

GENERAL NEWS

Annual notice:

Medica encourages its members to get flu vaccinations

Each year, Medica encourages its members to get seasonal influenza vaccinations, and will do so again by promoting them through member newsletters, worksite flu-shot clinics and targeted member mailings this fall. Although the nasal spray vaccine will be available for the 2018-19 flu season, the **American Academy of Pediatrics** recommends the nasal spray should be used *only* if children would otherwise go unvaccinated. Members are highly encouraged to discuss with their health care professional which vaccine is appropriate for them.

Vaccine priorities

The U.S. Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) recommend that everyone 6 months of age and older get a flu vaccine each year. It is especially important for the following individuals to receive a flu vaccine, either because they are at higher risk for infections or complications from the flu, or they live with or care for those at higher risk:

- Pregnant women
- Household contacts and out-of-home caregivers of children younger than 5 years of age, but especially children younger than 2 years old
- People 50 years of age and older
- People of any age with certain chronic medical conditions
- People who live in nursing homes and other long-term-care facilities
- People who live with or care for those at high risk for complications from flu, including health care workers
- Household contacts of persons at high risk for complications from the flu

Pharmacist-administered vaccination

Medica members may be able to receive their flu vaccination through a Medica network pharmacy. Inquiries can be directed to a member's local pharmacy.

Billing for vaccinations

Clinics should use their regular billing methods for flu vaccinations. To ensure full coverage, Medica members must receive them from a Medica network provider.

When submitting claims for flu vaccinations, providers should use applicable codes of the International Classification of Diseases (ICD-10-CM), Common Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS). Medica will accept codes for reimbursement as outlined by CDC.

More information

More details on seasonal flu vaccine are available online:

- [Visit the CDC influenza \(flu\) website.](#)
- [See immunization details from CMS.](#)

Providers who have questions or comments about Medica flu and pneumonia prevention programs may call the Medica Provider Service Center at 1-800-458-5512. In the event of a vaccine shortage, providers are encouraged to [refer to the Minnesota Department of Health \(MDH\) website.](#)

Effective August 24, 2018:

Medica offers new short-term IFB policies in 6 states

Effective August 24, 2018, Medica is offering two new short-term products for individual and family plans (IFB) members in North Dakota, South Dakota, Wisconsin, Iowa, Nebraska, and Kansas. These two products, Medica FlexSM and Medica PlusSM, do not rely on the same provider networks as Medica's other IFB products. Members will have access to a national network of providers that includes First Health Cofinity, Multiplan PHCS, and Data iSight, depending on the state in which the policy is purchased. These two new plans have a wide variety of copays, deductibles, and coinsurance and are available for individuals and families, 2-64 years of age, for up to 90 days. Medica Flex can be renewed for up to an additional 90 days. Medica Plus has coverage for eligible pre-existing conditions up to a maximum of \$25,000.

Note: All service and administration of billing, benefits and claims for these new IFB short-term products are handled by a third party called The Loomis Company.

These short-term products are not qualified health plans under the Affordable Care Act and are subject to underwriting. [See fact sheets on these new products](#) (under "Individual and Family Products").

CLINICAL NEWS

Effective October 15, 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 October 15, 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 October 15, 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 September 2018 for policies that will be changing effective November 19, 2018. These upcoming policy changes will be effective as of that November date unless otherwise noted.

Raising HPV vaccination rates

As families prepare children to go back to school, a visit with a health care provider to receive required and recommended immunizations is certainly on the checklist. While the human papillomavirus (HPV) vaccination is not yet on the required list, Medica hopes practitioners consider stressing the importance of this vaccine to families with young girls and boys to help prevent infections that lead to many HPV cancers.

