

Medica Protocols

Virtual Care

Provider and Virtual Care Providers 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 referring Members seeking services provided by a Designated Provider Network only to providers in such Designated Provider Network.
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 Provider 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 Provider and/or termination of the Agreement.

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¹ 36 O.S. 2011, Section 6055