

Medica DUAL Solution® Minnesota Senior Health Options (MSHO) Fact Sheet

Overview

Medica offers Medica DUAL Solution® for Minnesota Health Care Programs (MHCP) enrollees in the Minnesota Senior Health Options (MSHO) managed care program. This product is for members who are enrolled in both Medicare Parts A and B and Medical Assistance and are 65 years of age and older. Medica assigns each member to a care system that is based on 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 also 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 services, and assists the member in navigating the health care system.

Enrollment in MSHO is voluntary; enrollees can complete a Medica DUAL Solution® enrollment application directly with a Medica sales representative. Medica waives member cost sharing for Medica DUAL Solution® members.

ID Card Example for 2022-2023

 <p>Payer ID: 94265 ID: 999999901 Group: 07887 Name: JOHN Q 00057/00203/07887 Care Type: Medica DUAL Solution SVC Type: Medical/Dental/Part D</p> <p style="text-align: center;">MHCP</p> <div style="text-align: center;">  Rx BIN: 610014 Rx PCN: MNDE Rx Group: 4MEDICA </div> <p style="text-align: center;">CMS: Hxxxx-xxx</p> <p style="font-size: small;">In case of EMERGENCY go to the nearest Emergency Room or call 911.</p>	<p style="text-align: right;">medica.com/dual Card Issued: 07/09/21</p> <p>Member Services (TTY 711): (888) 347-3630 NurseLine™ by HealthAdvocate™: (866) 715-0915 Mental Health Crisis: (800) 848-8327 Pharmacies call ESI: (800) 922-1557 Providers call: (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 14718, Lexington, KY 40512-4718</p> <p>Appeals and Grievances: Medica: (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 – (651) 431-2660 or (800) 657-3729 (TTY 711)</p>
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Group Numbers

- 07XXX

Provider Networks

- 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 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

- Members select their preferred primary care clinic (PCC); Medica groups all PCCs into care systems designed to improve care delivery across the product
- Integrates Original Medicare (Parts A&B) and Medicare 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 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)

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 staff perform care coordination as a delegate of Medica for Medica DUAL 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
- Be at least 65 years of age
- Reside in the current Medica DUAL Solution® service area
- Complete a Medica DUAL Solution® enrollment form

Elderly Waiver Services Referral Process

Medica requires authorization in order to pay for some services; Care Coordinators complete a referral request form to initiate a service authorization for any of the following covered services:

- Customized Living
- Foster Care
- Home Modifications
- Generic Supplies and Equipment
- Nursing Home Stays- Medicare A stays or skilled stays
- Personal Care Assistance (PCA)
- Adult Day Care
- Adult Day Care Bath
- Home Health Aide

- Homemaker
- Independent Living Skills (ILS)
- Home Care Nursing (formerly known as Private Duty Nursing)

Claim Submission

Claims should be submitted to:

Medica
PO Box 30990
Salt Lake City, UT 84130

Electronic payer ID: 94265

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

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