MEDICA

April 2019

MEDICA CONNECTIONS®

For Medica network providers

GENERAL NEWS

Upcoming timeline, changes for 2019 Premium Designation program

(This applies to Medica direct-contracted providers only.)

Physicians included in the 2019 Premium Designation program will soon receive a letter notifying them of their latest designation, program changes for this year, and registration instructions to see their reports. Through the Premium program, individual physicians receive designations based on quality of care and cost efficiency. The new Premium designations will be displayed online in the fall. The Medica provider-search tool on medica.com will be updated to reflect the new designations. The tentative timeline for the 2019 Premium program year includes:

- Annual designation announcement letters mailed in June 2019.
- Reconsiderations prior to public display due in July 2019.
- New designations for 2019 to display in August 2019.
- Final end date for 2019 reconsideration requests in November 2019.

New for 2019: The program will use only the most recent calendar year's data for cost-efficiency designations, as long as that provides enough data. Otherwise, cost efficiency will be determined using the previous two years of data. Another enhancement this year is prescriber attribution, identifying physicians who prescribe patient medications.

As a reminder, UnitedHealthcare now administers all program activities of the Premium program on Medica's behalf. Materials for the 2019 program year will be available beginning in May 2019 at **UnitedHealthPremium.UHC.com**.

Reminder:

MMSI claims for 2018 dates of service due by April 1, 2019

(This applies to Medica leased-network providers as well as direct-contracted providers.)

As indicated last month, by April 1, 2019, all outstanding claims for 2018 dates of services rendered by providers in the network previously administered by Mayo Clinic Health Solutions (also known as MMSI, Inc.) *should be submitted directly to MMSI*. For these claims, providers should be using payer ID 41154.

Medica Health Plan Solutions℠ began administering the provider network and health plans previously administered by Mayo Clinic Health Solutions (MMSI) beginning January 1, 2019. For these members, *medical claims for dates of service on or after January 1, 2019, should be submitted to Medica Health Plan Solutions*.

During this transition period, providers need to refer to member ID cards and select the claim address, group number and payer ID that apply to claim-specific service dates. Doing so will better ensure prompt routing and adjudication of claims by the appropriate payer while reducing confusion for these members.

For more regarding MMSI claims and 2018 claims run-out, **refer to the Mayo Clinic Health Solutions website**. Details on 2018 medical claims and benefits for claims processed by MMSI will be available at this website until August 31, 2019.

CLINICAL NEWS

Effective May 20, 2019:

Medical policies and clinical guidelines to be updated

(This applies to Medica leased-network providers as well as direct-contracted providers.)

Medica will soon update one or more utilization management (UM) policies, coverage policies and clinical guidelines. These upcoming policy changes will be effective May 20, 2019, unless otherwise noted.

These policies apply to all Medica products including commercial, government, and individual and family plan (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 May 20, 2019, 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 April 2019 for policies that will be changing effective June 17, 2019. These upcoming policy changes will be effective as of that June date unless otherwise noted.

Due by April 15, 2019:

Quality complaint reports required by State of Minnesota

(This applies to Medica leased-network providers as well as direct-contracted providers.)

Medica requires its Minnesota-based network providers to submit first-quarter 2019 quality-of-care complaint reports to Medica by April 15, 2019. *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.

Guidelines, resources for treatment of ADHD

Appropriate diagnosis of attention-deficit/hyperactivity disorder (ADHD) requires a comprehensive medical evaluation to rule out potential medical causes of the symptoms. The reliability of diagnosing improves when appropriate guidelines are used and when history is collected from parents and teachers.

Once a diagnosis has been made, the American Academy of Child and Adolescent Psychiatry (AACAP) recommends the initiation of psychopharmacological treatment for patients. Furthermore, the National Committee for Quality Assurance (NCQA) outlines the following recommendations:

- Initiation Phase: Children 6-12 years of age who start on medication for ADHD should have a *follow-up visit with their prescriber within 30 days* of their first prescription of ADHD medication.
- Continuation Phase: Children 6-12 years of age should be seen for *follow-up at least 2 times within the initial 9 months* of starting treatment for ADHD.

