

## 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®</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="#"><u>See more details.</u></a></p>	<p>Medica Choice®</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 in order 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</b> <b>Individual:</b> 71000, 71001 No Part D changes to insulin &amp; diabetic suppl. <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 (Signature Solution)®</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><a href="#"><u>See more details.</u></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"/> Policyholders may have purchased additional 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>
<p><b>Medica AccessAbility Solution® Enhanced</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> H9952-001 (HMO D-SNP)</li> <li><input type="checkbox"/> MN DHS SNBC SNP</li> </ul> <p><a href="#"><u>See more details.</u></a></p>	<p>Medica Choice® with care system groups</p>	<p><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.</p>	<p>Contracted amount</p>	<p><b>Individual:</b> 08977, 08978, 08979</p>	<p>Yes 1-800-458-5512 Fax: 952-992-3555</p>

<p><b>Medica AccessAbility Solution®</b>  <input type="checkbox"/> MN DHS SNBC</p> <p><a href="#">See more details.</a></p>	<p>Medica Choice®</p>	<p><b>Member Dependent:</b></p> <ol style="list-style-type: none"> <li>For SNBC members who are not eligible for Medicare coverage; Medica is the only payer.</li> <li>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.</li> </ol> <p><input type="checkbox"/> 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.</p>	<p>Contracted amount</p>	<p><b>Individual</b> 05xxx</p>	<p>Yes 1-800-458-5512 Fax: 952-992-3555</p>
---	-----------------------	---	--------------------------	------------------------------------	---

Medica Product/Plan	Network	Primary Payer	Plan Pays	Medica Group Numbers	Notify Medica of Admission
<p><b>Medica Prime Solution® (Cost)</b></p> <p><input type="checkbox"/> Thrift  <input type="checkbox"/> Value *termed on 12/31/21  <input type="checkbox"/> Basic  <input type="checkbox"/> Enhanced  <input type="checkbox"/> Standard  <input type="checkbox"/> Core (ND/SD/WY)  <input type="checkbox"/> Premier (ND/SD/WY)  <input type="checkbox"/> Focus  <input type="checkbox"/> Total  <input type="checkbox"/> Core (IA/NE/KS/OK/MO)  <input type="checkbox"/> Premier (IA/NE/KS/OK/MO)  <input type="checkbox"/> Group Prime Solution</p> <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> <p><input type="checkbox"/> Hospital services, both inpatient and outpatient (IF billed by the hospital on a UB-04)  <input type="checkbox"/> Emergent and urgent services from non-contracted providers  <input type="checkbox"/> Skilled nursing facility  <input type="checkbox"/> Home health care, Rural Health Clinics, Federally Qualified Health Centers  <input type="checkbox"/> Hospital-based ambulatory surgical centers  <input type="checkbox"/> Hospice  <input type="checkbox"/> Independent physical therapy **  <input type="checkbox"/> Ambulance (IF billed by the hospital on a UB-04 or a non-contracted provider)  <input type="checkbox"/> Outpatient blood transfusions  <input type="checkbox"/> Dialysis facility for dialysis and related services  <input type="checkbox"/> Claims from physicians for dialysis and related services provided through an approved dialysis facility</p> <p><input type="checkbox"/> Other Part A services</p> <p><b>Plan (bill Medica)</b></p> <p><input type="checkbox"/> Physician  <input type="checkbox"/> Free-standing ambulatory surgical centers  <input type="checkbox"/> Ambulance (IF billed by an independent contracted provider on a CMS-1500)  <input type="checkbox"/> Durable medical equipment  <input type="checkbox"/> Orthotics &amp; prosthetics  <input type="checkbox"/> Occupational therapy  <input type="checkbox"/> Speech therapy  <input type="checkbox"/> Mental health  <input type="checkbox"/> Emergent and urgent care (IF billed by a contracted provider on a CMS-1500)  <input type="checkbox"/> Chiropractic care  <input type="checkbox"/> State-mandated benefits</p>	<p>Medicare coinsurance and deductibles</p> <p>Part B – contracted rate</p>	<p><b>Individual</b> 70200-70276, 70460-70474, 70922-70973</p> <p><b>Group</b> 70101-70191, 70503-70591, 70603-70692, 70801-70893</p>	<p>No</p>

		<input type="checkbox"/> Preventive services <input type="checkbox"/> Radiology <input type="checkbox"/> Laboratory services including hospital reference labs <input type="checkbox"/> Diagnostic testing <input type="checkbox"/> Non-independent physical therapy ** ** Please use the following criteria to determine where you should send your claims. <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. <input type="checkbox"/> Other Part B services <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.			
--	--	--	--	--	--

