


Medica DUAL Solution® Minnesota Senior Health Options (MSHO) Fact Sheet

Overview

Medica offers Medica DUAL Solution® for Minnesota Health Care Programs (MHCP) enrollees in the Minnesota Senior Health Options (MSHO) managed care program. This product is for members who are enrolled in both Medicare Parts A and B and Medical Assistance and are 65 years of age and older. Medica assigns each member to a care system that is based on the member’s selection of a primary care clinic during enrollment. Members are able to change their primary care clinic on a monthly basis. Each member is also 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 in navigating the health care system.

Enrollment in MSHO is voluntary; enrollees can complete a Medica DUAL Solution® enrollment application directly with a Medica sales representative. Medica DUAL Solution® members have no cost-sharing for any covered service.

ID Card Example for 2023-2024

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

- 07XXX

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 Choice® direct contracted medical provider network
- OptumHealthSM Care Solutions, Physical Health – chiropractic services provider network
- Express Scripts® (ESI) – Pharmacy Benefit 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

- Members select their preferred primary care clinic (PCC); Medica groups all PCCs into care systems designed to improve care delivery across the product
- Integrates Original Medicare (Parts A&B) and Medicare Part D benefits with services covered under Medical Assistance for eligible Minnesota Health Care Program (MHCP) Enrollees
- 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)

Care Systems

- A Care System consists of a provider entity that spans the continuum of care including physicians, nurses, clinics, hospitals, nursing homes and social workers. For a current list of care system partners, see [Medica Care Coordinated Products Group Numbers](#)

County Partners

- Medica is contracted with several county agencies. These county staff perform care coordination as a delegate of Medica for Medica DUAL Solution members. For a current list, see [County, Care System, and Agency Contact Information](#)

Membership Criteria

- Eligible for Medical Assistance
- Eligible for Medicare Parts A and B
- At least 65 years of age
- Reside in the current Medica DUAL Solution® service area
- Complete a Medica DUAL Solution® enrollment form

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

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](#)