



Out-of-Network PCA Provider Billing Process

For the following Medica members:

- Medica DUAL Solution[®] – Minnesota Senior Health Options (MSHO) enrollees
- Medica Choice CareSM – Minnesota Senior Care Plus (MSC+) enrollees

Members who are new to Medica and have been receiving personal care assistance (PCA) services at the time of enrollment with Medica can continue to receive PCA services from their out-of-network PCA provider *for up to 120 days*. Medica does not want members' PCA services interrupted due to enrollment with Medica. Providers need to contact the member's assigned care coordinator to communicate the member's current plan of care and obtain the authorization for PCA services. After Medica has assigned an authorization number:

- The out-of-network provider will receive an authorization letter from Medica.
- The out-of-network provider will receive a request from Medica for more information. Providers need to call Medica Provider Service Center at 1-800-458-5512 indicating which PCAs are providing services to the member.
- Providers must also provide Medica the W-9 for their organization.
- Once the information is obtained, Medica will process this information and notify the provider when they can bill for services.
- Medica's normal processing time is 2-3 weeks once Medica receives the provider documentation.

Electronic submission of claims is a requirement. If providers do not have an electronic system to bill, they can use the free service [MN E-Connect](#). There are also other electronic billing services available.

For more PCA information, providers can refer to the [Administrative Requirements \(PDF\)](#) on [medica.com](#). To determine a member's assigned care coordinator, learn more about billing, or find details about a submitted claim, providers can contact the Medica Provider Service Center at 1-800-458-5512.

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