MEDICA®

March 2021

MEDICA CONNECTIONS®

For Medica network providers

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GENERAL NEWS

Submitting claims with correct payer ID helps ensure timely payment

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

It's important to verify the correct payer ID and claim address for each type of claim before submitting it for payment. For plan year 2021, Medica has made some claim-submission changes to administer its Individual and Family Business (IFB) and Medicare Advantage (MA) membership as well as commercial group business based in Nebraska and Iowa. Changes include different payer IDs for medical and behavioral health claims.

The payer ID for *medical* claims is indicated on the *front* of member ID cards.

Type of claim	Product/Member	Correct payer ID
Medical claims	IFB	Use payer ID 12422
	MA	Use payer ID MEDM1
	NE/IA-based commercial	Use payer ID 71890

The payer ID for *behavioral health* claims is indicated on the *back* of member ID cards.

Type of claim	Product/Member	Correct payer ID
Behavioral health claims	IFB	Use payer ID 87726
	MA	
	NE/IA-based commercial	

Providers may experience a delay in payment if submitting claims to the incorrect payer ID or claims address. *Doing so will result in claim denials and a request to submit claims to the correct payer ID or claims address.*

Providers should be sure to verify the payer ID prior to submitting claims. For more details about claims and payer IDs:

- Refer to this overview: **Claim Submission and Product Guidelines**.
- Refer to **Medica's product fact sheets**, which include ID card examples.

(This information was also communicated earlier this month in a **Medica Provider Alert**.)

Annual 'Disclosure of Ownership' forms needed soon

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

Each year, providers must submit an updated "Disclosure of Ownership" form in accordance with regulatory agency requirements. Providers should complete and return their **Disclosure of Ownership Statement** as soon as possible, but no later than March 12, 2021. The form can be sent to Medica by e-mail at **ProviderCertifications@medica.com**.

This requirement is necessary for Medica to comply with contracts it holds with both the Centers for Medicare and Medicaid Services (CMS) and the Minnesota Department of Human Services (DHS). More details about this compliance requirement are available in the **Medica Provider Administrative Manual**.

Medica wishes to thank providers for their prompt response to this obligation.

CLINICAL NEWS

Effective April 19, 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 April 19, 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 April 19, 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 March 2021 for policies that will be changing effective May 17, 2021. These upcoming policy changes will be effective as of that May 2021 date unless otherwise noted.

PHARMACY NEWS

Medica to add new UM policies for 3 new 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 May 1, 2021, 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	Danyelza	naxitamab-gqgk
J9999	Margenza	margetuzimab-cmkb
J3490	Oxlumo	lumasiran

These policies will apply to Medica commercial, Individual and Family Business (IFB), Minnesota Health Care Programs (MHCP) and Medica Health Plan Solutions^{SM} (MHPS) members and to Medica Medicare members in Medica DUAL Solution® (Minnesota Senior Health Options, or MSHO) and all Medica Advantage Solution® 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 May 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

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

As of March 1, 2021, **view the latest 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**.
- 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.

ADMINISTRATIVE NEWS

Self-service resources:
Featured this month: Who's the primary payer?

Not sure who to bill as the primary payer when submitting Medicare or Medicaid claims? A new webpage on Medica.com has extensive details to help answer this question. "Primary Payer Information for Medicare and Medicaid Products" outlines the primary payer for each of these products available from Medica, plus out-of-network benefits or coverage that apply, as well as other details such as care coordination for patients, as applicable.

Check it out on the Claim Tools page, under "Administration of Claims and Products."

Provider administrative training topic featured for March

(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 for all Medica network providers, at no charge. It is a recorded training presentation posted to Medica.com, accessible at any time.

Training class topic
"Self-Service Resources for Providers"
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.

Take this provider training.

Effective May 1, 2021:
Medica to revise reimbursement policy

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

Medica will soon update the reimbursement policy indicated below, effective with May 1, 2021, dates of service. Such policies define when specific services are reimbursable based on the reported codes.

Reimbursement policies — Revised
These versions replace all previous versions.

Name
Services Incidental to Admission *(update to add clarity and indicate that this policy applies to all of Medica's products)*

This revised policy will be available online or on hard copy:

- **View Medica's reimbursement policies** as of May 1; or

- Call the Medica Provider Literature Request Line for printed copies of documents.

Updates to Medica Provider Administrative Manual

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

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 protocols for public health providers	"Protocols" section, in "Public Health Protocols" document	February 2021
Updated protocols for lab providers	"Protocols" section, in "Laboratory Protocols" document	February 2021
Updated protocols for immunization facility providers	"Protocols" section, in "Community Immunization Protocols" document	February 2021
Updated protocols for anesthesiology providers	"Protocols" section, in "Anesthesiology Protocols" document	February 2021
Adding billing requirements for Medicare Advantage claims	"Billing and Reimbursement" section, in "Claim Submission Requirements for Facilities" subsection, under "Inpatient Hospital Interim Billing"	May 2021
Revising language and code list to state that all revenue codes, with exception of a specific list, require associated CPT®/HCPCS codes, and to indicate that these requirements apply to all products	"Billing and Reimbursement" section, in "Claim Submission Requirements for Facilities" subsection, under "Billing Requirements for Outpatient Hospital Revenue Codes"	May 2021

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

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Leadership in Provider Support Areas
Lori Nelson, *Senior Vice President of Provider Strategy and Network Management*
John Mach, MD, *Chief Medical Officer and Senior Vice President*
Rob Geyer, *Chief Operations Officer*
Nichole White, RPh, MBA, *Senior Vice President of Health Services*
Charlotte Hovet, MD*, Senior Medical Director*
John Piatkowski, MD, MBA, *Senior Medical Director*

Medica Connections editor
Hugh Curtler III, *Corporate Communications*
Phone: (952) 992-3354
Fax: (952) 992-3377
Email: **hugh.curtler@medica.com**

See Medica points of contact for providers >

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