

PROVIDER RESOURCES

2024 Medica Provider Onboarding Guide

This guide applies to Medica (formerly WellFirst Health) provider resources and processes under payer ID 39113



Questions? We're here to help.



Online

Visit MO-Central.Medica.com/Providers

Email

ProviderRelations@Medica.com

Over the Phone

Call Provider Customer Care with questions

Medica SSM Health Employee Health Plan:
1 (877) 274-4693

Medica Employee Health Plan: 1 (833) 942-2159
7:30 a.m. – 5 p.m. CT, Monday – Thursday
8 a.m. – 4:30 p.m. CT, Friday

Medica Individual and Family Plans
(dates of service before Jan. 1, 2024):
1 (866) 514-4194
7:30 a.m. – 5 p.m. CT, Monday - Thursday
8 a.m. – 4:30 p.m. CT, Friday

Medica Individual and Family Plans
(dates of service on and after Jan. 1, 2024):
1 (800) 458-5512
7 a.m. – 5 p.m. CT, Monday – Friday
(unavailable 8 – 9 a.m. CT, Monday)
This number offers 24/7 self-service through
the Interactive Voice Response (IVR) system.

Medica Medicare Advantage plans:
1 (877) 301-3326
8 a.m. – 8 p.m. CT, Monday - Friday
8 a.m. – 8 p.m. CT, weekends (Oct. 1 – March 31 only)

How to use this guide

Medica offers a variety of benefit plans assigned to specific payer IDs. **This guide is for in-network providers who submit claims to Medica (formerly WellFirst Health) under payer ID 39113.** It highlights resources and processes useful for onboarding as well as future reference. Each section highlights a specific area of business or functionality. Refer to the **Resource Quick Reference** on page 12 to learn more about and access cited resources.

This guide does *not* apply to business under **payer ID 41822**, a payer ID that is shared with our partners within the Medica family of brands. Refer to the Medica Provider Manual and Provider Communications web page for information about **payer ID 41822**.

WellFirst Health is now Medica

In 2021, SSM Health partnered with Medica, an independent, nonprofit health plan headquartered in Minnetonka, Minnesota. This affiliation brought WellFirst Health, an SSM Health-created health plan in Illinois, Missouri, Wisconsin, and Oklahoma, into the Medica family.

To unify product offerings and streamline resources, we rebranded WellFirst Health as “Medica” in all markets. Under the Medica brand, we continue to unite physician, hospital, and health plan solutions to reduce health care costs, improve quality, and deliver a better experience for providers and members.

GETTING STARTED

New provider checklist



Visit the provider site

MO-Central.Medica.com/Providers

Create your provider portal account

MO-Central.Medica.com/Account-Login

Sign up to:

- **Confirmation reports portal**
Receive electronic reports of your accepted and rejected claims. This is separate from the Provider Portal. Contact your Provider Network Consultant (PNC) at ProviderRelations@Medica.com to get started.
- **Exchange HIPAA transactions**
Using payer ID 39113 at Central.Medica.com/Providers/HIPAA-Transactions
- **Receive Electronic Funds Transfers (EFT)**
Through Change Healthcare ePayment Services, call 1 (866) 506-2830 or visit ChangeHealthCare.com/Support/Customer-Resources/Enrollment-Services to get started.



Resource Quick Reference

For descriptions and links to resources cited in this guide, refer to the Payer ID 39113 **Resource Quick Reference** on page 12.

Before providing services

Obtaining authorization before providing services

Some services require prior authorization. Follow our authorization requirements to avoid claim denials and payment delays.



What is a prior authorization?

It's a written approval obtained prior to a member receiving services. Certain services require an approved authorization based on medical policy or when the servicing provider is out-of-network.



Which services require prior authorization?

Refer to our **Master Service List (MSL) and the Medical Injectables list** for services that require approved authorization.



What is concurrent authorization?

It's required for all urgent/emergent inpatient admissions to a hospital facility. We require notification of the admission on the next business day following the admission or within the time frame outlined in the provider agreement/contract.



How do I know if a servicing provider is in-network?

