Medica

Medica AccessAbility Solution®
Minnesota Special Needs BasicCare (SNBC)
Fact Sheet

Overview

Medica offers AccessAbility Solution® 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 enrolled in Medical Assistance. 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 coordinates county social services and case management systems.

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

ID Card Example for 2023-2024

Group Numbers

- 05XXX

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 does not require prior authorization if a primary insurance covers the service.

- 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

- Every member is assigned a Care Coordinator who is either a Medica employee or trained delegate and is 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)
- Medica is contracted with multiple county agencies. These county staff perform delegated care coordination for Medica AccessAbility Solution® members. For a current list, see **County, Care System, and Agency Contact Information** on Medica.com

Membership Criteria

- Eligible for Medical Assistance
- Age 18-64 years old with a certified disability
- Reside in the current Medica AccessAbility Solution® service area
- Complete a Medica AccessAbility Solution® voluntary 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

For those members who are "dual-eligible" (i.e. have Medicare eligibility that is not integrated with their Medical Assistance managed care), Medica will coordinate benefits with their primary Medicare coverage provider. Medica receives these coordination of benefits (COB) claims in accordance with the Centers for Medicare and Medicaid Services (CMS) Coordination of Benefits Agreement (COBA) claim crossover process.

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.