

# Provider Information

## Are you using the correct resources for your 2024 Medica patients?

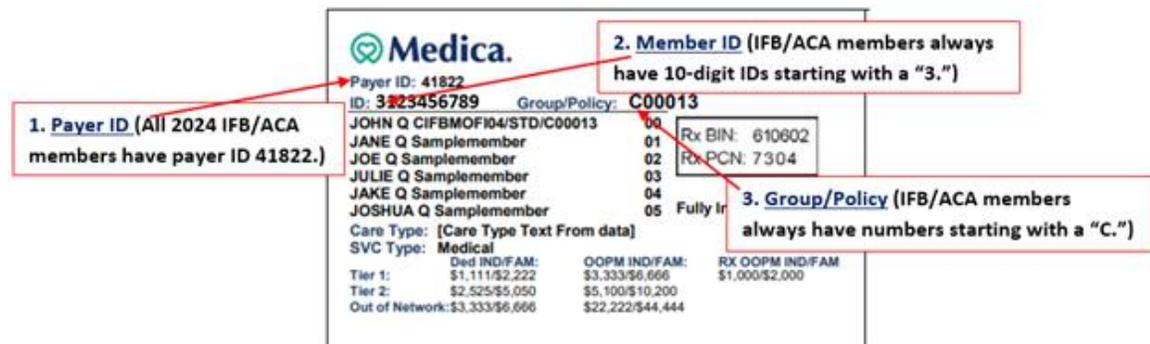
If your Medica patient has payer ID 41822 on their member ID card, you may need to conduct business with us differently than you have in the past. Payer ID 41822 indicates changes in a few areas, including what portal to use, how you verify eligibility, submit authorizations and claims, receive determinations and statuses, and use our resources. **If payer ID 41822 isn't on your patient's member ID card, continue to conduct business with us as you have been.**

Currently, resources and processes for payer ID 41822 only apply to Medica Individual and Family business (IFB)/Affordable Care Act (ACA) benefit plans for 2024 dates of service, so in most cases you'll navigate between different resources and processes for your IFB/ACA patients than those for your patients enrolled in our other benefit plans.

See the [Medica Payer ID Quick Reference](#) to quickly identify resources and processes for a variety of benefit plans. Also, see additional resources under the "Medica Partnership" section on the [Provider communications page](#).

We know you're busy, so we're highlighting the information and guidance below in response to feedback we've received from across our provider network since payer ID 41822 became effective on Jan. 1, 2024.

**Rely on the member ID card.** Ask patients to bring their member ID cards to their appointments. Here's three ways to quickly identify Medica 2024 IFB/ACA members and know when to use resources and processes applicable to payer ID 41822:



**1. Payer ID (All 2024 IFB/ACA members have payer ID 41822.)**

**2. Member ID (IFB/ACA members always have 10-digit IDs starting with a "3.")**

**3. Group/Policy (IFB/ACA members always have numbers starting with a "C.")**

			
Payer ID: 41822			
ID: 3323456789	Group/Policy: C00013		
JOHN Q CIFBMOF104/STD/C00013	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 Ir	
Care Type: [Care Type Text From data]			
SVC Type: Medical			
Tier 1:	Ded IND/FAM: \$1,111/\$2,222	OOPM IND/FAM: \$3,333/\$6,666	RX OOPM IND/FAM: \$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	

**Tip:** If payer ID 41822 isn't on your patient's member ID card, continue to use the resources and processes (e.g., submit authorizations, send claims, use the Medica (formerly WellFirst Health) provider portal, etc.) as you have been.

**Verify IFB/ACA member eligibility** in the **Availity Essentials provider portal** or **Availity's EDI Gateway**. In Availity Essentials, enter the 10-digit member ID starting with a "3" into the "patient number" field.

**Tip:** If you're seeing a higher-than-usual volume of error messages or member information not found, use the Eligibility application in the Medica (formerly WellFirst Health) provider portal or 270/271 Eligibility and Benefit Inquiry and Response for payer ID 39113 to see if the member is enrolled in another Medica benefit plan.

**Submit IFB/ACA authorizations\*** using the electronic prior authorization form in the **Medica provider portal** or via fax or email using our **online prior authorization forms** on the Medica (formerly WellFirst Health) website.

**Tip:** While Availity Essentials is the provider portal for 2024 IFB/ACA plans, the authorization application in this portal is not yet activated. In the Medica (formerly WellFirst Health) provider portal, you must select the Authorization Submission tile with the applicable payer ID tile for your patient in order to have the request accepted for processing. *For example, an authorization request for a Medica Medicare Advantage plan member submitted by selecting the tile for payer ID 39113 will be accepted for processing. Whereas this request for the same member submitted by selecting the tile for payer ID 41822 will not be accepted for processing.*

**Get IFB/ACA authorization status\*** by calling Customer Care at 1 (800) 458-5512 once the applicable processing timeframe has elapsed.

- Authorization requests must be submitted under the correct payer ID for the patient's benefit plan or it will not be accepted for processing.
- Authorization requests submitted for services that don't require prior authorization are returned to the submitter as "cancelled."

**Submit IFB/ACA claims** for 2024 dates of service using 837 Health Care Claim transactions under payer ID 41822.

**Tip:** If you're seeing a higher-than-usual volume of claim rejections for your Medica patients, check the payer ID for their benefit plan to be sure you are submitting claims to the correct payer ID.

**Submit IFB/ACA claim appeals\*** using the Medica (formerly WellFirst Health) Provider Portal via the same process as claim appeals for our benefit plans under payer ID 39113.

**Tip:** While Availity Essentials is the long-term provider portal for 2024 IFB/ACA plans, currently it's not available for the submission of 2024 IFB/ACA claim appeals under payer ID 41822. Starting Jan. 16, 2024, submit claim appeals for IFB/ACA members with 2024 dates of service via the Medica (formerly WellFirst Health) provider portal.

**Submit IFB/ACA medical injectables prior authorizations** by completing and faxing the medical benefit prior authorization form on the [Medica Medical Management page](#).

**Tip:** Continue to use the prior authorization form on our website. Prior authorization requests for medical injectables submitted via either of our provider portals cannot be processed.

*\* Denotes interim processes that will be replaced by long-term processes in the future.*