

# Medica (formerly WellFirst Health) Provider Quick Reference by Payer ID

This reference identifies resources and processes with the addition of payer ID 41822. This payer ID is for the new business platforms for Medica (formerly WellFirst Health\*) products. Initially payer ID 41822 only applies to Individual and Family (IFB) plans for dates of service on and after Jan. 1, 2024. Payer ID 39113 continues to apply for IFB services prior to 2024 and other plans. As plans under payer ID 39113 move to our new business platforms (dates to be announced), resources and processes under payer ID 41822 will apply to those plans. To find the right resources and processes, locate the column with the applicable payer ID, date of service, and product/plan.

Payer ID	41822 IFB Plans Dates of service on and after Jan. 1, 2024.	39113 IFB Plans Dates of service before Jan. 1, 2024.	39113 Medicare Advantage Plans All dates of service.**	39113 Medica and SSM Health Employee Health Plans All dates of service.**
Products/Plans	Medica IFB plans, direct and Marketplace ( <a href="https://www.healthcare.gov">HealthCare.gov</a> )  <i>See sample member ID card.</i>	WellFirst Health IFB plans, direct and Marketplace ( <a href="https://www.healthcare.gov">HealthCare.gov</a> )	Medica Advantage plans  <i>See sample member ID card.</i>	<ul style="list-style-type: none"> <li>• Medica Employee Health Plan</li> <li>• Medica SSM Health Employee Health Plan</li> </ul> <i>See sample member ID card.</i>
Member Populations	<ul style="list-style-type: none"> <li>• IFB in Illinois</li> <li>• IFB in Missouri</li> </ul> <i>IFB Balance by Medica plan members are not eligible to receive services from the Medica (formerly WellFirst Health) provider network.</i>	<ul style="list-style-type: none"> <li>• IFB in Illinois</li> <li>• IFB in Missouri</li> </ul>	<ul style="list-style-type: none"> <li>• Medica Advantage in Illinois</li> <li>• Medica Advantage in Missouri</li> </ul>	<ul style="list-style-type: none"> <li>• Medica employees in Missouri</li> <li>• SSM Health employees in Illinois, Missouri, and Oklahoma</li> </ul>
Provider Customer Care	<p><b>1 (800) 458-5512</b></p> <p><i>24/7 self-service is available via the new Interactive Voice Response (IVR) system.</i></p>	<p><b>1 (866) 514-4194</b></p>	<p><b>1 (877) 301-3326</b></p>	<ul style="list-style-type: none"> <li>• Medica Employee Health Plan: <b>1 (833) 942-2159</b></li> <li>• Medica SSM Health Employee Health Plan: <b>1 (877) 274-4693</b></li> </ul>
Website	<ul style="list-style-type: none"> <li>• IFB in Illinois: <a href="https://www.Central.Medica.com">Central.Medica.com</a></li> <li>• IFB in Missouri: <a href="https://www.MO-Central.Medica.com">MO-Central.Medica.com</a></li> </ul>	<ul style="list-style-type: none"> <li>• IFB in Illinois: <a href="https://www.Central.Medica.com">Central.Medica.com</a></li> <li>• IFB in Missouri: <a href="https://www.MO-Central.Medica.com">MO-Central.Medica.com</a></li> </ul>	<p><a href="https://www.Central.Medica.com">Central.Medica.com</a></p>	<p><a href="https://www.MO-Central.Medica.com">MO-Central.Medica.com</a></p>
Provider's page	<p><a href="https://www.MO-Central.Medica.com/Providers">MO-Central.Medica.com/Providers</a></p>	<p><a href="https://www.MO-Central.Medica.com/Providers">MO-Central.Medica.com/Providers</a></p>	<p><a href="https://www.MO-Central.Medica.com/Providers">MO-Central.Medica.com/Providers</a></p>	<p><a href="https://www.MO-Central.Medica.com/Providers">MO-Central.Medica.com/Providers</a></p>
Provider Portal	<p>Availity Essentials Portal: <a href="https://Apps.Availity.com/Availity/Web/Public.Elegant.Login">Apps.Availity.com/Availity/Web/Public.Elegant.Login</a></p>	<p>Medica (formerly branded as WellFirst Health) Portal: <a href="https://ProviderAuth.WellfirstBenefits.com">ProviderAuth.WellfirstBenefits.com</a></p>	<p>Medica (formerly branded as WellFirst Health) Portal: <a href="https://ProviderAuth.WellfirstBenefits.com">ProviderAuth.WellfirstBenefits.com</a></p>	<p>Medica (formerly branded as WellFirst Health) Portal: <a href="https://ProviderAuth.WellfirstBenefits.com">ProviderAuth.WellfirstBenefits.com</a></p>