Treatment works best when prescribers, parents, teachers, other health care professionals and the child all work together. The treatment plan usually includes a combination of behavioral therapy, medication, parent training and education. Visits often occur more frequently than suggested above in standard practice.

Additional resources

- Refer to **Optum's ADHD clinical toolkit for providers**.
- Direct patients to **Optum's member website**.

(This information is courtesy of Optum®.)

PHARMACY NEWS

Effective May 1, 2019:
Medica outlines upcoming changes to drug lists

(This applies to Medica leased-network providers as well as direct-contracted providers.)

As noted last month, Medica will be making changes in coverage status to certain member drug formularies (drug lists) effective May 1, 2019, for both new and existing prescriptions, as noted below. The changes to these formularies are now posted online.

- **See changes** to the Medica Commercial Small Group Drug List — effective 5/1/19 for new and existing prescriptions.
- **See changes** to the Medica Preferred Drug List for individual and family business (IFB) — effective 5/1/19 for new and existing prescriptions.

These changes will be in addition to changes to other drug lists effective April 1, 2019, as previously outlined.

Effective April 19, 2019:

Medica to add new UM policies for 3 medical pharmacy drugs

(This applies to Medica leased-network providers as well as direct-contracted providers.)

Medica will soon implement the following new medical pharmacy drug utilization management (UM) policies. These changes will be effective with April 19, 2019, 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
J9999	Elzonris	tagraxofusp-erzs
J3590	Gamifant	emapalumab-lzsg
J3590	Ultomiris	ravulizumab-cwvz

These policies will apply to Medica commercial, individual and family plan (IFB), Minnesota Health Care Programs (MHCP) and Medica Health Plan Solutions members and to Medica Medicare members in Medica DUAL Solution® (Minnesota Senior Health Options, or MSHO), Medica Advantage Solution® (HMO-POS) and Medica Advantage Solution (PPO) plans. They will *not* apply to Medica Prime Solution® (Medicare Cost) or Mayo Medical Plan 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 April 19; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective June 1, 2019:

Upcoming changes to Medica Part D drug formularies

(This applies to Medica leased-network providers as well as direct-contracted providers.)

Medica posts changes to its Part D drug formularies on medica.com 60 days prior to the effective date of change. The latest lists will notify Medicare enrollees of drugs that will either be removed from the Medica Part D formulary or be subject to a change in preferred or tiered cost-sharing status effective June 1, 2019. Medica also notifies affected Medica members in their Medicare Part D Explanation of Benefits (EOB) statements mailed out monthly.

As of April 1, 2019, **view the latest Medicare Part D drug formulary changes**.

Medica periodically makes changes to its Medicare Part D formularies: the Medica Prime Solution® Part D closed formulary (4-tier + specialty tier) and the Medica DUAL Solution® Part D closed formulary. The Medica Medicare Part D drug formularies are available online or on paper:

- **View Medica formularies**.

Download formularies for free at **epocrates.com**.
- Call the Medica Provider Literature Request Line for printed copies of documents.

Medication request forms
A medication request form should be used when requesting a formulary exception. It is important to fill out the form as completely as possible and to cite which medications have been tried and failed. This includes the dosages used and the identified reason for failure (e.g., side effects or lack of efficacy). The more complete the information provided, the quicker the review, with less likelihood of Medica needing to request more information. To request formulary exceptions, providers can submit an exception form or call CVS Caremark.

ADMINISTRATIVE NEWS

Provider College administrative training topic for April

(This applies to Medica leased-network providers as well as direct-contracted providers.)

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 topics
"Life of a Claim"
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.

Class schedule

Topic	Date	Time
Life of a Claim	April 9	10-11:30 a.m.

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**.

Reminder:
Up-to-date provider directories help members find providers

(This applies to Medica direct-contracted providers only.)

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)**.

Key elements for accuracy in provider directories are for providers to indicate exactly where their practitioners see patients, and their direct phone number for scheduling appointments. 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, or find they cannot get through at all.

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.

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See Medica points of contact for providers >

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