

## 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) program. This product is for members with disabilities ages 18 through 64 who are enrolled in Medical Assistance. Each member is assigned a Care Coordinator, typically a registered nurse or independently licensed social worker, who conducts a person-centered assessment upon enrollment and again at least annually, arranges for services, and assists the member in navigating the healthcare system.

### ID Card Example (2020)

<p><b>MEDICA®</b></p> <p>Payer ID: <b>94265</b> Card Issued <b>80840</b>                  ID: <b>999999901</b> Group <b>05066</b> MHCP                  Name: <b>JOHN Q 00009/00924/05066</b>                  Care Type: <b>Medica AccessAbility Solution</b>                  SVC Type: <b>Medical/Comprehensive Dental/Rx</b></p> <p><b>OV/CONV/URGI/ER/[CD5]</b>  <b>\$XX / \$XX / \$XX / \$XX / \$XX</b>                  In case of EMERGENCY go to the nearest Emergency Room or call 911.</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">                 Rx BIN: <b>003858</b>                  Rx PCN: <b>MA</b>                  Rx Group: <b>3MEDICA</b> </div> <p>Use Medicare coverage for Part D drugs.</p>	<p><b>medica.com/accessability</b> Card Issued: 10/28/19</p> <p>Member Services (TTY 711): 1-888-347-3630                  NurseLine™ by HealthAdvocate™: 1-866-715-0915                  Medica Behavioral Health: 1-800-848-8327                  Delta Dental Questions: 1-800-459-8574                  Pharmacies call ESI: 1-800-922-1557                  Providers call: 1-800-458-5612</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                  Appeals and Grievances:                  Medica: 1-888-347-3630 or Fax: 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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### ID Card Example (2021)

<p><b>MEDICA®</b></p> <p>Payer ID: <b>94265</b> Card Issued <b>08/10/20</b>                  ID: <b>999999901</b> Group <b>05065</b> MHCP                  Name: <b>JOHN Q 00009/00924/05065</b>                  Care Type: <b>Medica AccessAbility Solution</b>                  SVC Type: <b>Medical/Comprehensive Dental/Rx</b></p> <p><b>OV/CONV/URGI/ER/[CD5]</b>  <b>\$XX / \$XX / \$XX / \$XX / \$XX</b>                  In case of EMERGENCY go to the nearest Emergency Room or call 911.</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">                 Rx BIN: <b>003858</b>                  Rx PCN: <b>MA</b>                  Rx Group: <b>3MEDICA</b> </div> <p>Use Medicare coverage for Part D drugs.</p>	<p><b>medica.com/accessability</b> Card Issued: 08/10/20</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: 1-800-458-5612</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                  Appeals and Grievances:                  Medica: 1-888-347-3630 or Fax: 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 AccessAbility Solution utilizes the Medica Choice® provider network
- OptumHealth<sup>SM</sup> Care Solutions, Physical Health (Chiropractic care)
- Express Scripts® is the Pharmacy Benefits Manager (PBM)
- Minnesota's Select Dental<sup>TM</sup> network, administered by Delta Dental® of Minnesota

- Medica Behavioral Health (Behavioral Health and Substance Use Disorder Treatment network)
- Access to inpatient services and certain outpatient services is restricted to facilities that participate with these products. 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 would 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 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 covered by Medica but may be covered by another source (e.g. waiver programs)

## **County Partners**

- Medica has contracted to partner with several of the participating SNBC counties. These counties are part of the Medica Care System. Care Coordinators act on behalf of Medica for Medica's SNBC members. For a current list, see the "[County, Care System, and Agency Contact Information](#)" document on [medica.com](#)

## **Membership Criteria**

- Qualify for Medicaid
- Be 18-64 years of age
- Live in current Medica AccessAbility Solution service area

## **Medica AccessAbility Solution Enhanced Benefits**

- Over-the-counter drugs
- Dental benefits
- Care coordination by care systems
- Preventive services
- Durable medical equipment (DME)
- Hearing services
- Vision services
- Physical exams
- Members may have access to additional services not covered by their medical benefits through a waiver managed by their county. DD, TBI, and CADI county waivers are some of the examples. Providers should contact DHS for more information.

## **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, Medica will coordinate benefits with their primary Medicare coverage provider. Medica receives these coordination of benefits claims in accordance with CMS' Coordination of Benefits Agreement (COBA) crossover process.