

## User Guide for Medica Electronic Transactions

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### **Introduction**

Electronic Transactions is located on medica.com at For Providers >[Electronic Transactions](#). Providers can log in to access patient and claims information, enter administrative referrals and inpatient notification in addition to a number of other transactions listed in the table below. [Frequently Asked Questions](#) regarding passwords and other registration information can be viewed on the login screen.

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### **Responsibility**

After logging in, providers access Electronic Transactions. Providers need a username and password to access secured areas on the Medica website. The Medica registration process is secure so we may offer access to information that is protected under the Health Insurance Portability and Accountability Act (HIPAA) regulations.

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# MEDICA®

## Terminology

This table describes the link to specific Electronic Transactions screens and lists the function of the transaction. Please see the transaction for a description of what providers can access each transaction.

Link	Function
Administrative Referral Entry	Providers use this transaction for Care System referrals (Examples: Medica Elect®, Medica Essential <sup>SM</sup> )
Admission Notification	Providers use this transaction to enter Inpatient Admission Notifications
Claim Adjustment or Appeal Request	Providers use this transaction submit appeals or adjustment requests directly to Medica.
Claim Status Inquiry	Providers use this transaction to verify if a claim has been received and whether it is pending, paid or denied.
Clinic Demographics	Providers use this transaction to view their clinic information, including site address, providers practicing at that location and hours of operation.
Electronic Payments & Statements (EPS)	Providers use this page to find links to the designated clearinghouse sites to enroll for EFT and/or ERA (835's).
Eligibility Inquiry	Providers use this transaction to verify member eligibility and benefit information.
Fee Schedule Download	Providers use this transaction to access and download access their Premier Fee Schedule. <b>Note:</b> This transaction is only available for providers with a direct contract with Medica.
Fee Schedule Lookup	Providers use this transaction to access and download access their Premier Fee Schedule. <b>Note:</b> This transaction is only available for providers with a direct contract with Medica.
Provider Search	Providers can use this transaction to assist members in locating other providers that are within their benefit plan. This transaction is only for direct contracted providers. Leased Networks and non-par providers will not be available in the search. <b>(Note: This search will <i>not</i> validate a member's Certificate of Coverage or eligibility information.)</b>
Referral Status Inquiry & Modification	Providers use this transaction to verify referral status or modify data elements (number of visits approved, dates of the referral, etc.)
Provider Demographic Online Update Tool	<b>This link is <i>only</i> available to Medica direct-contracted providers.</b> Leased-network providers must submit updates to their leased-network vendor. Provider portal Primary and Secondary Administrators will have access to this tool. For additional information, see the <a href="#">Provider Demographic Online Update Tool (PDOT)</a> located on <a href="http://medica.com">medica.com</a> at For Providers>Administrative Resources>Electronic Commerce.

## Administrative Referral Entry

### Administrative Referral Entry

If the Group/Policy number is "IFB" or alphanumeric, please fax the completed [Administrative Referral Form](#) to 952-992-8090. *Electronic submission for this group are not available at this time.*

For services on Medica's Prior Authorization list, found on the [Prior Authorization](#) web page, please fax the completed [Prior Authorization Request form](#) to 952-992-3556. Electronic submissions for prior authorization are not available.

For additional information, view our [Claims Forms & Tools](#)

\* Required Fields

[Help](#)

#### Member and Patient Information

\* Group Number:

\* Subscriber ID:

\* Last Name:

\* First Name:

\* Date of Birth:

#### Provider Information

\* Federal Tax ID:

\* Referred by Provider:

[Search](#)

\* Referred to Provider:

[Search](#)

#### Service Information

\* Dates of Service:



\* Units/Visits:

\* Level Of Care:

Consult Only

Consult & Diagnose

Consult, Diagnose and Treat

Procedure Code:

Diagnosis Code(s): (must be billable code(s) to process correctly)

Case Number:

Comments:

#### Helpful Hints:

- Referred by Provider & Referred to Provider – You can enter the Medica 11-digit provider # or the provider's National Provider Identifier (NPI).
- Level of Care – Defaults to Consult & Diagnose. You will need to change this if you want Consult Only or Consult, Diagnose and Treat.