In-network providers are listed in our online **Provider Directory**. Any provider not listed is out-of-network. An in-network provider needs to submit a prior authorization request for approval of an out-of-network provider.

MEDICARE ADVANTAGE RESOURCES

Our prior authorization services list, including medical drug injectables and medical and drug policies for **Medicare Advantage**, are separate resources from those for our other products.

Refer to the Medicare Advantage medical management web page for information specific to this plan.

How will I submit authorization requests?

Submit authorizations through the **Medica Provider Portal** for most services.

Are there exceptions to the kinds of authorization requests that can be submitted?

Yes. We contract with other entities for authorization of certain services:

- **Navitus/Navi-Gate Portal** for authorization of pharmacy benefit drug authorizations.
- **National Imaging Associates (NIA) RadMD Portal** for authorization of high-end radiology and musculoskeletal services.

How can I tell if an authorization request should be submitted to you or to one of your contracted entities?

Refer to the **MSL and the Medical Injectables list** to verify where an authorization request should be submitted.



After providing services



Timely filing limits

Providers are responsible for submitting (and resubmitting, if necessary) claims within the timely filing limit outlined in their contractual agreement. If we don't receive claims within this time frame, rights to payment are forfeited and payment for the covered services can't be collected from the member. Refer to your agreement for timely filing guidelines.



Verify member eligibility

Get real-time details about member eligibility plus current cost share, deductible, and coinsurance amounts.

- 270/271 Eligibility and Benefit Inquiry and Response Transaction
- Medica Provider Portal secure eligibility application
- Call Customer Care



Submit claims

Electronic claims are preferred.

- 837 Health Care Claim transactions
- Free EDI claim submission alternative at [SData.us](https://www.sdata.us)
- If you're unable to submit electronically, paper claims are accepted via mail. Send to the address on the member ID card.



Check acknowledgment of submitted claims

Get real-time details about member eligibility plus current cost share, deductible, and coinsurance amounts.

- 277 Claims Acknowledgment (277CA) transaction
- Confirmation Reports Portal
- Call Customer Care



Check claim status

- 276/277 Health Care Claim Status Request and Response transaction
- Medica Provider Portal: Go to "Claim Status"
- Call Customer Care



View weekly claim payments

Medica Provider Portal: Go to "Claim Payments"

- 835 Health Care Claim Payment/Advice
- Weekly Explanation of Payments (EOP)

Please note, some vendors may charge providers for this information. Our Provider Portal is available to in-network providers at no cost.

Contraceptive benefits for the SSM Health Employee Health Plan are administered in compliance with the Women's Health Preventive Care guidelines under the ACA mandate. Claims for contraceptive services are identified by diagnosis or procedure code and the **835 Health Care Claim Payment/Advice and Explanation of Payments (EOPs)** for these claims are generated separately from other services. Providers will receive two 835s or EOPs, as applicable — one showing the denial of payment for the contraceptive service(s) and the other showing the payment for the contraceptive service(s). Payments for contraceptive services are also generated separately.

Note: There are no required changes to a provider's claim submission process under payer ID 39113 for these claims.



Correct a claim

If you've found a claim error and it's still within your filing limit window, you can correct codes, dates of service, or other details and submit your claim for reconsideration of payment.

Full instructions are in your Provider Manual, but here are the basic steps:

- Create a new claim with the corrected claim detail(s)
- Include all lines billed on the original claim on the corrected claim
- Include the Claim Frequency Code ('7' for replacement claims) and the Payer Claim Control Number (original claim ID)
- When replacing/deleting an original procedure code, send the original billed code in the 2300 loop
- Add a note in the NTE segment detailing changes from the original claim
- Submit the corrected claim using the same submission method of the original claim



Submit a claim appeal

If you believe your claim was denied in error and it's within your contracted time frame, you can use the Medica Provider Portal to request a health plan review of your finalized claim.