Medica Product/Plan	Network	Primary Payer	Plan Pays	Medica Group Numbers	Notify Medica of Admission
<b>Medica Advantage Solution® with CHI Health (HMO)</b>  <input type="checkbox"/> H0798-001 (HMO)  <a href="#">See more details.</a>	Subset of Medica Choice®	<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.  <b>Medicare (bill Medicare first)</b> <input type="checkbox"/> Hospice <input type="checkbox"/> Medicare-approved clinical research study  <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.	Contracted amount for in-network providers;  If applicable, Medicare payment rates for out-of-network providers (participating providers and non-participating providers)	<b>Individual</b> A0061	Yes 1-800-458-5512 Fax: 952-992-3555
<b>Medica Advantage Solution® (HMO-POS)</b>  <input type="checkbox"/> H6154-001 (HMO-PPO) <input type="checkbox"/> H6154-002 (HMO-PPO)  <a href="#">See more details.</a>	Subset of Medica Choice®	<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.  <b>Medicare (bill Medicare first)</b> <input type="checkbox"/> Hospice <input type="checkbox"/> Medicare-approved clinical research study  <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.	Contracted amount for in-network providers;  Medicare payment rates for out-of-network providers (participating providers and non-participating providers)	<b>Individual</b> A0061	Yes 1-800-458-5512 Fax: 952-992-3555

<p><b>Medica Advantage Solution® (PPO)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> H8889-001 (PPO)</li> <li><input type="checkbox"/> H8889-002 (PPO)</li> <li><input type="checkbox"/> H8889-003 (PPO)</li> <li><input type="checkbox"/> H8889-004 (PPO)</li> <li><input type="checkbox"/> H8889-005 (PPO)</li> <li><input type="checkbox"/> H8889-008 (PPO)</li> <li><input type="checkbox"/> H8889-009 (PPO)</li> <li><input type="checkbox"/> H3632-001 (PPO)</li> <li><input type="checkbox"/> Group H8889-801 (PPO)</li> </ul> <p><a href="#"><u>See more details.</u></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>
<p><b>Medica Choice Care<sup>SM</sup> MSC+</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> MN DHS MSC+</li> </ul> <p><a href="#"><u>See more details.</u></a></p>	<p>Medica Choice®</p>	<p><b>Member Dependent:</b></p> <ol style="list-style-type: none"> <li>1) For MSC+ members who are not eligible for Medicare coverage; Medica is the only payer.</li> <li>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.</li> </ol> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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.</li> </ul>	<p>Contracted amount</p>	<p><b>Individual:</b> 59xxx</p>	<p>Yes 1-800-458-5512 Fax: 952-992-3555</p>
<p><b>Medica DUAL Solution®</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> H2458-002 (HMO D-SNP)</li> <li><input type="checkbox"/> MN DHS MSHO</li> </ul> <p><a href="#"><u>See more details.</u></a></p>	<p>Medica Choice® with care system groups</p>	<p><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.</p>	<p>Contracted amount</p>	<p><b>Individual:</b> 07xxx</p>	<p>Yes 1-800-458-5512 Fax: 952-992-3555</p>
<p><b>Medica Advantage Solution® PartnerCare (HMO I-SNP) (Termed Effective 12/31/22)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Premier H6154-003</li> <li><input type="checkbox"/> Focus H6154-004</li> </ul> <p><a href="#"><u>See more details.</u></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. Eligibility for these plans is limited to residents of contracted facilities who require, or are expected to require, an institutional level of care.</p>	<p>Contracted amount</p>	<p><b>Individual:</b> A0061</p>	<p>Yes 1-800-458-5512 Fax: 952-992-3555</p>

<b>Medica Advantage Solution® H0798-002 (HMO I-SNP) (Termed Effective 12/31/2022)</b>  <input type="checkbox"/> H0798-002 (HMO ISNP) <u><a href="#">See more details.</a></u>	Subset of Medica Choice®	<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. Eligibility for these plans is limited to residents of contracted facilities who require, or are expected to require, an institutional level of care.	Contracted amount	<b>Individual:</b> A0061	Yes 1-800-458-5512 Fax: 952-992-3555
<b>Medica Choice Care<sup>SM</sup> PMAP</b> <input type="checkbox"/> MN DHS PMAP  <u><a href="#">See more details.</a></u>	Medica Choice®	<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)  <u><a href="#">See more details.</a></u>	Medica Choice®	<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 I SNP: See Toll-Free Number MSHO/MS+/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 ISNP: (877) 335-9181 MSHO/MS+/SNBC: 1-888-347-3630
Health Plan Services (providers only) <input type="checkbox"/> Physician and hospital claims, coding and general administrative questions <input type="checkbox"/> Eligibility-verification and benefits <input type="checkbox"/> Directs incoming provider calls to appropriate areas	Med Supp Policy Number beginning with 230: 833-522-4877	1-800-458-5512