

This document has the latest preparation and process information for plan types under payer ID 41822. Processes for all other payer IDs and plan types will remain the same until further notice.

PREPARATION CHECKLIST

Connect with our vendors and health plan resources for essential business for payer ID 41822.

Have you...

- Signed up with Availity to exchange EDI HIPAA transactions with us?**

Why? Availity is our EDI clearinghouse for HIPAA transactions for payer ID 41822 – Medica/Dean Health Plan/Prevea360.

How? Go to our [HIPAA transactions page](#) for payer ID 41822 EDI setup.

Tip: Check with your clearinghouse to see if they have connectivity with Availity to ensure that your organization is ready to exchange transactions with us. *Note:* The Confirmation Reports Portal, still available to check rejected and accepted status for claims under payer ID 39113, doesn't include payer ID 41822 claim information.
- Established an Availity Essentials Portal account?**

Why? Availity Essentials is the secure provider portal for payer ID 41822.

How? Go to our [Availity page](#) to create an account.

Tip: View recorded webinars and register for upcoming trainings from the [Availity Learning Center](#).
- Registered with InstaMed to receive claim payments?**

Why? InstaMed manages payment services (i.e., remittance advice, Explanations of Payments, electronic funds transfer [EFT], and paper checks) for payer ID 41822. *Note:* In March 2024, we permanently switched to InstaMed for payer ID 39113 payments as well, so you may already be receiving Medica payments from InstaMed.

How? Go to instamed.com/eraeft to register.

Tip: Sign up for electronic remittance advice and EFT as a convenient, paperless, and secure way to receive claim information and payments.
- Seen our Payer ID Quick Reference?**

Why? The reference identifies resources and processes by payer ID.

How? Go to the [Provider communications page](#) and click the "Medica (formerly WellFirst Health) Provider Quick Reference by Payer ID" link.

Tip: Share with others in your organization. *Note:* Any interim processes are in this document, which is updated as interim processes are replaced by long-term solutions.
- Seen our new 2024 member ID cards?**

Why? 2024 IFB/ACA member ID cards have a new look.

How? [See sample member ID card image](#) to help you identify the applicable resources for that member.

Tip: Members are assigned new group and IDs numbers different from their previous enrollment.

PROCESSES

Follow processes and resources applicable to payer ID 41822.

How to...

- Contact Customer Care?**

Call 1 (800) 458-5512 and speak to a representative or access 24/7 self-service through our Interactive Voice Response (IVR) system. Have your organization's 9-digit tax ID number and the member's group and ID numbers ready when calling, as well as other information specific to your inquiry.

Tip: Keep business hours in mind. The option to speak with a representative is only available during business hours.
- Identify a member enrolled in a plan under payer ID 41822?**
 - In the HIPAA 271 eligibility response, Element NM103 lists payer "MEDICA/DHP/PREVEA360."

- In the Availity Essentials Eligibility and Benefits (E&B) application, information for active members is returned with the benefit plan’s logo and payer “MEDICA/DHP/PREVEA360.” *Note: We’ve enhanced E&B search criteria in Availity Essentials so that information can be retrieved using only a member’s first and last name and date of birth.*
 - If a member was, but is no longer, enrolled in a Medica plan under payer ID 41822, the response is “inactive.” If the date of service within a member’s active enrollment period is also entered, the response lists the benefits the member had before their enrollment ended.
 - If a member was never enrolled in a benefit plan under payer ID 41822, the response indicates that member information is “missing” or “not found.”

Tip: If member information isn’t returned, be sure you’re using the correct 270/271 E&B Inquiry and Response or provider portal for the payer ID, member’s benefit plan, and date of service. (For example, if a member isn’t found in Availity Essentials for payer ID 41822, try the Medica (formerly WellFirst Health) Provider Portal to see if the member is enrolled in a plan under payer ID 39113.)

Select the correct plan in Availity Essentials?

Availity Essentials is a multi-payer portal and there are various Medica branded options under the Payer ID dropdown. Select “MEDICA FORMERLY WELLFIRST” from the Payer ID dropdown for your patients enrolled in Medica benefit plans under payer ID 41822. (Don’t select “MEDICA INDIVIDUAL AND FAMILY.” This option is for IFB plans offered by our partner Medica, headquartered in Minnetonka, MN.)

Submit a prior authorization request to Medica?

Not sure if prior authorization is required? Go to the Medical Service list, Medical Injectables list, and Non-Covered Services document on our [Medical Management page](#).

Option 1: Submit prior authorization through Availity Essentials:

1. Sign in to your Availity Essentials Provider Portal account, select **Authorization Request** application.
2. Click the applicable request type:
 - Select **Outpatient request type** when submitting an authorization for any services or procedures requiring prior authorization, including procedures performed in an acute inpatient setting.
 - Select **Inpatient request type** for inpatient stays unrelated to a service requiring prior authorization (e.g., skilled nursing, long term acute care, acute rehabilitation, and swing bed services only).
3. Complete all fields on the request and click Submit. A message confirming receipt is displayed. We’ll contact you after submission if supporting documentation is needed.