## Admission Notification

### Admission Notification

If the Group/Policy number is "IFB" or alphanumeric, please fax the completed [Inpatient Notification Form](#) to 952-992-3555. *Electronic submission for this group are not available at this time.*

Please see Medica's [In-Patient Notification Requirements](#). [Help](#)

\* Required Fields

#### Member and Patient Information

\* Group Number:

\* Subscriber ID:

\* Last Name:

\* First Name:

\* Date of Birth:


#### Provider Information

\* Federal Tax ID:

\* Facility Provider:  
 [Search](#)

\* Admitting Provider:  
 [Search](#)

#### Service Information

\* Date of Admission:  
 

\* Admit Type:  
 Maternity  
 Medical  
 Surgical

\* Admit Reason:  
 Elective  
 Emergent/Urgent  
 Other

Procedure Code(s):

\* Diagnosis Code(s): (must be billable code(s) to process correctly)

Case Number:

Comments:

### Helpful hints:

- Facility Provider/Admitting Provider - You can enter the Medica 11-digit provider # or the provider's National Provider Identifier (NPI).

## Claim Adjustment or Appeal Request

### Claim Adjustment or Appeal Request

*NOTE: Minnesota providers must follow the MN AUC guide for electronic submission of void/replacement claims. Refer to the AUC for details. Not sure which process to follow? Review our guide*

**\* Required Fields**

\* Is the member's group/policy type Individual and Family Business (IFB)? [?](#)

- Yes, the group/policy is IFB.  
 No, the group/policy is something else.

\* Does the group/policy type begin with a letter?

- Yes, the group/policy begins with a letter.  
 No, the group/policy does not begin with a letter.

#### Requestor Information

Name:

[Redacted]

Phone:

[Redacted]

Email:

[Redacted]

#### Provider Information

\* Organization(TIN):

Provider Number:

[Search](#)

Provider Last Name:

Provider First Name:

#### Claim Information

\* Member Last Name:

\* Member First Name:

\* Member Date of Birth:

\* Group Number:

\* Member ID:

\* Dates of Service:

 —  

\* Audit/ICN:

Sub Audit Number:

Additional Audit/ICN:

\* Reason for Adjustment:

[Clear](#) [Print](#)

## Claim Status Inquiry

### Claim Status Inquiry

**Please note:** The Claim Status Inquiry transaction is currently available for use by all providers with the exception of the following types: chiropractic, mental health and non-participating. Please contact Medica's Provider Service Center at 1-800-458-5512 with questions.

\* Required Fields

#### Member and Patient Information

\* Group/Policy #:

\* Subscriber ID:

\* Last Name:

\* First Name:

\* Date of Birth:

#### Provider Information

\* Federal Tax ID:

\* Provider ID:

Search

#### Claim Information

\* Date of Service:

  —  

Submit

Clear

#### Helpful Hints:

- Facility Provider/Admitting Provider - You can enter the Medica provider # or the provider's NPI.

## Clinic Demographics

### Clinic Demographics

[Update Demographics](#)

To view the clinic demographic data, please verify the Federal Tax ID and zip code shown below or enter the Federal Tax ID, clinic/site name, and zip code for a particular clinic. After the fields are entered, click the submit button to return the demographic information.

**Note:** This transaction may be utilized for Medica direct contracted providers.

Federal Tax ID:

Clinic/Site Name:

Zip Code:

After verifying the federal tax ID, clinic, and zip code, this is an example of the clinic demographic data that displays for a clinic:

### Clinic Demographics

[New Search](#)

Search criteria: [REDACTED]

1 results returned, showing all items sorted by clinic name.

To narrow the results, please click on the browser's Back button or the New Search button to modify your search criteria.

