

## Medica Medicare and Medicaid Products Grid

Medica Product/Plan	Network	Primary Payer	Plan Pays	Medica Group/Policy Numbers	Notify Medica of Admission
<p><b>Medica Select Solution<sup>®</sup></b> (closed to new members 6/1/10)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Basic</li> <li><input type="checkbox"/> Group Retiree</li> </ul> <p>Effective 1/1/11 (closed - no new enrollment)</p> <ul style="list-style-type: none"> <li>• Basic II</li> <li>• Optional Coverage Riders</li> </ul> <p><a href="#">See more details.</a></p>	<p>Medica Choice<sup>®</sup></p>	<p><b>Medicare (bill Medicare first)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All Part A and Part B services: Must use a Medica contracted provider for Medica to supplement Medicare benefits.</li> <li><input type="checkbox"/> If Medicare denies: Plan pays for routine screening procedures, preventive health services and state mandated services.</li> </ul>	<p>Medicare coinsurance and deductibles if issued prior to 6/1/10 and Basic II only if optional rider for coverage is elected.</p>	<p><b>Select I Individual:</b> 71000, 71001 No Part D changes to insulin &amp; diabetic suppl.</p> <p><b>Group:</b> 71295, 71307</p> <p><b>Select Basic II</b> 71712</p>	<p>Yes 1-800-458-5512 Fax: 952-992-3555</p>
<p><b>Medica Medicare Supplement (Minnesota – Signature Solution)<sup>®</sup></b> Effective 4/1/2018)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Basic <ul style="list-style-type: none"> <li>• Optional Coverage Riders</li> </ul> </li> <li><input type="checkbox"/> Extended Basic (with Part B Deductible)</li> <li><input type="checkbox"/> Extended Basic (without Part B Deductible)</li> <li><input type="checkbox"/> \$20/\$50 Copayment Plan (Plan N)</li> <li><input type="checkbox"/> High Deductible Coverage Plan (Plan HDF)</li> </ul> <p>(Iowa, Nebraska, North Dakota, South Dakota - Effective 3/1/2021)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Plan A</li> <li><input type="checkbox"/> Plan F</li> <li><input type="checkbox"/> Plan G</li> <li><input type="checkbox"/> Plan N</li> </ul> <p><a href="#">See more details.</a></p>	<p>Any provider that accepts Medicare</p>	<p><b>Medicare (bill Medicare first)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All Part A and Part B services</li> <li><input type="checkbox"/> If Medicare denies, plan pays for state mandated services</li> <li><input type="checkbox"/> Minnesota Policyholders may have purchased additional policy rider for preventive non-Medicare covered health services (annual physical, eye exam, hearing exam, etc)</li> </ul>	<p>Medicare coinsurance and deductibles.</p>	<p>72000 - 72999 and 230xxxxxx</p>	<p>No</p>

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<b>Medica AccessAbility Solution® Enhanced</b> <input type="checkbox"/> H9952-001 (HMO D-SNP) <input type="checkbox"/> MN DHS I-SNBC  <a href="#">See more details.</a>	Medica Choice® with care system groups	<b>Plan (bill Medica)</b> Members receive integrated Medicare and Medical Assistance-covered services through network providers. Additionally, certain Medical Assistance covered services are available through out-of-network providers. All members are assigned a care system but can receive care from any network provider within the service area.	Contracted amount	<b>Individual:</b> 08977, 08978, 08979	Yes 1-800-458-5512 Fax: 952-992-3555
<b>Medica AccessAbility Solution®</b> <input type="checkbox"/> MN DHS SNBC  <a href="#">See more details.</a>	Medica Choice®	<b>Member Dependent:</b> 1) For SNBC members who are not eligible for Medicare coverage; Medica is the only payer. 2) For SNBC members who are eligible for Medicare (i.e. dual eligible), Medicare is the primary payer and Medica coordinates benefits via CMS Coordination of Benefits claims crossover process.  Members receive Medical Assistance-covered services, to include non-Medicare-covered services, through network providers. Additionally, certain Medical Assistance-covered services are available through out-of-network providers. All members are assigned a care coordinator and can receive care from any network provider within the service area.	Contracted amount	<b>Individual</b> 05xxx	Yes 1-800-458-5512 Fax: 952-992-3555

