

Prevea360 Health Plan Payer ID Quick Reference

This reference identifies resources and processes with the addition of payer ID 41822. This payer ID is for the new business platforms for Prevea360 Health Plan and the Medica family of brands. Initially payer ID 41822 applies only to Individual and Family (IFB) plans for dates of service on and after Jan. 1, 2024. Payer ID 39113 continues to apply for IFB services prior to 2024 and other plans. To find the right resources and processes, locate the column with the applicable payer ID, date of service, and product/plan. Products and payer IDs not listed in this reference will remain the same until further notice.* This includes Administrative Services Only (ASO) plans under payer ID 75261.

Payer ID	Payer ID 39113 This column applies to IFB Plans.	Payer ID 41822 This column applies to IFB Plans.	New Payer ID 39113 This column applies to various plans.**
Date of Service	Before Jan. 1, 2024	On and after Jan. 1, 2024	All dates of service
Products/Plans	IFB plans, direct and Marketplace (HealthCare.gov)	IFB plans, direct and Marketplace (HealthCare.gov)	<ul style="list-style-type: none"> Commercial plans (HMO, POS, and PPO) Western WI Health Plan for State of WI Employees
Provider Customer Care	1 (877) 230-7555	1 (800) 458-5512 <i>24/7 self-service is available through the new Interactive Voice Response (IVR) system.</i>	1 (877) 230-7555
Provider's page	Prevea360.com/Providers	Prevea360.com/Providers	Prevea360.com/Providers
Provider Portal	Prevea360 Health Plan Provider Portal: ProviderAuth.Prevea360.com	Availity Essentials Provider Portal: Apps.Availity.com/Availity/Web/Public.Elegant.Login	Prevea360 Health Plan Provider Portal: ProviderAuth.Prevea360.com
Electronic Data Interchange (EDI)	HIPAA transactions: Prevea360.com/Providers/HIPAA-Transactions	HIPAA transactions: Prevea360.com/Providers/HIPAA-Transactions	HIPAA transactions: Prevea360.com/Providers/HIPAA-Transactions
Eligibility Verification	<ul style="list-style-type: none"> 270/271 Eligibility and Benefit Inquiry and Response Prevea360 Health Plan Provider Portal Customer Care: 1 (877) 230-7555 	<ul style="list-style-type: none"> 270/271 Eligibility and Benefit Inquiry and Response Availity Essentials Provider Portal Customer Care: 1 (800) 458-5512 	<ul style="list-style-type: none"> 270/271 Eligibility and Benefit Inquiry and Response Prevea360 Health Plan Provider Portal Customer Care: 1 (877) 230-7555

* Prevea360 Medicare Advantage plans are not offered for plan year 2024.

** This column reflects current processes that are not changing until these plans move to our new business platforms. As these plans move to our new business platforms (dates to be announced), resources and processes listed under payer ID 41822 will apply.

Payer ID <i>(Continued)</i>	Payer ID 39113 This column applies to IFB Plans for dates of service before Jan. 1, 2024.	Payer ID 41822 This column applies to IFB Plans for dates of service on and after Jan. 1, 2024.	New Payer ID 39113 This column applies to various plans for all dates of service.
Authorization Submissions*	Prevea360 Health Plan Provider Portal	Availity Essentials Provider Portal <i>Refer to the Provider's communications page for any interim processes while future functions are being activated.</i>	Prevea360 Health Plan Provider Portal
Claim Submissions	<ul style="list-style-type: none"> 837 Health Care Claims Online Direct Data Entry Form Paper claims: Prevea360 Health Plan PO Box 56099 Madison, WI 53705 	<ul style="list-style-type: none"> 837 Health Care Claims Paper claims: Prevea360 PO Box 211404 Eagan, MN 55121 	<ul style="list-style-type: none"> 837 Health Care Claims Online Direct Data Entry Form Paper claims: Prevea360 Health Plan PO Box 56099 Madison, WI 53705
Claim Status	<ul style="list-style-type: none"> 276/277 Health Care Claim Status Request and Response Prevea360 Health Plan Provider Portal Customer Care: 1 (877) 230-7555 	<ul style="list-style-type: none"> 276/277 Health Care Claim Status Request and Response Availity Essentials Provider Portal Customer Care: 1 (800) 458-5512 	<ul style="list-style-type: none"> 276/277 Health Care Claim Status Request and Response Prevea360 Health Plan Provider Portal Customer Care: 1 (877) 230-7555
Claim Payments	Change Healthcare: support.changehealthcare.com	InstaMed: instamed.com/eraeft	Change Healthcare: support.changehealthcare.com
Claim Appeals	Prevea360 Health Plan Provider Portal	Prevea360 Health Plan Provider Portal	Prevea360 Health Plan Provider Portal
Provider Manual	Prevea360 Health Plan Provider Manual in the Document Library: Prevea360.com/DocumentLibrary	Prevea360 Health Plan Provider Manual in the Document Library: Prevea360.com/DocumentLibrary	Prevea360 Health Plan Provider Manual in the Document Library: Prevea360.com/DocumentLibrary

Sample of new 2024 member ID card for IFB plans**

PREVEA360
health plan™

Payer ID: 41822
ID: **1234567891** Group/Policy: **C00013**

JOHN Q CIFBWIFI06/STD/C00013	00	Rx BIN: 610602 Rx PCN: 6304
JANE Q Samplemember	01	
JOE Q Samplemember	02	
JULIE Q Samplemember	03	
JAKE Q Samplemember	04	
JOSHUA Q Samplemember	05	

Care Type: [Care Type Text From data]
SVC Type: **Medical**

	Ded IND/FAM:	OOPM IND/FAM:	RX OOPM IND/FAM:
Tier 1:	\$1,111/\$2,222	\$3,333/\$6,666	\$1,000/\$2,000
Tier 2:	\$2,525/\$5,050	\$5,100/\$10,200	
Out of Network:	\$3,333/\$6,666	\$22,222/\$44,444	

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Members - [Prevea360.com/member-login](https://prevea360.com/member-login)

Medical Claims: Prevea360
PO Box 211404, Eagan, MN 55121

Member Services: 1 (877) 357-3173 (TTY: 711)

Pharmacists call: 1 (866) 333-2757

Providers: 1 (800) 458-5512 or prevea360.com/providers

Prevea Care After Hours: 1 (888) 277-3832



Prevea360 Health Plan products are underwritten by Dean Health Plan.

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* Submit prior authorization requests via the provider portal for most services. Refer to the applicable provider manual for information about authorization for certain services that must be submitted to our contracted vendors, regardless of date of service.

** Member ID cards vary and may differ from the images shown in this document.