

## QUICK REFERENCE

# Medica Advantage

This reference is for providers contracted with SSM Health to deliver care to Medica Advantage (formerly WellFirst Health) members in Illinois and Missouri for plan year 2024.

Product	Member Populations
Medica Advantage plans	<b>Eligible beneficiaries in Missouri:</b> St. Louis, Warren, and St. Charles counties and St. Louis City <b>Eligible beneficiaries in Illinois:</b> St. Clair, Madison, Marshall, Peoria, Stark, Tazewell, De Witt, Woodford, and McLean counties

Medica Advantage Web Pages	
Providers	<b>MO-Central.Medica.com/Providers</b>
Members	<b>Central.Medica.com/Medicare/Advantage-Members</b>

Contact Information	
Provider and Member Services	877-301-3326 Weekdays, 8 a.m. - 8 p.m. Weekends, 8 a.m. - 8 p.m. (from Oct. 1 - March 31 only)
Mailing address	Medica PO Box 56099 Madison, WI 53705-9399

Provider Manual	
Medica Advantage Provider Manual	Find “Manuals” in the “Essential tools for providers” section of our “Providers” page at <b>MO-Central.Medica.com/Providers</b> .

Provider Portal*	
Provider portal	Use your username and password to sign in at <b>ProviderAuth.WellFirstBenefits.com</b> .

To create a portal account, refer to the Provider Portal Registration User Guide included in the “Provider” section of the “Account Login” page at **MO-Central.Medica.com/Account-Login**.

\* Find the Provider Portal User Guide on the “Home” page of your secure provider portal.

**Note:** Medica Advantage plans were originally branded as WellFirst Health. You may see the WellFirst Health logo for a time as we update systems and materials with the Medica logo.



## Provider Portal Applications\*

**Eligibility** – View eligibility transactions in real time

**Authorization Submission** – Request authorizations for approval of treatment when an authorization is required

**Authorization View** – See started, saved, completed, and submitted authorizations

**Claim Status** – View claim status transactions in real time

**Claim Payments** – View electronic remittance advice (or “remits”) showing claim payments

**Claim Appeals** – Appeal claims that have finished processing and are in finalized status (paid or denied)

**Provider Admin** – Provider site administrators can make updates to individual and organizational accounts

**Provider Resources** – Find convenient, direct links to a wide variety of resources

## Authorization Portals

**Navitus/Navi-Gate** for authorization of medical injectables

NIA Magellan Healthcare through **RadMD** for authorization of high-end radiology and musculoskeletal services

These portals are different from your provider portal. You can find links to both portals from our “Account Login” page at **MO-Central.Medica.com/Account-Login**.

## Electronic Data Interchange (EDI) Information

EDI team	Email <b>EDI@WellFirstBenefits.com</b> or call 800-356-7344, ext. 4320
Payer ID	39113
Eligibility verification	270/271 Eligibility & Benefit Inquiry and Response
Electronic claim submission	837 Health Care Claims or Online Direct Data Entry Form
Electronic claim acknowledgement	277CA Health Care Claim Acknowledgement
Claim status	276/277 Health Care Claim Status Request and Response
Electronic remittance	835 Health Care Claim Payment/Advice
EDI web page	<b>Mo-Central.Medica.com/Providers/HIPAA-transactions</b>

\* Find the Provider Portal User Guide on the “Home” page of your secure provider portal.

## Medical Management

Drug policies	Find these and more on our Medical Management page at <b>MO-Central.Medica.com/Providers/Medical-Management.</b>
Prior authorization master service list (MSL)	
Medical injectables list	
Medical policies	
Non-covered services list	

### Sample Medica Advantage member ID card images for plan year 2024\*

 <p style="text-align: center;">Customer Care Center: 1-877-301-3326 (TTY: 711) </p> <p>H8019-XXX HMO/POS <b>Member Name:</b> TEST TEST <b>Member Number:</b> A1100000000 <b>Issuer:</b> 80840 <b>Product:</b> PLAN NAME <b>Group Number:</b> C00305896 <b>PCP:</b> PCP NAME</p> <p style="text-align: center;"><b>RxBIN:</b> 610602 <b>RxPCN:</b> NVTD <b>RxGrp:</b> 7154</p> <p style="text-align: center;"><b>MedicareRx</b> <small>Prescription Drug Coverage</small></p> <p style="text-align: center;">Copays*: <b>PCP:</b> \$XX    <b>Specialist:</b> \$XX</p> <p style="text-align: center;"><small>*Please refer to your plan materials for your additional financial responsibility including, but not limited to, deductible, coinsurance and other out-of-pocket costs.</small></p> <p style="text-align: center;"><b>central.medica.com/medicare</b></p>	<p><b>Get the Right Care:</b> Your primary care provider (PCP) is the appropriate contact person for routine care needs. Your PCP can assist with preventative services, office visits, and overall guidance to the right care.</p> <p><b>Urgent/Emergency Care:</b> If you have serious medical needs, seek care at an urgent care center or emergency room. In life-threatening emergencies, dial 911 or seek immediate medical care.</p> <p><b>Nurse Advice Line:</b> Our OSF OnCall nurses are on call 24 hours a day, seven days a week to offer guidance on health-related issues, or how to connect with an OSF provider. Get started with Clare, the OSF chatbot, or call the free nurse line at 1-888-6ASK-OSF (1-888-627-5673).</p> <p><b>Providers send claims to:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>Medical Claims:</b> (Payer ID: 39113)</td> <td style="width: 50%;"><b>Dental Claims:</b> (Payer ID: WIMAN)</td> </tr> <tr> <td>Medica - Claims</td> <td>Delta Dental</td> </tr> <tr> <td>PO Box 852159</td> <td>PO Box 9215</td> </tr> <tr> <td>Richardson, TX 75085-2159</td> <td>Farmington Hills, MI 48333-9215</td> </tr> </table> <p><b>Pharmacy Technical Help Desk Number:</b> 1-866-270-3877</p>	<b>Medical Claims:</b> (Payer ID: 39113)	<b>Dental Claims:</b> (Payer ID: WIMAN)	Medica - Claims	Delta Dental	PO Box 852159	PO Box 9215	Richardson, TX 75085-2159	Farmington Hills, MI 48333-9215
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\* Member ID cards vary and may differ from the images shown in this document.