The clinic demographic information is shown in the Provider Directory. The clinic address below should match the address submitted on the claim. If the information is incorrect for the clinic/practitioner and if you are authorized to update this demographic data, please fill out the [Demographic Change Request Form](#) and submit to Medica. Submitted changes will appear on the web site once reviewed and processed.

Verify the clinic demographic information:

Federal Tax ID	[REDACTED]
Clinic Name	[REDACTED]
Address Line 1	[REDACTED]
Address Line 2	[REDACTED]
City	[REDACTED]
State	[REDACTED]
Zip Code	[REDACTED]
Patient Appt Phone	[REDACTED]
Practitioners	[REDACTED]

# MEDICA®

## Electronic Payments & Statements (EPS)

### Electronic Payments and Statements

You'll need to register in order to receive electronic funds transfer (EFT) payments and statements from Medica.

#### Log In

##### Change Healthcare

For business lines with Group #IFB or where Group # is alphanumeric.

[Log in to Change Healthcare](#)

##### Need to Register?

Contact Change Healthcare customer support at 1-866-742-4355 option 6, Monday - Friday, 9 a.m. - 6 p.m. (ET).

##### Medica Electronic Payments and Statements (EPS)

For government and commercial business (Group # is numeric only)

Click continue to register and/or log in to Optum Link.

[Continue](#)



## Eligibility Inquiry

### Eligibility Inquiry

With an inquiry for a SelectCare or LaborCare group enrollee, please refer to the individual payer or TPA for eligibility and benefit information. [See a list of payer web links through which you can check eligibility.](#)

For optimal results, please provide as much information as possible. [MN AUC Guidelines](#)

\* Required Fields [Hints](#) [Help](#)

#### Member and Patient Information

Patient/Member ID:  9 or 10 digits

Group/Policy:

Last Name:

First Name:

Date of Birth:

#### Provider Information

\* Federal Tax ID:

NPI/UMPI:

#### Service Information

Service Type:

\* Date of Service:

Eligibility information is available for 12 months in the past or up to the end of the current month.

### Helpful Hints:

- Additional information on this transaction is available at: [Electronic Transactions – Eligibility Inquiry Helpful Hints.](#)

## Fee Schedule Download

### Premier Fee Schedule Download

**Please note:** The Fee Schedule Download transaction is currently available for use by all providers who are paid based on the Premier Fee Schedule with the exception of the following provider types: anesthesia, mental health, durable medical equipment, transportation, home health care, IV therapy, orthotics and prosthetics, facilities and out-of-network providers. With fee schedule inquiries about a non-Premier fee schedule, please contact Medica's Provider Service Center at 1-800-458-5512.

**Note:** This transaction may be utilized for Medica direct contracted providers.

#### Provider Information

\* Federal Tax ID

Submit

**Note:** The information above is considered confidential and proprietary, and the information should not be shared except under the contractual arrangement with Medica. The information above does not take into consideration any applicable benefit coverage, claims systems edits, or future fee maximum changes and is intended for overall reimbursement assumptions only.

Applicable Premier Fee Schedules will be returned.

### Premier Fee Schedule Download

**Please note:** The Fee Schedule Download transaction is currently available for use by all providers who are paid based on the Premier Fee Schedule with the exception of the following provider types: anesthesia, mental health, durable medical equipment, transportation, home health care, IV therapy, orthotics and prosthetics, facilities and out-of-network providers. With fee schedule inquiries about a non-Premier fee schedule, please contact Medica's Provider Service Center at 1-800-458-5512.

#### Provider Information

\* Federal Tax ID:



Available documents for download

Fee Schedule	Effective Date
<a href="#">Medica Medicaid Premier Fee Schedule</a>	10/1/2017
<a href="#">Medica Medicare Premier Fee Schedule</a>	10/1/2018
<a href="#">Medica SelectCare Premier Fee Schedule</a>	9/1/2018

**Note:** The information above is considered confidential and proprietary, and the information should not be shared except under the contractual arrangement with Medica. The information above does not take into consideration any applicable benefit coverage, claims systems edits, or future fee maximum changes and is intended for overall reimbursement assumptions only.

