

## 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 person-centered assessment 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 waives member cost sharing for Medica AccessAbility Solution® members.

### ID Card Example for 2022-2023

 <p>Payer ID: <b>94265</b>  <b>ID: 999999901</b> Group: <b>05069</b>                      MHCP          Name:  <b>JOHN Q 00009/00924/05069</b>          Care Type: <b>Medica AccessAbility Solution</b>          SVC Type: <b>Medical/Comprehensive Dental/Rx</b></p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">             Rx BIN: <b>003858</b>              Rx PCN: <b>MA</b>              Rx Group: <b>3MEDICA</b> </div> <p>In case of EMERGENCY go to the nearest Emergency Room or call 911.</p> <p>Use Medicare coverage for Part D drugs.</p>	<p style="text-align: right;"><b>Medica.com/AccessAbility</b>                      Card Issued: 07/23/21</p> <p>Member Services (TTY: 711):                      1 (888) 347-3630          NurseLine™ by HealthAdvocate™:                      1 (866) 715-0915          Mental Health Crisis:                      1 (800) 848-8327          Pharmacies call ESI:                      1 (800) 922-1557          Providers call:                      1 (800) 458-5512</p> <p>Medical claims to: Medica, PO Box 30990, Salt Lake City, UT 84130-0990          Dental Claims:                      Delta Dental®, PO Box 9120, Farmington Hills, MI 48333-9120          RX Claims:                      Express Scripts, PO Box 14711, Lexington, KY 40512-4711</p> <p>Appeals and Grievances:          Medica: 1 (888) 347-3630 or Fax: 1 (952) 992-3016 (TTY: 711)          State of MN - DHS Appeals Unit, PO Box 64941, St Paul, MN 55164-0941          Managed Care Ombudsman – 1 (651) 431-2660 or 1 (800) 657-3729 (TTY: 711)</p>
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### Group Numbers

- 05XXX

### Provider Networks

- Medica Choice® direct contracted medical provider network
- OptumHealth<sup>SM</sup> 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 treatment (SUD) provider network

Access to inpatient services and certain outpatient services is restricted to facilities that participate with this product. Covered services (unless emergency/urgent care) outside the network require prior notification, except if the member has primary insurance coverage through a commercial plan or Medicare. Medica does not require prior notification if the primary insurance deemed the service as covered.

### **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

### **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 claims in accordance with the Centers for Medicare and Medicaid Services (CMS) Coordination of Benefits Agreement (COBA) claim crossover process.

[See details on claim submission and product guidelines.](#)