\* Medica plans were originally branded as WellFirst Health. You may see the WellFirst Health name and logo for a time as we update systems and materials for the Medica brand.

\*\* This column reflects current processes that are not changing until these plans move to our new business platforms.



Payer ID	<b>41822</b> IFB Plans Dates of service on and after Jan. 1, 2024.	<b>39113</b> IFB Plans Dates of service before Jan. 1, 2024.	<b>39113</b> Medicare Advantage Plans All dates of service.	<b>39113</b> Medica and SSM Health Employee Health Plans All dates of service.
<b>Electronic Data Interchange (EDI)</b>	HIPAA transactions page: <b>MO-Central.Medica.com/Providers/HIPAA-Transactions</b>	HIPAA transactions page: <b>MO-Central.Medica.com/Providers/HIPAA-Transactions</b>	HIPAA transactions page: <b>MO-Central.Medica.com/Providers/HIPAA-Transactions</b>	HIPAA transactions page: <b>MO-Central.Medica.com/Providers/HIPAA-Transactions</b>
<b>Eligibility Verification</b>	<ul style="list-style-type: none"> <li>• 270/271 Eligibility and Benefit Inquiry and Response</li> <li>• Availity Essentials Provider Portal</li> <li>• Customer Care: <b>1 (800) 458-5512</b></li> </ul>	<ul style="list-style-type: none"> <li>• 270/271 Eligibility and Benefit Inquiry and Response</li> <li>• Medica Provider Portal</li> <li>• Customer Care: <b>1 (866) 514-4194</b></li> </ul>	<ul style="list-style-type: none"> <li>• 270/271 Eligibility and Benefit Inquiry and Response</li> <li>• Medica Provider Portal</li> <li>• Customer Care: <b>1 (877) 301-3326</b></li> </ul>	<ul style="list-style-type: none"> <li>• 270/271 Eligibility and Benefit Inquiry and Response</li> <li>• Medica Provider Portal</li> <li>• Customer Care: <ul style="list-style-type: none"> <li>• Medica Employee Health Plan: <b>1 (833) 942-2159</b></li> <li>• SSM Health Employee Health Plan: <b>1 (877) 274-4693</b></li> </ul> </li> </ul>
<b>Authorization Submission*</b>	Availity Essentials Provider Portal <i>See the <b>Provider's communications page</b> for any interim processes while future functions are being activated</i>	Medica Provider Portal	Medica Provider Portal	Medica Provider Portal
<b>Claim Submission</b>	<ul style="list-style-type: none"> <li>• 837 Health Care Claims</li> <li>• Paper claims: Medica PO Box 211404 Eagan, MN 55121</li> </ul>	<ul style="list-style-type: none"> <li>• 837 Health Care Claims</li> <li>• Online Direct Data Entry Form</li> <li>• Paper claims: WellFirst Health PO Box 56099 Madison, WI 53705</li> </ul>	<ul style="list-style-type: none"> <li>• 837 Health Care Claims</li> <li>• Online Direct Data Entry Form</li> <li>• Paper claims: Medica - Claims PO Box 852159 Richardson, TX 75085-2159</li> </ul>	<ul style="list-style-type: none"> <li>• 837 Health Care Claims</li> <li>• Online Direct Data Entry Form</li> <li>• Paper claims: Medica PO Box 56099 Madison, WI 53705</li> </ul>
<b>Claim Status</b>	<ul style="list-style-type: none"> <li>• 276/277 Health Care Claim Status Request and Response</li> <li>• Availity Essentials Provider Portal</li> <li>• Customer Care: <b>1 (800) 458-5512</b></li> </ul>	<ul style="list-style-type: none"> <li>• 276/277 Health Care Claim Status Request and Response</li> <li>• Medica Provider Portal</li> <li>• Customer Care: <b>1 (866) 514-4194</b></li> </ul>	<ul style="list-style-type: none"> <li>• 276/277 Health Care Claim Status Request and Response</li> <li>• Medica Provider Portal</li> <li>• Customer Care: <b>1 (877) 301-3326</b></li> </ul>	<ul style="list-style-type: none"> <li>• 276/277 Health Care Claim Status Request and Response</li> <li>• Medica Provider Portal</li> <li>• Customer care number for member's plan being billed on the claim</li> </ul>
<b>Claim Payments</b>	InstaMed: <b>instamed.com/eraef</b>	Change Healthcare: <b>support.changehealthcare.com</b>	Change Healthcare: <b>support.changehealthcare.com</b>	Change Healthcare: <b>support.changehealthcare.com</b>
<b>Claim Appeals</b>	Medica Provider Portal	Medica Provider Portal	Medica Provider Portal	Medica Provider Portal
<b>Provider Manual</b>	Medica Provider Manual in the Document Library: <b>MO-Central.Medica.com/Document-Library</b>	Medica Provider Manual in the Document Library: <b>MO-Central.Medica.com/Document-Library</b>	Medica Provider Manual in the Document Library: <b>MO-Central.Medica.com/Document-Library</b>	Medica Provider Manual in the Document Library: <b>MO-Central.Medica.com/Document-Library</b>

