MEDICA

October 2018

MEDICA CONNECTIONS®

For Medica network providers

General | Clinical | Administrative

GENERAL NEWS

Dr. John Piatkowski joins Medica as senior medical director

John Piatkowski, MD, MBA, recently joined Medica as senior medical director for physician engagement. In this role, he's responsible for establishing effective working relationships with key physician partners in the community, collaborating to continuously improve the quality and cost of care Medica members receive. Dr. Piatkowski also provides physician leadership for Medica's commercial and individual and family business (IFB) segments. He reports to John Mach, MD, Medica's chief medical officer.

Dr. Piatkowski has previously held a variety of leadership roles, most recently at WakeMed Health in North Carolina as senior vice president of WakeMed Physician Practices. At WakeMed, he oversaw more than 400 clinicians in 20 specialties and served on the Board as liaison to their accountable care organization (ACO). Prior to that, Dr. Piatkowski was a regional hospital CEO for Carilion Clinic in Virginia.

After a pediatric residency at the University of Minnesota, Dr. Piatkowski spent 11 years with HealthEast, where he practiced pediatrics and then transitioned to the role of vice president and executive medical director, overseeing performance improvement strategies for clinic and outpatient operations. In addition to his medical degree from Albany Medical College, Dr. Piatkowski holds an MBA degree from the University of Michigan as well as a degree from the Massachusetts Institute of Technology (MIT).

Upcoming survey:

Requesting provider perspectives on patients' access to care

Medica will soon be asking providers for their feedback on patient access to care, including activities like care coordination, referrals to specialists and availability of clinic appointments. This survey is intended for primary care offices, certain specialty care offices (cardiology, obstetrics and gynecology, oncology, neurology) and behavioral health care offices. This survey will be coming electronically in late October 2018. Survey responses will be confidential and grouped with other results.

Provider surveys like this allow Medica to improve service to providers and members. After past surveys, Medica has updated its utilization management (UM) processes, refining prior authorization request forms and UM policies and making them easily accessible **at medica.com**.

Medica would like to thank providers for giving their valuable feedback.

Effective November 1, 2018:

Medica offers 2 new Medicare Supplement plans

For coverage effective beginning November 1, 2018, Medica is offering two new Medicare Supplement plan options for its Medica Signature Solution℠ "Medigap" policy, which was rolled out earlier in 2018. The two new Medicare Supplement plans are in addition to the existing Basic and Extended Basic Signature Solution plans and will be available in all 87 counties of Minnesota. The new Signature Solution plans are a High Deductible Coverage Plan (Plan "HDF") and $20/$50 Copayment Plan (Plan "N"). **See the updated Medica Signature Solution product fact sheet**.

A Medicare Supplement is a private health insurance policy that supplements Original Medicare benefits, covering the "gaps" like deductibles, coinsurance, and copayments for Medicare-covered services. Medicare pays its share of the Medicare-approved amount first, then the Signature Solution policy pays its share. Members must be enrolled in Part A and Part B Original Medicare and must pay a Medicare Supplement policy premium and their Part B premium. Members have the choice to see any provider in the U.S. that accepts Medicare assignment. No referrals or prior authorization are needed.

(Update to "Medica offers new 'Signature Solution' Medicare Supplement" article in the **April 2018 edition** of *Medica Connections*.)

Medica delays rollout of 2 short-term IFB products

Last month, Medica published a notice that it would begin offering two new short-term products, Medica Flex℠ and Medica Plus℠, for individual and family plans (IFB) members in North Dakota, South Dakota, Wisconsin, Iowa, Nebraska, and Kansas. However, this product offering has been delayed indefinitely. Medica will announce a new effective date once it is established.

(Update to "Medica offers new short-term IFB policies in 6 states" article in the **September 2018 edition** of *Medica Connections*.)

CLINICAL NEWS

Effective November 19, 2018:

Medical policies and clinical guidelines to be updated

Medica will soon update one or more utilization management (UM) policies, coverage policies and clinical guidelines. These upcoming policy changes will be effective November 19, 2018, unless otherwise noted.

