

Medica Protocols

Behavioral Health and Chiropractic

Clinic and Clinic Providers (including, without limitation, such behavioral health, substance use disorder treatment, chiropractic, or other non-physician providers that provide services in freestanding locations outside of hospitals) will comply with the following protocols of Medica:

1. Refer Members only to other Participating Providers, including hospitals and other facilities, unless otherwise authorized by Medica pursuant to the Member's Medica Benefit Contract or required by state law¹. This includes rendering Health Services only at Participating Provider facilities.
2. Follow approved billing procedures of Medica.
3. Obtain prior authorization for certain Health Services as defined by Medica. Prior authorization is not a guarantee of payment.
4. If applicable, provide Health Services pursuant to a medical treatment plan by and under the direction of a Physician, pursuant to the Member's Benefit Contract. In the event of a medical emergency, a medical treatment plan and prior written authorization will not be required.
5. Be subject to and fully comply with (a) Medica's Credentialing Plan and (b) the Administrative Requirements, which can be found at www.medica.com. Comply with the service, access and quality standards, as modified from time to time by Medica and communicated to Clinic under the terms and conditions of the Agreement.
6. If the Member's Benefit Contract is one that requires the Member to receive all Health Services from or upon referral by a Primary Care Physician, the following additional protocols must be adhered to:
 - a. The Member's Primary Care Physician must first authorize referrals to other Participating or non-Participating Providers.
 - b. Health Services must be provided pursuant to the terms and limitations of the Referral Authorization Form issued by or on behalf of the Member's Primary Care Physician.

Failure to comply with the protocols of Medica may result in loss of reimbursement to Clinic and/or termination of the Agreement.

¹36 O.S. 2011, Section 6055

Hospital Protocols

Hospital (including, without limitation, inpatient mental health and substance use disorder treatment facilities) will comply with the following protocols of Medica:

1. Refer Members only to other Participating Providers, including hospitals and other facilities, unless otherwise authorized by Medica pursuant to the Member's Medica Benefit Contract or required by state law¹.
2. Follow approved billing procedures of Medica.
3. Obtain prior authorization for certain Health Services as defined by Medica.
4. Comply with the Admission Notification Protocols attached as Exhibit C
5. If the Member's Benefit Contract is one that requires the Member to receive all Health Services from or upon referral by a Primary Care Physician, the following additional protocols must be adhered to:
 - a. The Member's Primary Care Physician must first authorize referrals to other Participating or non-Participating Providers.
 - b. Health Services must be provided pursuant to the terms and limitations of the referral authorization form issued by or on behalf of the Member's Primary Care Physician.

Hospital will comply with all additional reasonable protocols adopted by Medica. In the event Medica adopts additional or revised protocols following the Effective Date of this Agreement, Medica will communicate such additional or revised protocols to Hospital forty-five (45) days prior to their adoption and permit Hospital forty-five (45) days to comply with such additional or revised protocols, unless a longer period of time is agreed upon by both parties.

Failure to comply with the protocols of Medica may result in loss of reimbursement to Hospital and/or termination of this Agreement according to Section 3.8 of the Agreement.

¹ 36 O.S. 2011, Section 6055

Admission Notification Protocols

Hospital will comply with the following requirements:

- (a) Notify Medica's Care Management department prior to a scheduled Admission of a Member by telephone, facsimile or any other means as mutually agreed upon.
- (b) In the event of an emergency Admission, notify Medica's Care Management department within twenty-four (24) hours after the Admission, or for Admissions occurring during a weekend or holiday, by the end of the first working day thereafter.
- (c) Notify Medica's Care Management department immediately of any complication arising from a scheduled outpatient surgical procedure that would require admittance to Hospital as an inpatient.
- (d) Make available to Medica's Care Management department, during the course of a Member's hospitalization, information related to the Admission.
- (e) Make available to Medica's Care Management department, within the next working day following a Member's discharge, information regarding the time and date of discharge, as well as information regarding the treatment provided to such Member.

Failure to satisfy any such requirements may result in termination of this Agreement.

REV 8/2021

© 2017-2021 Medica.