## Fee Schedule Lookup

### Fee Schedule Lookup

**Please note:** The Fee Schedule Look-Up transaction is currently available for use by all providers with the exception of the following types: anesthesia, mental health, durable medical equipment, transportation, home health care, IV therapy, orthotics and prosthetics, facilities and out-of-network providers. With fee schedule inquiries related to products not included in the Product drop down list, please contact Medica's Provider Service Center at 1-800-458-5512.

**Note:** This transaction may be utilized for Medica direct contracted providers.

\*Required Fields

**Provider Information**

\*Federal Tax ID:

\*Provider ID:

 [Search](#)

\*Mental Health Service:

Yes  No

**Member Information**

\*Gender:

Male  Female

Date of Birth:

\*Product:

\*Place of Service:

\*Date of Service:

\*Codes:

*CPT/HCPCS
<input type="text"/>
<input type="text"/>
<input type="text"/>
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**Note:** The information above is considered confidential and proprietary, and the information should not be shared except under the contractual arrangement with Medica. The information above does not take into consideration any applicable benefit coverage, claims systems edits, or future fee maximum changes and is intended for overall reimbursement assumptions only.

### Provider Search

The Provider Search is a tool to assist in locating other providers and to assist in referring patients to other providers. Out-of-network and leased network providers are not included. See [referral guidelines](#) for Medica.

Enter the search terms below and click the Search button. You can increase the accuracy of the search results and increase search performance by entering more search terms.

**Step 1:** Please select a product:

\* Product:

--Select One--

**Step 2:** Enter at least one of the following:

Practitioner Specialty:

--Select One--

Organization/Site Name:

Enter name or starts with character(s).

City:

e.g. Saint Paul, Minneapolis, etc.

State:

--Select One--

Zip Code:

**Step 3:** Enter any of the following optional values:

Practitioner First Name:

Enter name or starts with character(s).

Practitioner Last Name:

Enter name or starts with character(s).  
No credentials included.

Federal Tax ID Number:

Provider:

Enter a 10- or 11-digit Number with no dashes, i.e. '1234567890' or '12345678901'.

Gender:

--Select One--

**Step 4:** Select an option:

Search For:

- Practitioner Name  
 Clinic Name

Submit

Clear

Disclaimer: Information in the Provider Search is only available if received from practitioner. Dental, HSM, and UBH providers are currently not included in this search. Also, this search will not validate the member's Certificate of Coverage or eligibility information.

## Referral Status Inquiry & Modification

### Referral Status Inquiry and Modification

If the Group/Policy number is "IFB" or alphanumeric, please contact the Medica Provider Service Center at 1-800-458-5512 with questions. *Electronic submissions for this group are not available at this time.*

Please select your inquiry method:

Referral Number  Referral Entry Information

\* Required Fields

[Help](#)

#### Referral Entry Information

\* Group Number:

\* Subscriber ID:

\* Last Name:

\* First Name:

\* Date of Birth:

#### Provider Information

\* Federal Tax ID:

\* Type of Provider:

Referred by Provider

Referred to Provider

\* Provider:

 [Search](#)


#### Service Information

\* Service Date:

Referral Start Date

Referral End Date

\* Service Begin Date:

\* Service End Date:

## Referral Status Inquiry & Modification

### Referral Status Inquiry and Modification

If the Group/Policy number is "IFB" or alphanumeric, please contact the Medica Provider Service Center at 1-800-458-5512 with questions. *Electronic submissions for this group are not available at this time.*

Please select your inquiry method:

Referral Number  Referral Entry Information

\*Required Fields

[Help](#)

**Referral Entry Information**

\*Referral Number:

  
**Provider Information**

\*Federal Tax ID: