

Medica Protocols

Medical Transportation

Provider will comply with the following protocols:

1. Follow approved billing procedures of Medica.
2. Obtain prior authorization for certain Health Services as defined by Medica. Prior authorization is not a guarantee of payment.
3. 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.
4. 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 Provider under the terms and conditions of the Agreement.
5. Refer Members only to other Participating Providers, including hospitals and other facilities, unless otherwise authorized by Medica pursuant to the Member's Benefit Contract or required by state law¹.
6. 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 Provider forty-five (45) days prior to their adoption and permit 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.
7. Provider will comply with, and assures that all of Provider's personnel and contractors will comply with all applicable federal, state, and local ambulance licensing laws and regulations. This includes, but is not limited to, appropriate licensure for any publicly or privately owned specially designed transportation vehicles, including air transportation, and other emergency transportation vehicles.
8. Provider will ensure that all Health Services provided under this agreement will be provided by health care professionals acting within the scope of their licensure, certification, or accreditation.
9. As applicable, for Members enrolled in Medica Medicare products, Provider will comply with Medicare requirements for ambulance providers and suppliers, including but not limited to, 42 CFR 410.40, 42 CFR 410. 41, and Chapter 10 of the Medicare Benefit Policy Manual.

Failure to comply with the protocols of Medica is considered a material breach of the Agreement.

REV 8/2021

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¹ 36 O.S. 2011, Section 6055