

## **Medica Protocols**

### **Community Immunization**

Immunization Facility Provider will comply with the following protocols of Medica:

1. Follow approved billing procedures of Medica.
2. 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.
3. Be bound by Medica's Administrative Requirements, including Administrative Requirements pertaining to Medicare, Medicaid and state government program products, and be bound to the service, access and quality standards, as modified from time to time by Medica and communicated to Immunization Facility Provider under the terms and conditions of the Agreement.
4. Refer Members only to other Network Providers, including hospitals and other facilities, unless otherwise authorized by Medica pursuant to the Member's Benefit Contract or required by state law<sup>1</sup>.
5. Exclude from claims any charge for shipping and/or delivery of supplies or drugs not permitted except as otherwise agreed to by Medica.

Immunization Facility Provider will comply with all reasonable protocols adopted by Medica. In the event Medica adopts any additional or revised protocols, Medica will communicate such additional or revised protocols to Immunization Facility Provider forty-five (45) days prior to their adoption and permit Immunization Facility Provider 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 is considered a material breach of the Agreement.

### **Payment Protocols**

Immunization Facility Provider agrees to comply with the payment protocols of Medica, including, but not limited to the following:

1. Immunization Facility Provider will collect needed information from the Member and bill Medica using a CMS-1500 format for all immunizations.
2. Payment rates are applicable to Community Immunization Services provided during evening, night, weekend, and holiday hours and for all locations.
3. Payment Rates for Community Immunization Services include, but are not limited to:

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<sup>1</sup> 36 O.S. 2011, Section 6055

- (a) all routine supplies;
- (b) mileage; and
- (c) all costs incurred to “set-up” community immunization site.

Any costs incurred for the above items may not be billed separately to Medica and will not, in any case, be billed to Member.

### **STANDARDS OF SERVICE AND ACCESS**

On the Effective Date and for the term of the Agreement, Immunization Facility Provider will meet and be bound by the following standards:

1. Immunization Facility Provider will demonstrate the ability and utilize all reasonable efforts to provide service within Medica’s service area.
2. Immunization Facility Provider will have weekend and holiday coverage available as determined necessary by Medica.
3. Immunization Facility Provider will have formal quality assurance standards and policies, which are available to Medica in writing upon request.
4. Immunization Facility Provider will employ or contract with health care professionals for the provision of Health Services who, at a minimum:
  - (a) are certified in their applicable specialty by an agency acceptable to Medica; or
  - (b) have a level of certification, licensure, education, and/or experience acceptable to Medica; or
  - (c) are under the supervision of an RN who has a level of certification, licensure, education, and/or experience acceptable to Medica.

If requested by Medica, the Immunization Facility Provider must provide evidence of all certifications, registrations and accreditations, or other such evidence required herein, and must do so within ten (10) days of the date requested by Medica.