider networks and union trust funds.

LaborCare is a SelectCare product, developed in 2001 to meet the unique needs of labor unions and payers with significant union membership.

With SelectCare and LaborCare, customers can choose a plan administrator and customize services. Options available to groups include:

- A self-referral preferred provider network.
- A primary care clinic (gatekeeper) network.
- Utilization management.
- Chiropractic network.
- Mental health/substance abuse (behavioral health) network.

All information in this manual applies to both SelectCareSM and LaborCare[®], the preferred provider organization (PPO) options in Medica's product portfolio.

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Section B: SelectCare/LaborCare Clients

SelectCare/LaborCare has two types of clients: non-remote and remote. **Non-remote clients** have claims directed to SelectCare/LaborCare for repricing. **Remote clients, or remote repricers**, perform the claim repricing, based on fee and provider information sent to them by SelectCare/LaborCare. When a provider signs a SelectCare/LaborCare contract, he or she is agreeing to participate with the various third-party administrators (TPAs) and remote repricers with whom SelectCare/LaborCare contracts.

Non-remote

For all non-remote client business, claims should be sent to:

SelectCare
PO Box 830489
Birmingham, AL 35283-0489
(Electronic ID 00014)

Upon receipt of a claim, SelectCare/LaborCare applies the appropriate fee information and forwards the claim to the TPA for processing. Actual reimbursement is based on many factors including the provider fee schedule, the TPA's claim and coding edits and the enrollee's benefit level. **The appropriate customer service phone number as well as the SelectCare/LaborCare logo, group number and claim address are on the enrollee's ID card.**

Remote

Aetna and United HealthCare lease our SelectCare/LaborCare provider network.

SelectCare provides the negotiated discount information and provider data to Aetna and United HealthCare. They reprice claims and forward them to the appropriate TPA or claim office for application of benefits and payment.

SelectCare does not determine eligibility or benefits. Since SelectCare does not reprice the claims for Aetna and United HealthCare, there is no claim history in the SelectCare system. **Please direct questions regarding eligibility, benefits and claims to the appropriate payer phone number listed on the enrollee's ID card.**

For detailed information on claim submission, refer to Chapter 8 (Professional Services) and Chapter 9 (Facilities) in this manual.

Aetna

Please refer to member ID card for claim submission address.

www.aetna.com

United HealthCare (UHC)

Please refer to member ID card for claim submission address.

www.uhconline.com

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Section C: Provider Privacy Policy

Provider shall comply with all state and federal laws and regulations pertaining to privacy and protection of patients' health information, including but not limited to, the Health Insurance Portability and Accountability Act (HIPAA) as amended, and Minnesota Statutes, Chapter 144 ("Department of Health").

Both health plans and health care providers are "covered entities" as defined under HIPAA, and as such are required to understand and comply with the HIPAA Privacy Rule. As a convenience for you, Medica is providing some examples of topics for the administrative, technical and physical patient health information safeguards as required under HIPAA.

Administrative Safeguards

- Creating and implementing written policies and procedures for entire organization (i.e. clinic, hospital, skilled nursing facility).
- Training for every member of your workforce (e.g. practitioners, receptionists, business office staff, and volunteers).
- Providing patients with "Notice of Privacy Practices".
- When permitted or required by law, disclosing only "minimum necessary" patient information for the purpose intended.

Technical Safeguards

- Ensuring proper use of computer system firewalls to prevent unauthorized access.
- Ensuring proper use of computer user names and passwords.

Physical Safeguards

- Ensuring patient information is displayed in a manner not identifiable to the general public.
- Ensuring medical records are stored in a secure area that is inaccessible to unauthorized individuals.

Further information about these and other HIPAA requirements can be found at the following websites:

- American Health Information Management Association (AHIMA)
(www.ahima.org/topics/psc)
- United States Department of Health and Human Services (HHS)
(www.hhs.gov/ocr/hipaa)

The information provided above is not intended as legal advice. Please contact your legal advisor for further information regarding HIPAA and other state and federal regulations.