



NEWS FOR MEDICA NETWORK PROVIDERS

[General News](#) | [Clinical News](#) | [Pharmacy News](#) | [Network News](#) | [Administrative News](#)



General News

Medica's 2020 annual report now available

Medica has recently published its 2020 annual report, "The Power of Community." It tells the story of how we leaned on our values and relationships with provider organizations and community nonprofits to protect our members' health and respond to critical needs in the diverse communities that we serve together.

Read the 2020 report to learn more about Medica's:

- Response to the COVID-19 pandemic
- Outreach to members affected by the pandemic, social unrest and severe weather
- Commitment to open a new office in St. Paul's diverse Midway neighborhood
- Investment of financial reserves in community banks
- \$4.25 million in charitable giving to help health systems and community nonprofits deliver services in the pandemic environment, support communities affected by social unrest, alleviate hunger and advance equity

This latest report also describes a few of the innovative nonprofit organizations that addressed critical community needs during 2020 with grant support from the Medica Foundation.

[See Medica's 2020 annual report.](#)



Clinical News

Effective September 20, 2021:

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 September 20, 2021, 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 September 20, 2021, is already posted. Changes to policies are effective as of that date unless otherwise noted. ("Medical policy updates" notifications are available at Medica.com under For Providers, "Policies and Guidelines," then "Updates to Medical Policies.")

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 August 2021 for policies that will be changing effective October 18, 2021. These upcoming policy changes will be effective as of that October 2021 date unless otherwise noted.

Annual notice:

Medica monitors Quality Improvement program goals for 2021

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

Medica prepares an annual Quality Improvement Work Plan to outline key quality improvement (QI) activities for the year. The work plan encompasses projects addressing clinical quality, service quality, provider quality and patient safety, as well as ongoing quality monitoring activities. As of second quarter, the 2021 QI Work Plan features 24 individual quality improvement activities and 20 ongoing quality monitors. More QI activities may be added throughout the year.

Some Work Plan initiatives that may interest medical groups include activities to:

- Improve adherence to prescribed statins in select populations
- Improve dental visit rates for select populations
- Improve performance on HEDIS measures including preventive care, chronic conditions, women's health and antidepressant management
- Develop equitable interventions to address gaps in hypertension care

The Medica QI program supports the Medica mission to meet its customers' needs for health plan products and services. The QI program's purpose is to identify and implement activities that will improve:

- Member care, service, access and/or safety;
- Service to providers, employers, brokers and other customers and partners; and

- Medica internal operations.

This program encompasses a wide range of clinical and service quality initiatives affecting Medica members, providers, employers and brokers, as well as internal stakeholders throughout Medica.

Medica evaluates its QI program annually, reviewing the year's QI activities and assessing progress toward goals. Medica also looks at its QI committee structure, program resources, and key challenges and barriers encountered during the year. Each year's program evaluation forms the basis of the next year's work plan.

The Medica Quality Improvement Subcommittee (QIS) of the Medical Committee of the Medica Board of Directors directs and oversees QI program implementation. QIS serves as a peer-review body, receiving and reviewing aggregate data on all aspects of clinical and service quality. QIS approves program activities, recommends policy changes and follows up on improvement opportunities.

For more details about the Medica QI program:

- [Refer to Medica.com](#).
- Call the Medica Provider Literature Request Line for printed copies of documents.



Pharmacy News

Effective August 1, 2021:

Medica to add new UM policy for new medical pharmacy drug

(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) policy effective with August 1, 2021, dates of service, in addition to the three noted last month. 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 drug.

Medical pharmacy drug UM policies — New

Prior authorization will be required.

Drug code	Drug brand name	Drug generic name
J9999	Rybrevant	amivantamab-vmjw

This policy will apply to Medica commercial, Individual and Family Business (IFB), Minnesota Health Care Programs (MHCP) and Medica Health Plan SolutionsSM (MHPS) members and to Medica Medicare members in Medica DUAL Solution[®] (Minnesota Senior Health Options, or MSHO) and all Medica Advantage Solution[®] plans. It will *not* apply to Medica Prime Solution[®] (Medicare Cost) or Mayo Medical Plan members. The drug will be subject to pre-payment claims edit policies as well.

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

- [View drug management policies](#) as of August 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective October 1, 2021:

Medica to add 5 new drug UM policies for Mayo Medical Plan

(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 for Mayo Medical Plan members. These changes will be effective with October 1, 2021, dates of service. 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
J3490	Amondys45	casimersen
J1428	Exondys	eteplirsen
J9356	Herceptin Hylecta	hyaluronidase-oysk/trastuzumab
J1427	Viltepsa	vitolarсен
J1429	Vyondys53	golodirsen

The new medical pharmacy drug UM policies above for Mayo Medical Plan members 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.

Effective August 1, 2021:

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 August 1, 2021. Medica also notifies affected Medica members in their Medicare Part D Explanation of Benefits (EOB) statements mailed out monthly.