Full instructions are in the **Provider Portal User Guide**, but here are the basic steps:

- Go to "Claim Appeals" in the Provider Portal
- Select "New Claim Appeal" and then "Select Claim Appeal Type"
- Enter the claim and member numbers and complete prompted fields
- In the "Comments" field, include a brief but detailed explanation why the claim is being appealed
- Attach applicable documents to support the medical necessity
- Submit

Anytime, no-cost access

Available at no cost to **in-network** providers, our secure **Provider Portal** is a direct and convenient way to exchange electronic transactions and share current health care information.

The Medica Provider Portal was formerly branded as WellFirst Health and is for business under payer ID **39113** only. Refer to our “Provider Communications” web page for information about the Availity Essentials Provider Portal for payer ID **41822**.

Portal self-service applications

Eligibility

View member eligibility transactions in real time.

Authorization submissions

Request authorization for approval of treatment when an authorization is required. Refer to our partner portals, Navitus/ Navi-Gate for pharmacy benefit drug authorizations, or NIA’s RadMD portal for authorizations for certain high-end radiology and musculoskeletal services.

Authorization view

See started, saved, completed, and submitted authorizations.

Claim status

View claim status transactions in real time.

Claim payments

View electronic remittance advice (ERAs) showing claim payments.

Claim appeals

Appeal claims that have finished processing and are in a finalized status (paid or denied).

Provider admin application

Provider site administrators can make updates to individual or organization accounts.

Providers resources page

Find convenient, direct links to a wide variety of provider resources such as medical policies, user guides, provider manuals, provider communications, and partner portals.

Common questions

I forgot my password. How can I retrieve it?

Click “Need help signing in?” at the bottom of the Portal Login panel, and then select “Forgot Password?” to retrieve your password.

What is my Provider Portal login ID?

Your login ID is the email address that you use to create your

Individual Provider Portal account. It must be your professional, work email address.

Why am I getting an error message when trying to log in to the Provider Portal?

One reason may be due to the web browser. Use Google Chrome for best results.

Who do I contact if I have issues with or questions about the Provider Portal?

Please first contact a site administrator within your organization for your account. If your site administrator cannot assist, contact your Provider Network Consultant at ProviderRelations@Medica.com or 1 (314) 994-6262.

1 Create your Provider Portal account

Using Google Chrome, access the “Provider Portal Log In” at ProviderAuth.MO-Central.Medica.com.

On the “Provider Portal Log In” page:

- Select “Sign up” at the bottom of the page.
- On the “Initial Registration” screen, choose the applicable account type.
- Select “Organization” if an organization account is not yet registered
The first user to register will need to register both the organization account and their individual account. They will also become a site administrator.
- Select “Individual” if registering as a new user under an existing organization account.

Refer to the **Medica Provider Portal Registration User Guide** for step-by-step help with the registration process.

2 Organization registration

Enter the primary billing NPI and Tax ID that is used by the Organization on the “Initial Registration” screen and click “Continue.”

- Complete the questionnaire. Entered information will be used to populate the information on the next screen.
- Update and enter information on the “Organization Enrollment” screen.
- Click “Provider Portal Log In” to complete organization registration and begin individual registration.

Note: Organization registration details will not be saved until individual registration is also complete. If the web browser is closed or you encounter an error prior to completing individual registration, you will need to re-register beginning with the organization registration.

3 Individual registration

Select “Individual” on the “Initial Registration” screen, enter the primary NPI and TIN, and click “Continue.”

- Complete the “Individual Enrollment” screen and click “Send Code” – an email will be sent to the email address provided with a confirmation code.
- Enter confirmation code and click “Verify.”
- Choose “Opt in” or “Opt out” for communications and click “Continue”
The first individual to register under an organization will automatically become the organization’s site administrator.
- Set up a password and complete authentication
- Read Terms and Conditions, click “Accept,” then click “OK.”

4 Registration completion confirmation

Once registration is completed, a confirmation message will display.

If a new registration was completed for both the organization and individual, the registration will be reviewed by a Medica administrator within two business days.

If a new individual registers under an existing organization account, the organization’s site administrator will review the registration.