\* Submit prior authorization requests via the provider portal for most services. Refer to the applicable provider manual for information about authorization for certain services that must be submitted to our contracted vendors, regardless of date of service.



2024 IFB Plan Member ID Cards\*

2024 MA Member ID Cards\*

2024 Employee Plan Member ID Cards\*

Illinois IFB



Payer ID: 41822  
 ID: **1234567891** 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

Tier 1:  
 Tier 2:  
 Out of


Members - [central.medica.com/login](http://central.medica.com/login)


Medical Claims: Medica  
 PO Box 211404, Eagan, MN 55121

Member Services: 1 (877) 379-7599 (TTY: 711)  
 Pharmacists call: 1 (866) 333-2757  
 Providers: 1 (800) 458-5512 or [central.medica.com/providers](http://central.medica.com/providers)  
 Health Advocate NurseLine: 1 (866) 668-6548




The Illinois Department of Insurance holds authority over this plan.



Customer Care Center:  
 1-877-301-3326 (TTY: 711) 

H8019-XXX  
 HMO/POS  
 Member Name: TEST TEST  
 Member Number: A1100000000  
 Issuer: 80840  
 Product: PLAN NAME  
 Group Number: C00305896  
 PCP: PCP NAME

RxBIN: 610602  
 RxPCN: NVTD  
 RxGrp: 7154



Copays\*: PCP: \$XX Specialist: \$XX  
 \*Please refer to your plan materials for your additional financial responsibility including, but not limited to, deductible, coinsurance and other out-of-pocket costs.

[central.medica.com/medicare](http://central.medica.com/medicare)

care at an urgent care center or emergency room. In life-threatening emergencies, dial 911 or seek immediate medical care.  
 Nurse Advice Line 1-833-925-0398: For care guidance outside of normal working hours, our Nurse Advice Line has registered nurses who can assist with care questions or guide you to the appropriate location for care. Notify us for emergency or out-of-state admissions.  
 Providers send claims to:  
 Medical Claims: (Payer ID: 39113) Delta Dental (Payer ID: WIMAN)  
 Medica - Claims PO Box 852159 Richardson, TX 75085-2159  
 Delta Dental PO Box 9215 Farmington Hills, MI 48333-9215  
 Pharmacy Technical Help Desk Number: 1-866-270-3877




Network: SSM EHP - IL  
 Group Number: XXXXXXXXXXXX  
 Product Type: EPO  
[mo-central.medica.com/employees](http://mo-central.medica.com/employees)

Member Name	Member Number
TEST TEST	012345678901
TEST TEST 1	012345678902
TEST TEST 2	012345678903
TEST TEST 3	012345678904


Deductible\*: Individual \$XXXXX Family \$XXXXX  
 Ded/Coinsurance Max\*: Individual \$XXXXX Family \$XXXXX  
 Out of Pocket Max\*: Individual \$XXXXX Family \$XXXXX  
 PharmacyQuestions: navitus.com • 866-333-2757 PCN: 8104 • BIN: 610602  
 CustomerCare: 833-942-2159 (TTY: 711) • NurseAdviceLine: 833-925-0398

\*Please refer to your plan materials for your additional financial responsibility.  
 Providers send claims to: Medica • PO Box 56099 • Madison, WI 53705  
 Electronic Payer ID #: 39113



This card is for identification purposes and does not constitute proof of eligibility.