These policies apply to all Medica products including commercial, government, and individual and family business (IFB) products unless other requirements apply due to state or federal mandated coverage, for example, or coverage criteria from the Centers for Medicare and Medicaid Services (CMS).

Monthly update notifications for Medica's policies are available on an ongoing basis. **Update notifications are posted on medica.com** prior to their effective date. The medical policy update notification for changes effective November 19, 2018, is already posted. Changes to policies are effective as of that date unless otherwise noted.

The medical policies themselves will be available online or as a hard copy:

- **View medical policies and clinical guidelines at medica.com** as of their effective date; or
- Call the Medica Provider Literature Request Line for printed copies of documents, toll-free at 1-800-458-5512, option 1, then option 8, ext. 2-2355.

Note: The next policy update notification will be posted in October 2018 for policies that will be changing effective December 17, 2018. These upcoming policy changes will be effective as of that December date unless otherwise noted.

Reminder:

Important tips for coding related to diabetes care

Diabetes mellitus (DM) is a complex disease and accurately coding to reflect the complications can be challenging. The DM codes are combination codes that include the type of DM, the body system affected, and the complications affecting that body system. There are two types of diabetes: type I and type 2. Providers should document all pertinent codes within a particular category (Categories E08-E13) as are necessary to describe all of the complications of this disease. The codes should be sequenced based on the reason for a particular encounter.

The word "with" in the phrase "diabetes with" now "presumes a causal relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular List. These conditions should be coded as related *even in the absence of provider documentation explicitly linking them*, unless the documentation clearly states the conditions are unrelated. For conditions *not specifically* linked by these relational terms in the classification, provider documentation must link the conditions in order to code them as related (for example, "diabetic" or "due to diabetes").

Example of categories: Type 1 (E10.x) and type 2 (E11.x) DM follow the same format:

E10.2 *Type 1 diabetes mellitus with kidney complications*
E10.21 *Type 1 diabetes mellitus with diabetic nephropathy*
E10.22 *Type 1 diabetes mellitus with diabetic chronic kidney disease*
E11.2 *Type 2 diabetes mellitus with kidney complications*
E11.21 *Type I diabetes mellitus with diabetic nephropathy*
E11.22 *Type I diabetes mellitus with diabetic chronic kidney disease*

When further information is needed

Use additional codes to identify control (Z79.4-Z79.899). The most commonly used is insulin (Z79.4). Diabetes documented as "inadequately controlled," "out of control" or "poorly controlled" has a specific code by type with hyperglycemia (E10.65 for type 1, E11.65 for type 2). "Uncontrolled" diabetes has specific codes by type with either hyperglycemia or hypoglycemia. Providers must specify hypoglycemia or hyperglycemia in their documentation.

For E10.22 and E11.22 above, use an additional code to identify the stage of chronic kidney disease (N18.1-N18.6 or N18.9 *Chronic kidney disease, unspecified*). And use an additional code to identify any dialysis status (Z99.2).

For codes regarding DM with ophthalmic complications (E10.32x, E10.33x, E10.34x, E10.35x, E10.37x and E11.32x, E11.33x, E11.34x, E11.35x, E11.37x), add a 7th character to indicate an affected eye: 1 = right eye, 2 = left eye, 3 = bilateral, 9 = unspecified eye.

For E10.39 (*Type 1 diabetes mellitus with other diabetic ophthalmic complication*) or E11.39 (*Type 2 diabetes mellitus with other diabetic ophthalmic complication*), use an additional code to identify any manifestation, such as diabetic glaucoma (H40.x-H42).

For E11.621 (*Type 2 diabetes mellitus with foot ulcer*), use an additional code to identify the site of any foot ulcer (L97.40x-L97.529). For E11.622 (*Type 2 diabetes mellitus with other skin ulcer*), use an additional code to identify the site of any skin ulcer (L97.1-L97.9, L98.41-L98.49).

Due by October 15, 2018:

Quality complaint reports required by State of Minnesota

Medica requires its Minnesota-based network providers to submit third-quarter 2018 quality-of-care complaint reports to Medica by October 15, 2018.

