August 15, 2024

⊗♡ Medica. | **PROVIDER UPDATE**

FOR MEDICA PROVIDERS

Upcoming changes + enhancements to the prior authorization experience with our health plan

Beginning Sept. 1, 2024, all medical, non-drug prior authorizations submitted through our health plan's provider portal will need to be submitted through Availity Essentials. This will not change your process for members in plan types that have already transitioned to payer ID 41822 and use Availity Essentials as a part of our business platform migration, but will bring authorization submissions for members *in all of our plan types* from our health plan provider portal to Availity Essentials. This includes plan types under payer ID 39113 that use our health plan portal today.

Exclusions and alternatives

- Authorizations that are managed by NIA Magellan for dates of service prior to Oct. 1, 2024, and by Carelon for dates of service on and after Oct. 1, 2024, will continue to be submitted on the respective vendor's portal.
- Medical injectable authorizations must be submitted using the medical benefit prior authorization form found on our **Medical Management page** and faxed to 1 (608) 252-0814.
- In the case of an unexpected outage, a paper request form may be faxed to 1 (608) 252-0830 or emailed to **ifbhealthmanagement@medica.com** for review. The form can be found on our Medical Management page under Prior Authorization Forms

This transition will apply *only* to the prior authorization application, along with related prior authorization status inquiries. All other self-service applications for payer ID 39113 such as Eligibility and Benefits (270/271), Claims Status (276/277) and Appeals Submission and Status (for both payer ID 39113 and 41822) will continue to follow the path laid out in our **Provider Quick Reference** resource by payer ID. Reference this document to identify what applications are found in our health plan portal and what has migrated to Availity Essentials as we transition our business platforms.

New features in Availity Essentials
Our long-term migration to Availity Essentials also includes unveiling new features to enhance the provider experience. The following prior authorization tools will start rolling out on Aug. 17, 2024, for all existing users of Availity Essentials, and to extended users as part of the migration mentioned above on Sept. 1, 2024. These tools include:

- The ability to electronically attach supporting clinical documentation through Essentials. This new functionality will enable you to submit timely documentation with your authorization requests.
- Search for the requesting, servicing and facility National Provider Identifier (NPI)

on all prior authorization forms to select the appropriate location and auto-fill the provider's details. This enhancement will facilitate more concise search results.

- Determine "Is Auth Required?" at the time of prior authorization submission. This step in the submission process allows you to enter any codes being authorized and can help determine if an authorization is required to perform that service. This determination applies only to CPT$^®$ codes based on our health plan Medical Prior Authorization Service List found on our Medical Management page mentioned above. (Please note that this tool can't be used for determinations on authorizations that may be required by location or those that might be required by a certain product.)

Find more information in the **Availity Learning Center** on the Essentials portal, including a short training video on the new authorization features.

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