Medica Product/Plan	Network	Primary Payer	Plan Pays	Medica Group/Policy Numbers	Notify Medica of Admission
<p><b>Medica Prime Solution® (Cost)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Thrift (all)</li> <li><input type="checkbox"/> Basic (MN)</li> <li><input type="checkbox"/> Enhanced (MN)</li> <li><input type="checkbox"/> Standard (MN, NE, ND, SD, WY)</li> <li><input type="checkbox"/> Core (ND/SD/WY)</li> <li><input type="checkbox"/> Premier (ND/SD/WY)</li> <li><input type="checkbox"/> Focus (WI)</li> <li><input type="checkbox"/> Total (WI)</li> <li><input type="checkbox"/> Core (IA/NE/KS/OK/MO)</li> <li><input type="checkbox"/> Premier (IA/NE/KS/OK/MO)</li> <li><input type="checkbox"/> Group Prime Solution</li> </ul> <p>(Cost)</p> <p><a href="#">See more details.</a></p>	<p>Subset of Medica Choice®</p>	<p><b>Medicare (bill Medicare carrier or Intermediary first as appropriate)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hospital services, both inpatient and outpatient (IF billed by the hospital on a UB-04)</li> <li><input type="checkbox"/> Emergent and urgent services from non-contracted providers</li> <li><input type="checkbox"/> Skilled nursing facility</li> <li><input type="checkbox"/> Home health care, Rural Health Clinics, Federally Qualified Health Centers ☒ Hospital-based ambulatory surgical centers</li> <li><input type="checkbox"/> Hospice</li> <li><input type="checkbox"/> Independent physical therapy **</li> <li><input type="checkbox"/> Ambulance (IF billed by the hospital on a UB-04 or a non-contracted provider)</li> <li><input type="checkbox"/> Outpatient blood transfusions</li> <li><input type="checkbox"/> Dialysis facility for dialysis and related services</li> <li><input type="checkbox"/> Claims from physicians for dialysis and related services provided through an approved dialysis facility</li> <li><input type="checkbox"/> Other Part A services</li> </ul> <p><b>Plan (bill Medica) ☒</b></p> <ul style="list-style-type: none"> <li>Physician</li> <li><input type="checkbox"/> Free-standing ambulatory surgical centers</li> <li><input type="checkbox"/> Ambulance (IF billed by an independent contracted provider on a CMS-1500)</li> <li><input type="checkbox"/> Durable medical equipment</li> <li><input type="checkbox"/> Orthotics &amp; prosthetics</li> <li><input type="checkbox"/> Occupational therapy</li> <li><input type="checkbox"/> Speech therapy</li> <li><input type="checkbox"/> Mental health</li> <li><input type="checkbox"/> Emergent and urgent care (IF billed by a contracted provider on a CMS-1500)</li> <li><input type="checkbox"/> Chiropractic care</li> <li><input type="checkbox"/> State-mandated benefits</li> <li><input type="checkbox"/> Preventive services</li> <li><input type="checkbox"/> Radiology</li> <li><input type="checkbox"/> Laboratory services including hospital reference labs</li> <li><input type="checkbox"/> Diagnostic testing</li> <li><input type="checkbox"/> Non-independent physical therapy **</li> </ul> <p>** Please use the following criteria to determine where you should send your claims.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> You should submit your claims to <u>Medica</u> if you are employed by or affiliated with a physician group or a free-standing clinic. ☒ Other Part B services</li> <li><input type="checkbox"/> You should submit your claims to <u>Medicare</u> if you are in an individual practice or a partnership and maintain a private office space for the purposes of providing physical therapy services.</li> </ul>	<p>Medicare coinsurance and deductibles</p> <p>Part B – contracted rate</p>	<p><b>Individual</b></p> <p>70007-70044, 70060-70999, 70200-70276, 70283-70299, 70460-70474, 70485-70499, 70922-70977</p> <p><b>Group</b></p> <p>70101-70197, 70503-70591, 70603-70692, 70801-70893</p>	<p>No</p>