Parents may have questions about this vaccine, which is given as a series of two shots 6 to 12 months apart, and recommended for children 11 or 12 years of age. Remember that not all questions equal resistance to vaccinate. Parents actually value the HPV vaccine as much as other teen vaccines. One of the most common misconceptions about this vaccine relates to the correlation between vaccination completion and increased sexual activity. It may help to remind parents that the HPV vaccination does not encourage or allow children to have sex earlier. In fact, studies have shown there's no correlation between receiving the HPV vaccine and increased rates of, or earlier engagement in, sexual activity. Simply put, immune response and vaccine efficacy are best *before* a child is exposed to an infection — just like measles or pneumonia.

Unfortunately, only 43 percent of teens are up-to-date on all recommended doses of the HPV vaccine. Teens deserve better. Medica encourages providers to ensure that adolescent patients receive all required *and* recommended vaccines.

Need resources?

Find helpful language and proven interventions to help prevent cancer by driving up HPV vaccination. [See HPV Vaccination Roundtable action guides for providers.](#)

Reminder:

Important tips for provider documentation

A primary objective of ICD-10 was to ensure that specific, complete and accurate information is captured following each patient-provider visit. Medica relies on the provider to record their observations, examination and diagnosis details, and recommendations around treatment plan for each patient. Clarity is critical for all who must read this documentation after the visit.

Things to consider when completing documentation:

- *Is the patient's condition acute, chronic or "history of?"*
- *What was done to treat the patient's condition?*
- *Were labs or tests done for the patient?*
- *Were current medications reviewed with the patient?*
- *Are there any manifestations due to the patient's chronic condition(s)?*
- *Are stages of the patient's disease indicated (i.e. chronic kidney disease; ulcers)?*
- *If an obvious condition is noted, is the diagnosis confirmed in the assessment/plan?*
- *Is follow up or a consult with the patient planned?*
- *Is a patient-specific assessment and plan prepared?*
- *Does documentation match the diagnosis?*

While a provider may see a visual that affects the patient's treatment, it's important to document that "normal" observation.

Documenting a condition as 'history of'

To a coder and payer, "history of" coding means the condition is no longer active or is being treated. However, providers also often use "history of" to document a chronic condition. This discrepancy can be confusing since chronic conditions don't just usually go away. Most likely, the provider's intent is that they know the patient has a history of the condition that is actively being treated, but at this encounter the provider is treating only the acute condition.

Example:

Documentation for a condition is often recorded in this way: "Mrs. Smith with a history of DM and COPD presents today for acute, abdominal pain and nausea."

A better way of stating this and capturing the condition is: “Mrs. Smith with known DM and COPD, presents today for acute abdominal pain and nausea.”

This small change in documentation describes two chronic conditions being treated and an acute new problem. There are times *chronic* conditions will play into the treatment of the *acute* condition for the visit that day, such as a patient presenting with acute bronchitis who has known COPD.

Diagnosis inferred but not documented

Another concern is when symptoms of a condition are included in the notes, implying that the patient has a specific chronic condition, but the actual diagnosis isn't included or complete in the documentation from the provider. For example, a patient with diabetes is seen for an office visit. While there, it is noted that she has pain in her legs and her feet sometimes are numb. Walking seems to exacerbate this. Diagnosis is listed in the note as “Diabetes Type 2, on insulin.” However, based on the manifestations documented, someone reviewing the note may question, does this patient have neuropathy? To be more precise, does this patient have neuropathy due to their diabetes?

What is best practice?

Providers should document all conditions that coexist at the time of the encounter, and require, or affect, the treatment of the patient. Each note should stand alone and should demonstrate the greatest degree of certainty and specificity at that visit.

PHARMACY NEWS

Effective October 1, 2018:

Medica outlines upcoming changes to drug lists

As noted last month, Medica will be making changes in coverage status to member drug formularies (drug lists) effective October 1, 2018. For certain Medica members, as noted below, these changes would be effective October 1, 2018, for *new* prescriptions, but not effective until November 1, 2018, for *existing* prescriptions. The changes to these formularies are now posted online.

