


Medica AccessAbility Solution® Enhanced Special Needs BasicCare (SNBC) Special Needs Plan (SNP) Fact Sheet

Overview

Medica offers AccessAbility Solution® Enhanced for Minnesota Health Care Programs (MHCP) enrollees in the Special Needs BasicCare (SNBC) managed care program. This product is for members with a certified disability ages 18 through 64 who are eligible for both Medicare and Medical Assistance. Medica assigns each member within a care system that is associated with the member's selection of a primary care clinic during enrollment. Members are able to change their primary care clinic on a monthly basis. Each member is assigned a Care Coordinator who is a trained health care professional and conducts a health risk assessment (HRA) upon enrollment and again at least annually, arranges for covered services, and assists the member in fully using their available services and supports.

Enrollment in I-SNBC is voluntary; enrollees can complete a Medica AccessAbility Solution® Enhanced enrollment application directly with a Medica sales representative. Medica AccessAbility Solution® Enhanced members have no cost-sharing for any covered service.

ID Card Example for 2023-2024

 <p> Payer ID: 99999 ID: 999999901 Group: 99999 MHCP Name: JOHN Q SUBSCRIBER Care Type: [Plan Name] SVC Type: Medical/Comprehensive Dental/Rx </p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; width: fit-content;"> Rx BIN: XXXXXX Rx PCN: XXXXXXXX Rx Group: XXXXXX </div> <p style="font-size: small; margin-top: 10px;">In case of EMERGENCY go to the nearest Emergency Room or call 911.</p>	<p> medica.com/XXXXXXXX Card Issued: mm/dd/yy </p> <p> Member Services (TTY 711): 1-XXX-XXX-XXXX NurseLine™ by HealthAdvocate™: 1-XXX-XXX-XXXX Mental Health Crisis: 1-XXX-XXX-XXXX Pharmacies call ESI: 1-XXX-XXX-XXXX Providers call: 1-XXX-XXX-XXXX </p> <p> Medical claims to: Medica, PO Box 99999, City, ST 99999-9999 Dental Claims: Delta Dental®, PO Box 9999, City, ST 99999-9999 RX Claims: Express Scripts, PO Box 99999, City, ST 99999-9999 </p> <p> Appeals and Grievances: Medica: 1-XXX-XXX-XXXX or Fax: XXX-XXX-XXXX (TTY 711) State of MN - DHS Appeals Unit, PO Box 99999, City, ST 99999-9999 Managed Care Ombudsman - 1-XXX-XXX-XXXX or 1-XXX-XXX-XXXX (TTY: 711) </p>
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Group Numbers

- 08XXX

Provider Networks

Access to inpatient services and certain outpatient services is restricted to provider entities that participate in this product's network. Covered services outside the network require prior authorization except for emergency/urgently needed care.

- Medica Choice® direct contracted medical provider network
- OptumHealthSM Care Solutions, Physical Health – chiropractic services provider network
- Express Scripts® (ESI) – Pharmacy Benefit Manager (PBM)
- Minnesota Select Dental™ (MSD) network, administered by Delta Dental® of Minnesota (DDMN)
- Medica Behavioral Health (MBH) administered by Optum Behavioral Health – mental health and substance use disorder (SUD) treatment provider network

Program Features

- Members select their preferred primary care clinic (PCC); Medica groups all network PCCs into care systems designed to improve care delivery across the product
- Integrates Original Medicare (Parts A&B) and Part D benefits with services covered under Medical Assistance for eligible Minnesota Health Care Program (MHCP) Enrollees
- Every member is assigned a Care Coordinator, who is either a Medica employee or trained delegate, as the member's primary point of contact for all health and wellness coordination
- The member's Medica Care Coordinator also coordinates with the member's county agency for services that are not paid by Medica but may be paid by another source (e.g. waiver programs)

Care Systems

- A Care System consists of a provider entity that spans the continuum of care including physicians, nurses, clinics, hospitals, nursing homes and social workers. For a current list of care system partners, see [Medica Care Coordinated Products Group Numbers](#)

County Partners

- Medica is contracted with several county agencies. These county staffs perform care coordination as a delegate of Medica for Medica AccessAbility Solution members. For a current list, see [County, Care System, and Agency Contact Information](#)

Membership Criteria

- Eligible for Medical Assistance
- Eligible for Medicare Parts A and B
- 18-64 years of age with a certified disability
- Reside in the current Medica AccessAbility Solution® Enhanced service area
- Complete a Medica AccessAbility Solution® Enhanced enrollment form

Services Referral Process

Medica requires authorization in order to pay for some services; the Care Coordinator completes a referral request form to initiate a service authorization for certain covered services listed here:

[Medica Referral Guidelines](#)

Claim Submission

Claims should be submitted to:

Medica
PO Box 30990
Salt Lake City, UT 84130
Electronic payer ID: 94265

Please note: Medica ensures that network providers are enrolled with Minnesota Department of Human Services (MN DHS) via the Minnesota Provider Screening and Enrollment (MPSE) [Portal](#). Network providers that are not enrolled with MN DHS may receive denied claims with denial reason "Provider is not registered with the State." [See details on claim submission and product guidelines.](#)