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<p><b>Medica Advantage Solution® with CHI Health (HMO) (Contract Termed Effective 12/31/23)</b></p> <p><input type="checkbox"/> H0798-001 (HMO)</p> <p><a href="#">See more details.</a></p>	<p>Subset of Medica Choice®</p>	<p><b>Plan (bill Medica)</b> Members receive Medicare-covered services and non-Medicare-covered services through in-network providers. Members enrolled in this plan do not have coverage for services at out-of-network providers except in limited situations.</p> <p><b>Medicare (bill Medicare first)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hospice</li> <li><input type="checkbox"/> Medicare-approved clinical research study</li> </ul> <p><b>Primary Health System (PHS)</b> Members enrolled in this plan are assigned CHI Health Partners as their Primary Health System (PHS) from which to receive care. A PHS is a group of network doctors and health care professionals who can help manage a member's total health, from getting needed preventive screenings and care to coordinating care for multiple health conditions.</p>	<p>Contracted amount for in-network providers;</p> <p>If applicable, Medicare payment rates for out-of-network providers (participating providers and non-participating providers)</p>	<p><b>Individual</b> A0061</p>	<p>Yes 1-800-458-5512 Fax: 952-992-3555</p>
<p><b>Medica Advantage Solution® (HMO-POS)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> H6154-001 (HMO-PPO)</li> <li><input type="checkbox"/> H6154-002 (HMO-PPO) ) <b>(Plan Termed Effective 12/31/23)</b></li> </ul> <p><a href="#">See more details.</a></p>	<p>Subset of Medica Choice®</p>	<p><b>Plan (bill Medica)</b> Members receive Medicare-covered services and non-Medicare-covered services through in-network providers. Members may also receive coverage for most Medicare-covered services out-of-network through Point-of-Service (POS) benefit.</p> <p><b>Medicare (bill Medicare first)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hospice</li> <li><input type="checkbox"/> Medicare-approved clinical research study</li> </ul> <p><b>Primary Health System (PHS)</b> Members enrolled in this plan may select a Primary Health System (PHS) from which to receive care. A PHS is a group of network doctors and health care professionals who can help manage a member's total health, from getting needed preventive screenings and care to coordinating care for multiple health conditions. Members may still get care from other in-network doctors and health care professionals at no additional cost and do not need a referral for covered services.</p>	<p>Contracted amount for in-network providers;</p> <p>Medicare payment rates for out-of-network providers (participating providers and non-participating providers)</p>	<p><b>Individual</b> A0061</p>	<p>Yes 1-800-458-5512 Fax: 952-992-3555</p>

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<p><b>Medica Advantage Solution® (PPO)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> H8889-001 (PPO) (MN)</li> <li><input type="checkbox"/> H8889-002 (PPO) (MN)</li> <li><input type="checkbox"/> H8889-003 (PPO) (MN)</li> <li><input type="checkbox"/> H8889-004 (PPO) (MN)</li> <li><input type="checkbox"/> H8889-005 (PPO) (MN)</li> <li><input type="checkbox"/> H8889-008 (PPO) (MN)</li> <li><input type="checkbox"/> H8889-009 (PPO) (MN, NE, IA, ND, SD)</li> <li><input type="checkbox"/> Advantage Value (PPO) (NE/IA) (H8889-010)</li> <li><input type="checkbox"/> Advantage Select (PPO) (NE/IA) (H8889-015)</li> <li><input type="checkbox"/> Advantage Preferred (PPO) (NE/IA) (H8889-011)</li>   <li><input type="checkbox"/> Advantage Value (PPO) (ND/SD) (H8889-014)</li> <li><input type="checkbox"/> Advantage Select (PPO) (ND/SD) (H8889-012)</li> <li><input type="checkbox"/> Advantage Preferred (PPO) (ND/SD) (H8889-013)</li>   <li><input type="checkbox"/> H3632-001 (PPO) ) <b>(Plan Termed Effective 12/31/23)</b></li> <li><input type="checkbox"/> Group H8889-801 (PPO)</li> </ul> <p><a href="#">See more details.</a></p>	<p>Subset of Medica Choice®</p>	<p><b>Plan (bill Medica)</b> Members receive Medicare-covered services and non-Medicare covered through in-network providers. Members may also receive coverage for services out-of-network.</p> <p><b>Medicare (bill Medicare first)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hospice</li> <li><input type="checkbox"/> Medicare-approved clinical research study</li> </ul> <p><b>Primary Health System (PHS)</b> Members enrolled in this plan may select a Primary Health System (PHS) from which to receive care. A PHS is a group of network doctors and health care professionals who can help manage a member’s total health, from getting needed preventive screenings and care to coordinating care for multiple health conditions. Members may still get care from other in-network doctors and health care professionals at no additional cost and do not need a referral for covered services.</p>	<p>Contracted amount for in-network providers;</p> <p>Medicare payment rates for out-of-network providers (participating providers and non-participating providers)</p>	<p><b>Individual</b> A0061 <b>Group</b> A0061</p>	<p>Yes 1-800-458-5512 Fax: 952-992-3555</p>

