

## 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+) program. This product is for members who are enrolled in Medical Assistance and are 65 years of age or older. 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. Members may have to pay copays for some medical services and prescriptions. Members must pay their copays directly to their provider. Some of the providers require the copay upon arrival for the medical services. For details about applicable member sharing see [MHCP Overview of Benefits Grid](#) document on [medica.com](#)

### ID Card Example (2020)

<p><b>MEDICA®</b></p> <p>Payer ID: 94265  <b>ID: 999999901</b> Group <b>59691</b>  Name: <b>JOHN Q 00009/00936/59691</b>  Care Type: <b>Medica Choice Care MSC+</b>  SVC Type: <b>Medical/Comprehensive Dental/Rx</b></p> <p>Card Issued <b>80840</b> MHCP</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Rx BIN:</td> <td><b>003858</b></td> </tr> <tr> <td>Rx PCN:</td> <td><b>MA</b></td> </tr> <tr> <td>Rx Group:</td> <td><b>3MEDICA</b></td> </tr> </table> <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.  \$3.50 copay for urgent care services in the ER.  No Medicare coverage. Full drug coverage through Medica.</p>	Rx BIN:	<b>003858</b>	Rx PCN:	<b>MA</b>	Rx Group:	<b>3MEDICA</b>	<p><b>medica.com/choicecaremsc</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: 1-800-458-5512</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: 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>
Rx BIN:	<b>003858</b>						
Rx PCN:	<b>MA</b>						
Rx Group:	<b>3MEDICA</b>						

### ID Card Example (2021)

<p><b>MEDICA®</b></p> <p>Payer ID: 94265  <b>ID: 999999901</b> Group <b>59166</b>  Name:  <b>JOHN Q 00009/00937/59166</b>  Care Type: <b>Medica Choice Care MSC+</b>  SVC Type: <b>Medical/Comprehensive Dental/Rx</b></p> <p>Card Issued <b>80840</b> MHCP</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Rx BIN:</td> <td><b>003858</b></td> </tr> <tr> <td>Rx PCN:</td> <td><b>MA</b></td> </tr> <tr> <td>Rx Group:</td> <td><b>3MEDICA</b></td> </tr> </table> <p>In case of EMERGENCY go to the nearest Emergency Room or call 911.  No Medicare coverage.  Full drug coverage through Medica.</p>	Rx BIN:	<b>003858</b>	Rx PCN:	<b>MA</b>	Rx Group:	<b>3MEDICA</b>	<p><b>medica.com/choicecaremsc</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: 1-800-458-5512</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: 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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Rx PCN:	<b>MA</b>						
Rx Group:	<b>3MEDICA</b>						

### Group Numbers

- 59XXX

## Provider Networks

- Medica Choice Care MSC+ recipients use 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 MSC+ counties. These counties are part of the Medica Care System. Care Coordinators act on behalf of Medica for MSC+ members. For a current list, see the "[County, Care System, and Agency Contact Information](#)" document on medica.com

## Membership Criteria

- Qualify for Medicaid
- Be at least 65 years of age
- Live in current Medica Choice Care MSC+ service area

## Referral Process/ Elderly Waiver Services

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

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.