

Claims Payment and Provider Explanations of Benefits (EOBs)

- Payments will be issued on a different schedule than payments for Medica's other business. Payments will be issued, once per week, based on the first letter of the provider's check name:

Monday	A-C
Tuesday	D-H
Wednesday	I-M
Thursday	N-R
Friday	S-Z, 0-9, any other characters

 - Generally, the provider's check name will be the group name, e.g. ABC Clinic
 - Payments will not be bundled to one entity under the Alt Payee address. Payments will be made to the provider's check name under the individual practitioner (see Q&A for more details).
 - A maximum of 9 claims will be paid per Provider EOB.
- Provider EOBs and ePRA/835 will **not** include 7-digit COSMOS provider number.
- Adjustment, denial and disallow codes will **not** be used for this business. "Remark codes", which are a combination of numbers and letters, will be used.

Reimbursement

- Claims from Medica contracted providers, for services provided to members who reside in the MSA, will pay off their Medica Choice contracted rates.
- Individual codes, which together make-up a more comprehensive code, will be combined into the more comprehensive code. **Example:**
 - If same provider submits:
 - 93005 - Electrocardiogram, routine ECG with at least 12 leads, tracing only, without interpretation and report; and
 - 93010 - Electrocardiogram, routine ECG with at least 12 leads, interpretation and report
 - Both codes will be denied with remark code **KW** – *we processed these charges using a procedure code that more accurately describes the services provided*
 - Service will then be recoded to the more comprehensive code, 93000 – Electrocardiogram, routine ECG with at least 12 leads, with interpretation and report, with remark code **KX** – *we received one or more procedure codes for the services provided. We used a single procedure code that more accurately represents these services. Your plan benefits were applied using this single procedure code.*

Coordination of Benefits

- COB Credit Reserve will be tracked.
- Tracking COB Credit Reserve is industry standard.
- Funds in the COB Credit Reserve will be used to pay coinsurances and deductibles on claims where the primary carrier did not pay in full.
- If there are not enough dollars in the COB Credit Reserve, when a claim is processed, any outstanding amount is patient responsibility, and will show as such on the Provider EOB.
- The primary carrier's allowed amount will be considered when Medica is secondary.

Electronic Commerce

- Providers can continue to access Medica.com for available transactions.
- Product will display as "Choice Plus" on electronic eligibility checks for all members.
- Providers should use Medica Electronic Payer ID #94265 for submission of claims.

Prior Authorization and Notification

- Target has purchased care management services from Definity Health.
- Standard Medica Prior Authorization list will not be utilized.
- Providers should contact the number indicated on the back of the ID card for questions on notification or prior authorization.
- Prior Authorization, utilization review and appeal requests, received from Medica contracted providers, will be reviewed by Medica.