Supporting in-network providers



Provider Network Consultants (PNCs) are a team of specialized individuals dedicated to supporting our in-network providers. While online self-service resources and Customer Care are your first sources of information, PNCs assist with more in-depth inquiries to provide information beyond these resources when necessary.

STEP 1	SELF-SERVICE	Use self-service resources for 24/7, on-demand information.
STEP 2	CUSTOMER CARE	Call Customer Care to get answers to specific questions.
STEP 3	PNC	Contact your PNC if your question isn't addressed by other resources.

When is a PNC your first point of contact?

Contact your PNC to report changes or updates to your demographic information, practitioners, office or practice locations, and services/specialties for your organization. Offer as much advance notice of changes as possible. PNCs work with you to keep your provider file up-to-date to avoid negative impacts to claims processing and payments.

How to request new practitioners, locations, or services*

- Submit written request in advance to the Medica PNC team: ProviderRelations@Medica.com
 - If adding a new practitioner who is replacing a practitioner in the organization, include the name, specialty, degree, and termination date of the practitioner who left.
 - Respond promptly to any requests from the PNC for additional information.
 - We will review and decide on the request:
 - If denied, the PNC will notify of the denial – denials remain on file for 24 months.
 - If approved, the PNC will notify of the approval and instruct on whether the new practitioner must undergo credentialing.
 - If credentialing is required, we will send the practitioner a credentialing application to complete and submit. The practitioner cannot provide services to our members until credentialing is approved.
 - The PNC will notify when credentialing is successfully passed, and the practitioner can provide services.
- * Full details are in the Provider Manual including instructions for requests pertaining to specific practitioner types.*

Task	Self-service	Customer Care Center	PNC
Request orientation and ongoing education for you and your organization.			Contact your PNC for training tailored to your organization.
Access health plan medical and authorization policies.	Go to our website's "Medical Management" page.	If you can't find the right online resource or have further questions, call Customer Care.	If you have contacted Customer Care and still have escalated questions about policies affecting your organization, contact your PNC.
Stay informed of upcoming and recent updated policies and Health Plan news.	See our online Provider News editions or "Provider Communications" web page.	If you can't find the right online resource or have further questions, call Customer Care.	If you have contacted Customer Care and still have escalated questions about policies affecting your organization, contact your PNC.
Refer to your provider contract.	Contact your organization's Provider Agreement signatory.		Contact your PNC if you can't find your contract or have further questions.
Refer to your timely filing limit.	See the terms in your Provider Agreement.		Contact your PNC if you can't find your contract or have further questions.
Monitor your claims.	Use online claim resources listed on page 4 of this guide.	If you can't find the right online resource or have further questions, call Customer Care.	If you have contacted Customer Care and still have complex questions, contact your PNC.
Request updates to your provider file. <i>(See "When is a PNC your first point of contact" on page 10.)</i>			Always promptly contact your PNC to report changes to demographic information, your practitioners, office or practice locations, billing information, and services/specialties.