Review upcoming Medicare Part D drug formulary changes.

Medica periodically makes changes to its Medicare Part D formularies: the Medicare Part D Closed Formulary and the Medica DUAL Solution[®] and Medica AccessAbility Solution[®] Enhanced List of Covered Drugs. The Medica Medicare Part D drug formularies are available online or on paper:

- **View Medica formularies.**
- **Download formularies for free at [epocrates.com](https://www.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 Express Scripts.



Network News

Effective October 1, 2021:

Medica to make quarterly update to Medicare fee schedules

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

Effective with October 1, 2020, dates of service, Medica will implement the quarterly update to its Medicare physician fee schedules for applicable Medica products. This fee schedule change will implement updates from the Centers for Medicare and Medicaid Services (CMS) and have an impact on home infusion therapy and public health agency providers, as well as physicians. Medica will make these updates within 30 days of the CMS quarterly files becoming publicly available. By day 10 after each effective date, in order to keep these quarterly updates timely, Medica will move ahead and post updated Medicare rates with the files CMS has published at that time.

This fee schedule change incorporates CMS relative value units (RVUs) and conversion factor as well as various Medicare non-RVU fee maximums (such as labs, injections, immunizations, etc.). In addition, Medica will update its Medicare fee schedules with rates for codes without a fee maximum established. Overall reimbursement for providers will depend on specialty and mix of services provided.

Details on Medicare changes to drug fees, which typically see the greatest impact from these quarterly CMS updates, **are available online from CMS**. Providers who have further questions may contact their Medica contract manager.

Effective October 1, 2021:

Medica to make quarterly update to reference lab fee schedule

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

Effective with October 1, 2021, dates of service, or as soon thereafter as the CMS quarterly reference lab fee schedule updates are publicly available, Medica will implement the next quarterly update to its standard reference lab fee schedule, for all Medica products. This quarterly update will reflect any applicable Centers for Medicare and Medicaid Services (CMS) reference lab code or fee schedule updates that are effective October 1, 2021. The reimbursement impact of this CMS quarterly update will vary based on mix of services provided.

Details on Medicare changes to lab fees **are available online from CMS**. Providers who have further questions may contact their Medica contract manager.

‘Lag,’ quarterly PCR checks to be mailed in August, September

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

Medica plans to mail final 2020 physician contingency reserve (PCR) distribution checks, or “lag” checks, to providers in August 2020. Medica returned 100 percent of the PCR withhold for the Medica Prime Solution[®] Medicare product for 2020, including the lag return. The final 2020 distribution will include PCR withheld from claims with dates of service that fell outside the 90-day submission window for each quarter of last year. This final distribution will include PCR for claims payments processed through June 30, 2021, plus interest.

In addition, the PCR payment for the first quarter of 2021 for the Medica Prime Solution product is expected to be mailed by early September 2021. This represents a 100-percent return of the first-quarter 2021 PCR withhold, plus interest. Checks will cover PCR withheld for claims with dates of service of January 1, 2021, through March 31, 2021, and dates paid of January 1, 2021, through June 30, 2021.



Administrative News



SELF-SERVICE RESOURCES

Featured this month: Timely filing, late claim guidelines

Medica’s policy on timely filing and late claims is a handy resource for providers. It gives an overview of timely filing for claim submissions and exceptions to the rule, plus details on claim adjustments, appeals and resubmissions as well as information on appeals for late claims. **See the [Medica Timely Filing and Late Claims Policy](#)**.

Provider administrative training webinar for August

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

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

Training class topic

"Navigating Provider Resources"

This is a great overview for new providers or for providers who want a refresher on Medica's self-service options. Having quick and easy resources available is a great way to save time. Medica routinely updates resources available to its provider network. This training will walk providers through self-service options, including resources on Medica.com. It will focus on setting up and navigating electronic transactions through Medica's secure provider portal; verifying if utilization management and reimbursement policies apply to services being billed; and claim-processing details along with next steps, such as appeals or adjustments.

Class schedule

Topic	Date	Time
Navigating Provider Resources	Aug. 17	Noon-1:30 p.m. CT

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 each class date. [Register online for the session above.](#)

Claim status EDI inquiries enhanced on Medica.com

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

Medica has enhanced the functionality of its claim status inquiry transaction available through **Medica's secure provider portal**. This electronic data interchange (EDI) 276 transaction now gives better real-time feedback on patient claim status. Medica has enhanced the search functionality to help providers find claims more quickly for all Medica members. For example, previously, data entered incorrectly in the search fields generated a response of "No claims found." Now, more specific responses such as "Member name does not match claim data" or "NPI does not match claim" allow providers to quickly check and correct their requests, as needed.

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
Updated guidelines for claim overpayment adjustments	“Billing and Reimbursement” section, in “Claim Overpayments” subsection	June 2021

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

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