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<b>Medica Choice Care<sup>SM</sup> MSC+</b> <input type="checkbox"/> MN DHS MSC+  <a href="#">See more details.</a>	Medica Choice <sup>®</sup>	<b>Member Dependent:</b> 1) For MSC+ members who are not eligible for Medicare coverage, Medica is the only payer. 2) For MSC+ members who are eligible for Medicare (i.e. dual eligible), Medicare is the primary payer and Medica coordinates benefits via CMS Coordination of Benefits claim crossover process.  Members receive Medical Assistance-covered services, to include non-Medicare covered services, through network providers. Additionally, certain Medical Assistance-covered services are available through out-of-network providers. All members are assigned a care coordinator and can receive care from any network provider within the service area.	Contracted amount	<b>Individual:</b> 59xxx	Yes 1-800-458-5512 Fax: 952-992-3555
<b>Medica DUAL Solution<sup>®</sup></b> <input type="checkbox"/> H2458-002 (HMO D-SNP) <input type="checkbox"/> MN DHS MSHO  <a href="#">See more details.</a>	Medica Choice <sup>®</sup> with care system groups	<b>Plan (bill Medica)</b> Members receive integrated Medicare and Medical Assistance-covered services through network providers. Additionally, certain Medical Assistance-covered services are available through out-of-network providers. All members are assigned a care system but can receive care from any network provider within the service area.	Contracted amount	<b>Individual:</b> 07xxx	Yes 1-800-458-5512 Fax: 952-992-3555
<b>Medica Choice Care<sup>SM</sup> PMAP</b> <input type="checkbox"/> MN DHS PMAP Families and Children (F&C)  <a href="#">See more details.</a>	Medica Choice <sup>®</sup>	<b>Plan (bill Medica)</b> 1) For PMAP members who are not eligible for Medicare coverage, Medica is the only payer. 2) For PMAP members who are eligible for Medicare, Medicare is the primary payer; Medica coordinates benefits via CMS Coordination of Benefits process.  Members receive Medical Assistance-covered services, to include non-Medicare covered services, through network providers. Additionally, certain Medical Assistance-covered services are available through out-of-network providers.	Contracted amount	<b>Individual:</b> A00500	Yes 1-800-458-5512 Fax: 952-992-3555
<b>Medica MinnesotaCare</b> <input type="checkbox"/> MN DHS MinnesotaCare (MCRE)  <a href="#">See more details.</a>	Medica Choice <sup>®</sup>	<b>Plan (bill Medica)</b> 1) For MCRE members who are not eligible for Medicare coverage, Medica is the only payer. 2) For MCRE members who are eligible for Medicare, Medicare is the primary payer; Medica coordinates benefits via CMS Coordination of Benefits process.  Members receive Medical Assistance-covered services, to include non-Medicare covered services, through network providers. Additionally, certain Medical Assistance-covered services are available through out-of-network providers.	Contracted amount	<b>Individual:</b> A00500	Yes 1-800-458-5512 Fax: 952-992-3555

## Important Phone Numbers

Area of Medica	Metro Number	Toll-Free Number
Care Management (providers only)	952-992-6673	1-800-458-5512
Customer Service (current members)	Cost: 952-992-2300 MA for MN: 952-992-1234 MA for IA/NE: See Toll-Free Number MA for ND/SD: See Toll-Free Number MSHO/MSC+/SNBC: 952-992-2580 Med Supp Policy Number beginning with 230: 833-522-4877	Cost: 1-800-234-8755 MA for MN: 1-866-269-6804 MA for IA/NE: 1-866-398-7374 MA for ND/SD: 1-877-407-8494 MSHO/MSC+/SNBC: 1-888-347-3630
Health Plan Services (providers only) <ul style="list-style-type: none"> <li><input type="checkbox"/> Physician and hospital claims, coding and general administrative questions</li> <li><input type="checkbox"/> Eligibility-verification and benefits</li> <li><input type="checkbox"/> Directs incoming provider calls to appropriate areas</li> </ul>	Med Supp Policy Number beginning with 230: 833-522-4877	1-800-458-5512