Resource Quick Reference



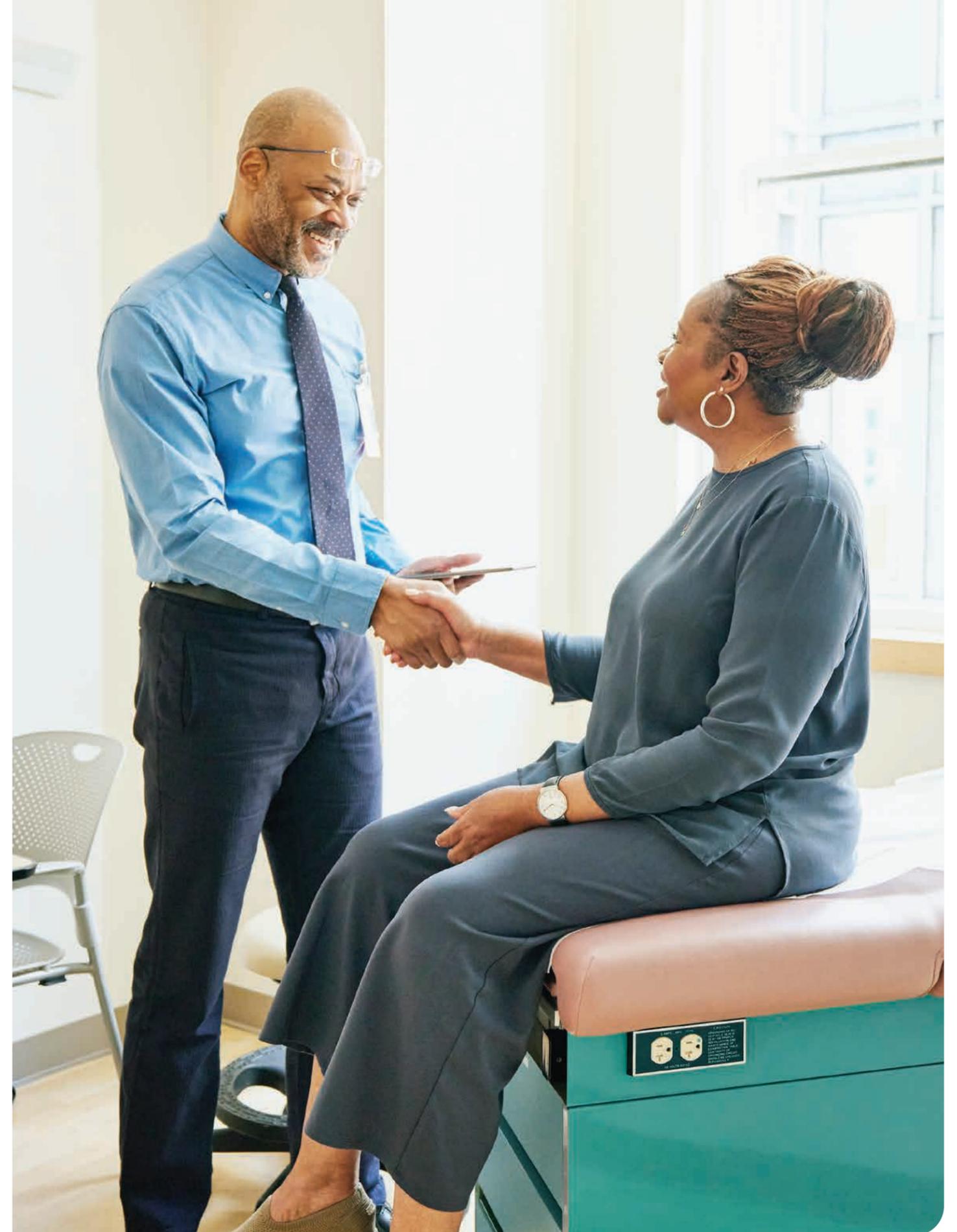
Resource / Direct Link	Description	Path to Access
Provider communications	Find links to a variety of past and current provider notifications, including communications to in-network providers about changes to health plan procedures, policies and benefits, and larger initiatives.	Click the “ Explore more ” link located under “ Provider communications ” at MO-Central.Medica.com/Providers
Confirmation Reports Portal	Separate from the Provider Portal. It shows whether your claims, submitted electronically or on paper, were accepted or rejected for processing. Confirmation reports are available within 48 hours of claim receipt.	Click “ Sign in ” located under “ Provider portals ” at MO-Central.Medica.com/Providers
Document library	Online repository of manuals, policies, forms, and other documents. Search using dropdowns or by keyword, policy number, audience, and/or category.	Click “ See manuals ” located under “ Manuals ” at MO-Central.Medica.com/Providers
Electronic funds transfers (EFT)	Receive electronic payments from the health plan through Change Healthcare ePayment Services.	Sign up by phone at 1 (866) 506-2830 or online at ChangeHealthCare.com/Support/Customer-Resources/Enrollment-Services
HIPAA transactions	Exchange HIPAA-compliant electronic transactions with the health plan, including an Online Direct Data Entry Form as alternative EDI claim submission.	Click “ Learn more ” located under “ HIPAA Transactions ” at MO-Central.Medica.com/Providers Sign up for the online direct data form at Smart Data Solutions.
Online direct data entry form		
Medical injectables list	A list of drugs covered under the medical benefit.	Click “ Medical injectables list ” located under “ Injectables ” at MO-Central.Medica.com/Providers/Medical-Management For Medicare Advantage, the Medical Injectables List is in the Medicare Prior Authorization List.