Option 2: Fax or email prior authorization form from our website:

1. Go to the [Medical Management page](#) and select the applicable form under the “Prior Authorization Forms” section. *Note:* The “General” form is for Outpatient and Inpatient requests.
2. Complete all fields on the form and submit the form and supporting documentation via:
 - **Fax:** 1 (608) 252-0830; **or**
 - **Email:** ifbhealthmanagement@medica.com. For emailed requests, an acknowledgement is sent to the submitter’s email address.

Tip: If the service or procedure requires prior authorization and the member will also require an inpatient stay, submit two authorization requests: An outpatient request for the service or procedure and a request for the inpatient stay. Refer to the provider manual for more information.

Submit a prior authorization request for services that require authorization through a vendor?

This hasn’t changed. For most services, submit prior authorization requests to us, except for certain services that require authorization from our contracted vendors:

- Submit pharmacy benefit drug prior authorizations to [Navitus/Navi-Gate](#).
- Submit high-end radiology and musculoskeletal services prior authorizations to [National Imaging Associates \(NIA\) \(now Evolent\)](#).

Tip: If the service or procedure requires a prior authorization to be sent to our vendor and the member will also require an inpatient stay, submit only one authorization request: An outpatient request for the service or procedure. Refer to the provider manual for more information.

Obtain authorization status?

Option 1: In Availity Essentials.

- **Authorization status** (i.e., pending, approved, denied, etc.) definitions and codes are listed in the Authorization/Referral Inquiry application.
 - Authorization determinations are also faxed to the submitting provider and mailed to the member.

Tip: Retain the authorization ID number shown on the confirmation page after submitting your authorization request to retrieve future status for the authorization submission. This number begins with the 4-digit date of submission (MM/DD) and has 9 alpha-numeric digits.

Availity Essentials also offers the following authorization applications:

- Use the **Authorization/Referral Inquiry application** to search authorization requests submitted on and after Jan. 1, 2024, for plan types under payer ID 41822, regardless of submission type (e.g., Availity Essentials, email, or fax).

Tip: Select the request type that matches the request type of the authorization you are searching.

- Use the **Authorization /Referral Dashboard application** to search authorization requests submitted through Availity Essentials. Authorization status is color-coded.

Tip: Authorization cards listed on the dashboard won't automatically show the latest authorization status. Click anywhere on the card to refresh status.

Option 2: Call Customer Care at 1 (800) 458-5512 and talk to a call agent once the processing timeframe has elapsed. (See the [Medica Provider Manual](#) for determination and notification timeframes applicable to your authorization request.)

Update or cancel authorization requests?

Make **authorization updates** and **cancellations** via:

- **Fax:** 1 (608) 252-0830; **or**
- **Email:** ifbhealthmanagement@medica.com.

Submit a claim?

Submit a **claim** via:

- 837 Health Care Claim transaction through Availity EDI; **or**
- Paper claim to Medica, PO Box 211404, Eagan, MN 55121

Check claim status?

Check **claim status** via:

- Claim Status application in Availity Essentials ; **or**
- 276/277 Health Care Claim Status Request and Response transaction through Availity EDI; **or**
- Customer Care at 1 (800) 458-5512. (Claim status can only be retrieved from a representative and not through the IVR.)

Tip: The Availity resources will only provide status for claims submitted for payer ID 41822. You will not be able to obtain status for claims submitted under other payer IDs through Availity resources.

Submit a claim appeal?

As an interim step until the **claim appeal** function in Availity Essentials is activated, submit all **claim appeals** through the Medica Provider Portal.

Are you using the correct resources for your 2024 Medica member?

Obtaining identifying information, like the member ID card, before providing services will indicate which resources to use for that member. If the member's plan type has transitioned to our new business platforms (e.g., Availity Essentials, Availity EDI Clearinghouse, Customer Care with IVR system), their member ID card will list payer ID 41822 and have the information called out in the sample image below.

The card shown below is for Medica formerly WellFirst Health IFB/ACA plans, not for IFB/ACA plans offered by our partner Medica, headquartered in Minnetonka, MN.

The image shows a sample Medica member ID card with three callout boxes highlighting key information:

- Payer ID - IFB/ACA members have cards with payer ID 41822**: Points to the Payer ID: 41822.
- Member ID - IFB/ACA members have 10-digit IDs starting with a "3"**: Points to the ID: 3123456789.
- Group/Policy - IFB/ACA members have numbers starting with a "C"**: Points to the Group/Policy: C00012.

Medica.
Payer ID: 41822
ID: 3123456789 Group/Policy: C00012

JOHN Q CIBILFI01/STD/C00012	00	Rx BIN: 610602
JANE Q Samplemember	01	Rx PCN: 9304
JOE Q Samplemember	02	
JULIE Q Samplemember	03	
JAKE Q Samplemember	04	
JOSHUA Q Samplemember	05	

Care Type: [Care Type Text From data]
SVC Type: Medical

	Ded IND/FAM:	GOPM IND/FAM:	RX GOPM IND/FAM
Tier 1:	\$1,111/\$2,222	\$3,333/\$6,666	\$1,000/\$2,000
Tier 2:	\$2,525/\$5,050	\$5,100/\$10,200	
Out of Network:	\$3,333/\$6,666	\$22,222/\$44,444	