Missouri IFB



Payer ID: 41822  
 ID: **1234567891** Group/Policy: **C00011**

JOHN Q CIBMOFI04/STD/C00011	00	Rx BIN: 610602
JANE Q Samplemember	01	Rx PCN: 7304
JOE Q Samplemember	02	
JULIE Q Samplemember	03	
JAKE Q Samplemember	04	
JOSHUA Q Samplemember	05	Fully Insured


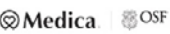
Care Type: [Care Type Text From data]  
 SVC Type: Medical


Tier 1:  
 Tier 2:  
 Out of

Members - [mo-central.medica.com/member-portal](http://mo-central.medica.com/member-portal)

Medical Claims: Medica  
 PO Box 211404, Eagan, MN 55121


Member Services: 1 (877) 379-7599 (TTY: 711)  
 Pharmacists call: 1 (866) 333-2757  
 Providers: 1 (800) 458-5512 or [mo-central.medica.com/providers](http://mo-central.medica.com/providers)  
 Health Advocate NurseLine: 1 (866) 668-6548

Customer Care Center:  
 1-877-301-3326 (TTY: 711) 

H8019-XXX  
 HMO/POS  
 Member Name: TEST TEST  
 Member Number: A1100000000  
 Issuer: 80840  
 Product: PLAN NAME  
 Group Number: C00305896  
 PCP: PCP NAME

RxBIN: 610602  
 RxPCN: NVTD  
 RxGrp: 7154



Copays\*: PCP: \$XX Specialist: \$XX  
 \*Please refer to your plan materials for your additional financial responsibility including, but not limited to, deductible, coinsurance and other out-of-pocket costs.

[central.medica.com/medicare](http://central.medica.com/medicare)

care at an urgent care center or emergency room. In life-threatening emergencies, dial 911 or seek immediate medical care.  
 Nurse Advice Line 1-833-925-0398: For care guidance outside of normal working hours, our Nurse Advice Line has registered nurses who can assist with care questions or guide you to the appropriate location for care. Notify us for emergency or out-of-state admissions.  
 Providers send claims to:  
 Medical Claims: (Payer ID: 39113) Delta Dental (Payer ID: WIMAN)  
 Medica - Claims PO Box 852159 Richardson, TX 75085-2159  
 Delta Dental PO Box 9215 Farmington Hills, MI 48333-9215  
 Pharmacy Technical Help Desk Number: 1-866-270-3877



Network: Medica Employee (STL)  
 Group Number: XXXXXXXXXXXX  
 Product Type: EPO  
[mo-central.medica.com/medicaemployees](http://mo-central.medica.com/medicaemployees)

Member Name	Member Number
TEST TEST	012345678901
TEST TEST 1	012345678902
TEST TEST 2	012345678903
TEST TEST 3	012345678904

Deductible\*: Individual \$XXXXX Family \$XXXXX  
 Ded/Coinsurance Max\*: Individual \$XXXXX Family \$XXXXX  
 Out of Pocket Max\*: Individual \$XXXXX Family \$XXXXX  
 PharmacyQuestions: navitus.com • 844-268-9789 PCN: DHE • BIN: 610602  
 CustomerCare: 833-942-2159 (TTY: 711) • NurseAdviceLine: 833-925-0398

\*Please refer to your plan materials for your additional financial responsibility.  
 Providers send claims to: Medica • PO Box 56099 • Madison, WI 53705  
 Electronic Payer ID #: 39113



This card is for identification purposes and does not constitute proof of eligibility.

\* Member ID cards vary and may differ from the images shown in this document.