Resource / Direct Link	Description	Path to Access
Medical prior authorization service list	Also referred to as the Master Service List, it provides medical policies with links, prior authorization requirements, and applicable coverage limitations, as well as information for some services that do not require authorization. When authorization is required, information on where and how to submit the authorization is also listed.	Click “ Medical prior authorization services list ” located under “ Prior Authorization Services ” at MO-Central.Medica.com/Providers/Medical-Management
Medicare Advantage plans prior authorization list		For Medicare Advantage, click “ Medicare Prior Authorization List ” at Central.Medica.com/Medicare/Medicare-Advantage-Part-D-Pharmacy-Benefits/Medical-Management
Member summary of benefits and coverage*	Documentation related to member health plan benefits, including certificate of coverage, member policy or certificate, and member handbook, including exclusions.	Medicare Advantage members in Illinois and Missouri, visit Central.Medica.com/Medicare IFB members in Illinois, visit Central.Medica.com/Individuals-and-Families IFB members in Missouri, visit MO-Central.Medica.com/Individuals-and-Families Employee health plan members, click the “ Direct plans ” link located under “ Individuals and Family ” at MO-Central.Medica.com
Navitus/Navi-Gate Portal	We contract with Navitus/Navi-Gate for the authorization of pharmacy benefit drug authorizations.	Click “ Sign in ” located under “ Provider portals ” at MO-Central.Medica.com/Providers
National Imaging Associates (NIA) RadMD Portal	Our vendor for the authorization of radiology and musculoskeletal services. Providers must submit authorization requests for these services directly to NIA through their RadMD Portal.	Click “ Sign in ” located under “ Provider portals ” at MO-Central.Medica.com/Providers

* For optimum results, use Google Chrome.

Resource Quick Reference (cont.)

Resource / Direct Link	Description	Path to Access
Opt in/Opt out for electronic communications	Available in the Medica provider portal. Select "Opt In" to receive email communications during registration. Or, after registration, this choice is available through "Provider selection" option under the "Settings" dropdown located at the top of the Provider Portal home page. Select "Account settings" and click "Save Changes" once completed.	Click " Sign in " located under " Provider portals " at MO-Central.Medica.com/Providers
Pharmacy information	Includes medical benefit drug policies, formulary coverage, and a listing of prior authorized drugs.	Click " See resources " located under " Pharmacy services " at MO-Central.Medica.com/Providers
Provider directory	An Interactive, current listing of in-network providers and locations publicly accessible to members and providers.	Click " Find a doctor " located at the top of Medica web pages.
Provider manuals	Provider resource for health plan policies and procedures intended to serve as supplemental information to a provider's contract.	Click " See Manuals " located under " Manuals " at MO-Central.Medica.com/Providers
Provider News	Monthly e-newsletter with health care interest stories, provider and health plan highlights, and updated medical and drug policies.	Access current and past editions at MO-Central.Medica.com/Providers/Provider-News
Medica Provider Portal <i>This portal is for plans under payer ID 39113 only. Availity Essentials is the provider portal for plans under Payer ID 41822. See the Provider Communications page for information about resources for this payer ID.</i>	This secure provider portal is accessible 24/7 as a direct line between you and our self-service applications to exchange electronic transactions and share health care information and health plan resources.	Click " Sign in " located under " Provider portals " at MO-Central.Medica.com/Providers
Provider Portal Registration Guide	Details the registration process to create individual and organization Provider Portal accounts.	Click " Sign in " located under " Provider portals " at MO-Central.Medica.com/Providers
Provider Portal User Guide	Details how to use the self-service applications available in the Provider Portal.	Available to registered users in the secure Provider Portal once a Portal account is established.





**You're not just covered,
you're cared for.**

