

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

This reference identifies the resources and processes for the Medica Central Health Plan payer IDs below. While payer ID is usually only directly utilized for claims submission, as our health plan migrates to new business platforms, it has served as an indicator of what systems may apply by task. This ongoing transition happens by member plan type and will be announced in our Provider News newsletter. Reference images for Member ID cards can be found on page 4, or in the Provider Manual.

	Payer ID 41822 This column applies to Product/Plan below	Payer ID 39113 This column applies to Product/Plan below
Products/Plans	Medica IFB plans, direct and Marketplace (HealthCare.gov) <i>See sample member ID card</i>	<ul style="list-style-type: none"> Medica Advantage plans Medica Employee Health Plan Medica SSM Health Employee Health Plan <i>See sample member ID card</i>
Member Populations	<ul style="list-style-type: none"> IFB in Missouri <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"> Medica Advantage in Illinois Medica Advantage in Missouri Medica employees in Missouri SSM Health employees in Illinois, Missouri, and Oklahoma
Provider Customer Care	<p style="text-align: center;">1 (800) 458-5512</p> <i>24/7 self-service is available via the new Interactive Voice Response (IVR) system.</i>	<ul style="list-style-type: none"> Medica Advantage plans: 1 (877) 301-3326 Medica Employee Health Plan: 1 (833) 942-2159 Medica SSM Health Employee Health Plan: 1 (877) 274-4693
Website	MO-Central.Medica.com/Providers	MO-Central.Medica.com/Providers
Provider Portal	Availity Essentials Portal	Medica (formerly branded as WellFirst Health) Portal: https://mo-central.medica.com/Providers

* 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.



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Electronic Data Interchange (EDI)	HIPAA transactions page: MO-Central.Medica.com/Providers/HIPAA-Transactions	HIPAA transactions page: MO-Central.Medica.com/Providers/HIPAA-Transactions
Eligibility Verification	<ul style="list-style-type: none"> • 270/271 Eligibility and Benefit Inquiry and Response • Availity Essentials Provider Portal • Customer Care: 1 (800) 458-5512 	<ul style="list-style-type: none"> • 270/271 Eligibility and Benefit Inquiry and Response • Medica Provider Portal • Customer Care: phone number on the back of your Member ID Card
Claim Submissions	<ul style="list-style-type: none"> • 837 Health Care Claims • Paper claims: Medica PO Box 211404 Eagan, MN 55121 	<ul style="list-style-type: none"> • 837 Health Care Claims • Online Direct Data Entry Form • Paper claims: Medica Advantage plans: mail to the address listed on the back of the Member ID card
Claim Status	<ul style="list-style-type: none"> • 276/277 Health Care Claim Status Request and Response • Availity Essentials Provider Portal • Customer Care: 1 (800) 458-5512 	<ul style="list-style-type: none"> • 276/277 Health Care Claim Status Request and Response • Medica Provider Portal • Customer Care: 1 (877) 301-3326
Claim Payments	InstaMed: Instamed.com/Eraeft	InstaMed: Instamed.com/Eraeft
Claim Appeals	Primary: Availity Essentials Provider Secondary: Medica Provider Portal	Medica Provider Portal Claim Adjustment or Appeal Request form in the Document Library: mo-central.medica.com/Document-Library
Provider Manual	Medica Central Provider Manual in the Document Library: MO-Central.Medica.com/Document-Library	Varies based on plan, find in the Document Library: Medica Central Provider Manual Medica Central Advantage Provider Manual

* 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.



Authorization Submission Guide

Service Type	Payer ID 41822 This column applies to Product/Plan below	Payer ID 39113 This column applies to Product/Plan below
Medical Benefit Authorization Submissions (excluding radiology, cardiology, and MSK including pain management and medical injectables) Refer to medical prior authorization service list on Provider Medical Management page	Availity Essentials Provider Portal Applicable PA form: Mo-central.medica.com/Providers/Medical-Management <ul style="list-style-type: none"> Fax: 1 (952) 992-2396 Email: ifbhealthmanagement@medica.com. 	Availity Essentials Provider Portal Applicable PA form: Mo-central.medica.com/Providers/Medical-Management <ul style="list-style-type: none"> Fax: 1 (952) 992-2396 Email: ifbhealthmanagement@medica.com.
Radiology/Cardiology/MSK including interventional pain management Authorization Submissions Refer to medical prior authorization service list on Provider Medical Management page	Carelon Provider Portal beginning with services rendered 10/1/24 and forward.	Carelon Provider Portal beginning with services rendered 10/1/24 and forward.
Medical Injectables – J Code Medications Prior Authorization Submissions Refer to medical injectables list on Provider Medical Management page	Submit Medical Benefit Prior Authorization Form to Pharmacy Department Fax: 608-252-0814	Submit Medical Benefit Prior Authorization Form to Pharmacy Department Fax: 608-252-0814
Pharmacy Visit Pharmacy services for health care providers for resources and forms	<ul style="list-style-type: none"> Submit requests to Navitus pharmacy benefit manager 	<ul style="list-style-type: none"> Submit requests to Navitus pharmacy benefit manager

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Missouri IFB

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

JOHN Q CIFBMOF04/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
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
Health Advocate NurseLine: 1 (866) 668-6548



Medica.
Customer Care Center:
1-877-301-3326 (TTY: 711) **DELTA DENTAL**

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

MedicareRx
Prescription Drug Coverage

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

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) Medica - Claims PO Box 852159 Richardson, TX 75085-2159
Dental Claims: (Payer ID: WIMAN) Delta Dental PO Box 9215 Farmington Hills, MI 48333-9215
Pharmacy Technical Help Desk Number: 1-866-270-3877

Medica. **SSM health**
Network: SSM EHP - IL
Group Number: XXXXXXXXXXXX
Product Type: EPO
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**



Medica.
Network: Medica Employee (STL)
Group Number: XXXXXXXXXXXX
Product Type: EPO
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**



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

