


## Medica Choice Care<sup>SM</sup> MSC+ Minnesota Senior Care Plus (MSC+) Fact Sheet

### Overview

Medica offers Medica Choice Care<sup>SM</sup> MSC+ for Minnesota Health Care Programs (MHCP) enrollees in the Minnesota Senior Care Plus (MSC+) managed care program. This product is for members who are aged 65 years or older and 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 services, and assists the member navigate the healthcare system.

Medica Choice Care MSC+ members have no cost-sharing for any covered service.

### ID Card Example for 2023-2024

 <p>Payer ID: <b>99999</b>                  ID: <b>999999901</b> Group: <b>99999</b> MHCP                  Name: <b>JOHN Q SUBSCRIBER</b>                  Care Type: <b>[Plan Name]</b>                  SVC Type: <b>Medical/Comprehensive Dental/Rx</b></p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;">                     Rx BIN: <b>XXXXXX</b>                      Rx PCN: <b>XXXXXXX</b>                      Rx Group: <b>XXXXXX</b> </div> <p>In case of EMERGENCY go to the nearest Emergency Room or call 911.</p>	<p style="text-align: right;"><b>medica.com/XXXXXXXX</b>      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

- 59XXX

### 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
- OptumHealth<sup>SM</sup> Care Solutions, Physical Health – chiropractic services provider network
- Express Scripts® (ESI) – Pharmacy Benefits 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 some Medica Choice Care<sup>SM</sup> MSC+ members. For a current list, see [County, Care System, and Agency Contact Information](#) on Medica.com

### **Membership Criteria**

- Eligible for Medical Assistance
- At least 65 years of age
- Reside in the current Medica Choice Care<sup>SM</sup> MSC+ service area

### **Elderly Waiver (EW) 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](#)