The State of Minnesota requires that providers report quality complaints received at the clinic to the enrollee's health plan. All

Minnesota-based providers should submit a quarterly report form, even if no Medica members filed quality complaints in the quarter (in which case, providers should note "No complaints in quarter" on the form).

Providers can send reports by e-mail to **QualityComplaints@medica.com**, by fax to 952-992-3880 or by mail to:

Medica Quality Improvement
Mail Route CP405
PO Box 9310
Minneapolis, MN 55440-9310

Report forms are available by:

- **Downloading from medica.com**, or
- Calling the Medica Provider Literature Request Line, to obtain paper copies.

Note: Providers submitting a report for multiple clinics should list all the clinics included in the report.

Providers who have questions about the complaint reporting process may:

- **Refer to further reporting details online**, or
- Call the Medica Provider Service Center at 1-800-458-5512.

ADMINISTRATIVE NEWS

Provider College administrative training topics for October

The Medica Provider College offers educational sessions on various administrative topics. The following classes are available by webinar for all Medica network providers, at no charge.

Training class topic
"Life of a Claim" (class code: LOC)
Understanding all three components of a clean claim—submission, process and output—is important to ensure proper payment. This webinar will review all three in order to help providers understand how they work together to facilitate the proper processing of claims. It will focus on claim submission policies and requirements; 837P and 837I electronic transactions; provider remittance advices (PRAs); common denial reasons; and how to request claim adjustments and appeals.

"Resources for Providers" (class code: RFP)
Having quick and easy resources available is a great way to save time. Medica routinely updates resources available to providers. This webinar will walk providers through Medica's self-service options, including resources on medica.com. It will focus on determining member eligibility; verifying if utilization management and reimbursement policies apply to services being billed; verifying how a claim processed; and next steps for claims (e.g., appeals or adjustments).

Class schedule

Class code	Topic	Date	Time	Notes
LOC-WO	Life of a Claim	Oct. 23	10-11:30 a.m.	Class code with "WO" means offered via webinar in October

RFP-WO	Resources for Providers	Oct. 30	10-11:30 a.m.	Class code with "WO" means offered via webinar in October

For webinar trainings, login information and class materials are e-mailed close to the class date. To ensure that training materials are received prior to a class, providers should sign up as soon as possible.

The times reflected above allow for questions and group discussion. Session times may vary based on the number of participants and depth of group involvement.

Registration
The registration deadline is one week prior to the class date. **Register online for a session above**.

Reminder:

Up-to-date provider directories help members find providers

It is important that patients and members have access to accurate, up-to-date information when seeking care in their provider network. Providers need to regularly update their demographic data based on Centers for Medicare and Medicaid Services (CMS) rules. To ensure that members have the best experience possible when looking for care, health plans need providers' help to ensure provider details and clinic locations are up-to-date. Providers should update their practitioner and site-level information regularly or *as soon as they know of a change to that data*. Information in Medica's provider directories can be reviewed and edited through Medica's secure **provider demographic-update online tool (PDOT)**.

One key element for accuracy in provider directories is for providers to *indicate exactly where* their practitioners see patients. Site-specific practitioner information needs to be accurate so when members call a site and ask for a doctor, they don't find out the doctor doesn't provide services there.

Note: Providers who are part of a *leased* network that contracts with Medica, such as a preferred provider organization (PPO), should work with their network's administrative office to update demographics with Medica, rather than make updates individually using Medica's PDOT tool. Doing so could override corrected data.

Learn more about making demographic updates.

Updates to Medica Provider Administrative Manual

To ensure that providers receive information in a timely manner, changes are often announced in *Medica Connections* that are not yet reflected in the Medica Provider Administrative Manual. Every effort is made to keep the manual as current as possible. The table below highlights updated information and when the updates were (or will be) posted online in the Medica Provider Administrative Manual.

Information updated	Location in manual	When posted
Adding non-Minnesota provider requirements for Medicare	"Special Contracting Requirements" section, in "Government Program Requirements" subsection	September 2018 (effective 1/1/19)

For the current version, providers may **view the Medica Provider Administrative Manual online**.

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Distributed: 9/26/18