- **See changes** to the 2018 Medica Commercial Large Group Drug List — effective 10/1 for new prescriptions, 11/1 for existing prescriptions.
- **See changes** to the 2018 Medica Commercial Small Group Drug List.
- **See changes** to the 2018 Medica Preferred Drug List for individual and family business (IFB).
- **See changes** to the 2018 Medica List of Covered Drugs for Minnesota Health Care Programs (MHCP).

Effective October 1, 2018:

Medica to add new UM policies for medical pharmacy drugs

Medica will soon implement the following new medical pharmacy drug utilization management (UM) policies. These changes will be effective with October 1, 2018, dates of service. Medica implements such policies as soon as possible after conducting a clinical review of these new-to-market drugs and approving them for coverage with UM policies. Prior authorization will be required for the corresponding medical pharmacy drugs.

Medical pharmacy drug UM policies — New

Prior authorization will be required.

Drug code	Drug brand name	Drug generic name
J3590/Q5108	Fulphila	pegfilgrastim-jmdb

These policies will apply to Medica commercial members, individual and family business (IFB) members, Minnesota Health Care Programs (MHCP) members and Medica Medicare members in Medica DUAL Solution® (Minnesota Senior Health Options, or MSHO) and Medica Advantage Solution® (Medicare Advantage). They will *not* apply to Medica Prime Solution® (Medicare Cost) members. The drugs will be subject to pre-payment claims edit policies as well.

The new medical pharmacy drug UM policies above will be available online or on hard copy:

- **View drug management policies** as of October 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Medica conducts outreach to improve opioid prescribing

Medica is taking steps to address potentially chronic opioid use by Minnesota Health Care Programs (MHCP) patients enrolled with Medica. While necessary for many people to treat acute pain, opioid use can lead to dependence, addiction, overdose and/or diversion.

Since prescribers are a key to the goal of minimizing the number of patients who will become long-term opioid users, Medica recently reached out to prescribers with MHCP patients enrolled with Medica who have at least one long-term opioid prescription (of 30 days or longer). The intent of this mailing is to share resources and tools for prescribers' benefit as well as the benefit of MHCP members.

Medica relied on prescribing guidelines and recommendations developed by a group of pain management specialists and care providers working in conjunction with Minnesota's Department of Human Services (DHS), called the Opioid Prescribing Work Group. Stratis Health and the Minnesota Medical Association (MMA) also offer resources aimed at improving opioid prescribing, with a toolkit and a training series.

Resources for opioid prescribers

- DHS Opioid Prescribing Guidelines: <https://mn.gov/dhs/opioid-guidelines/>
- Stratis Health Provider Toolkit: "Meeting the Challenges of Opioids and PAIN": <https://www.stratishealth.org/pip/documents/Opioid-provider-toolkit.pdf>
- The MMA's CME-eligible "Pain, Opioids, and Addiction Lecture Series": <http://www.mnmed.org/advocacy/Key-Issues/prescription-opioids-lecture-series>

ADMINISTRATIVE NEWS

Provider College administrative training topic for September

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

Training class topic

"Claim Appeals, Adjustments and Record Submission" (class code: AAR)

This class will discuss the processes that providers should use for submitting claim appeals, claim adjustments and medical records to Medica. This will include the different submission options available as well as the information required and the best ways to make sure that the submissions are viewed and reviewed as intended. Participants will discuss who reviews appeals and how the adjustment process works and what do to if providers don't agree with the outcome.



Class schedule

Class code	Topic	Date	Time	Notes
AAR-WS	Claim Appeals, Adjustments and Record Submission	September 25	10-11 a.m.	Class code with “WS” means offered via webinar in September

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 time reflected above allows 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 the session above.](#)

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 durable medical equipment (DME) rental provisions (from provider contracts), new reimbursement cap on rental payments for equipment	“Special Contracting Requirements” section	September 2018
Adding DME facility protocols (from provider contracts), specific to service and access and delivery, installation, maintenance, etc.	“Protocols” section	September 2018

For the current version, providers may [view the Medica Provider Administrative Manual online.](#)

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