



NEWS FOR MEDICA NETWORK PROVIDERS

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General News

Effective January 1, 2022:

Medica makes IFB product, benefit changes for next year **New 'Pinnacle' product to serve members in Arizona**

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

Medica's Individual and Family Business (IFB) product offering continues to grow and will be available in nine states starting January 1, 2022. There will be one brand-new IFB product, offered in Arizona.

New IFB product: Medica Pinnacle

A new IFB product is being introduced for January 1, 2022, in the Phoenix, Arizona, area, specifically with a one-county service area of Maricopa County. Medica PinnacleSM, a new accountable care organization (ACO) or "care system" provider network option, features Arizona Care Network, Phoenix Children's Care Network and Dignity Health doctors and hospitals. Both on- and off-Marketplace plans will be available.

IFB product changes for 2022

The following changes to service areas will also occur for Medica's existing IFB products:

- **Minnesota:** The Bold by M Health Fairview and MedicaSM product service area will be expanding in the Twin Cities metro area by adding three counties: Chisago, Isanti and Sherburne. This ACO product was launched for 2021 in six Twin Cities counties.
- **Kansas:** The Medica with Healthier YouSM product service area will be expanding by adding Sumner County. This product, featuring Ascension Via Christi hospitals and doctors, was introduced for 2020 in Sedgwick County and expanded into Harvey County in 2021.
- **Missouri:** Medica will be introducing Balance by Medica; Delivered by MercySM to seven counties in the St. Louis area: Jefferson, Lincoln, Franklin, Saint Charles, Saint Louis, Saint Louis City and Warren. This product's service area will also expand by four counties in the Springfield area: Barton, Douglas, Ozark and Taney. This

ACO product was introduced for 2021 in 20 counties of Missouri.

- **Nebraska:** The Medica with CHI HealthSM product service area will be expanding by adding six counties: Custer, Dawson, Greeley, Howard, Sherman and Valley. This ACO product will continue to be available in the existing Omaha, Nebraska, and Council Bluffs, Iowa, service area counties.
- **Oklahoma:** The Balance by Medica; Delivered by Mercy product will expand into Kingfisher and Blaine counties for 2022, in the Oklahoma City area. Balance by Medica, featuring Mercy, will be newly available to residents in Carter, Johnston, Murray, and Pontotoc counties of Central Oklahoma. The Harmony by MedicaSM product will be expanding into Osage county in the Tulsa area. The Medica Quest[®] product will no longer be offered in Blaine, Carter, Johnston, Kingfisher, Murray, Pontotoc, Pottawattamie, and Osage counties where Medica offers ACO products.
- **Wisconsin:** The Medica Individual ChoiceSM product service area will be expanding by four counties: Barron, Clark, Rusk and Marathon. This open-access product will continue to be available in the existing Superior and Hudson service area counties of Wisconsin.

IFB benefit changes for 2022

- \$0 virtual care providers to include Amwell, Virtuwel and other in-network providers
- New \$0 primary care copay plan to be offered in Kansas with the Medica with Healthier You and Select by MedicaSM products; in Oklahoma with the Balance by Medica and Harmony by Medica products; in Missouri with all products; and in Nebraska with all products
- \$400 dental reimbursement plan option to be offered on certain bronze plans in Kansas, Nebraska, Missouri and Oklahoma
- All IFB products in all states to move to the OptumHealth Physical Health chiropractic network, **as previously mentioned**
- For all IFB plan designs, non-preferred specialty drug tier to be eliminated
- For all IFB products, Ovia Healthy Pregnancy program to be discontinued

See fact sheets for more details on Medica's products. (New one for Medica Pinnacle coming soon!)

Effective January 1, 2022:

Medica makes commercial product changes for next year

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

As of January 1, 2022, Medica will make changes to two accountable care organization (ACO) products available for employer groups in Minnesota and Nebraska.

Clear Value with MedicaSM

Clear Value with Medica will expand to include Anoka County in Minnesota for large employer groups, while for small employer groups it will be newly available in three Twin Cities counties: Hennepin, Ramsey and Anoka. This ACO product, introduced last year, is available in the Twin Cities metro area and centered around the provider Hennepin Healthcare.

Medica with CHI HealthSM

Medica with CHI Health will expand to include seven new counties in Nebraska: Custer, Dawson, Greeley, Howard, Nance, Sherman and Valley. This ACO product, introduced two years ago in the Omaha area, is centered around the provider CHI Health.

[See fact sheets for more details on Medica's products.](#)

Effective January 1, 2022:

Medica makes MHCP product, benefit changes for next year

(This applies to Medica direct-contracted providers in Minnesota.)

Medica is making changes to its existing Minnesota Health Care Programs (MHCP) products for next year.

Dual-eligible Special Needs Plan (D-SNP) products

Medica is expanding the service area for its Medica AccessAbility Solution[®] Enhanced product (for Special Needs BasicCare Special Needs Plan, or SNBC SNP) to add four Minnesota counties, for 13 total counties in 2022. Also, Medica will change the retail pharmacy network for Medica AccessAbility Solution Enhanced from the current Express Scripts (ESI) broad Medicare network to the Enhanced Performance Medicare (EPM) network for 2022. Medica members who are affected will soon be notified by mail.

The Medica DUAL Solution[®] product (for Minnesota Senior Health Options, or MSHO) will continue to address social determinants of health (SDoH), resulting in additional benefits for 2022. Medica DUAL Solution will offer two new Special Supplemental Benefits for the Chronically Ill (SSBCI) for 2022: one uses existing vendor Solutran to provide a quarterly allowance for members to obtain \$0 fresh fruits and vegetables from participating grocery stores; and the other relies on new vendor Papa to provide a trained Papa Pal who conducts home visits to assist members with social activities, house help, non-medical local transportation, technology troubleshooting, and other helpful tasks.

[See fact sheets for more details on Medica's products.](#)

Annual reminder:

Compliance, FWA trainings required for Medicare providers

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

Each year, Medica requires that Medicare providers complete general compliance training and fraud, waste, and abuse (FWA) training. The training requirement applies to all organizations that provide health care services or administrative services for Medicare beneficiaries, and also applies to the organizations' downstream and related entities. Although Medicare-certified (or deemed) providers are exempt from the FWA portion of the training, they are *still required* to complete general compliance training. *The trainings should be completed by December 31, 2021.*

Medica makes the Medica Standards of Conduct, Compliance Reporting Policy, and links to the Centers for Medicare and Medicaid Services (CMS) general compliance training and FWA training available on Medica.com. Providers may use the general compliance and FWA training materials created by CMS. [Learn more and take the trainings.](#)

As a reminder, training is required at the time of a Medicare provider's initial contract and then annually thereafter. Providers should maintain records of all training for 10 years. Records should include dates and methods of training, materials used for training, and training logs identifying employees who received training. Medica may request such records to verify that training occurred.



Clinical News

Effective December 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 December 20, 2021, unless otherwise noted.

Monthly update notifications for Medica's UM policies, coverage policies and clinical guidelines are available on an ongoing basis. **Update notifications are posted on Medica.com** at least 60 days prior to their effective date. The medical policy update notification for changes effective December 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.

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).

Note: The next policy update notification will be posted in November 2021 for policies that will be changing effective January 17, 2022. These upcoming policy changes will be effective as of that January 2022 date unless otherwise noted. The affected policies will then be available as noted above.

Survey responses requested by October 30:

Seeking provider input on patient access to care

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

As a reminder, Medica recently sent providers a survey about patient access to care, including activities like care coordination, referrals to specialists and availability of clinic appointments. There's still time to give input. **Eligible providers who haven't yet responded can do so** until October 30, 2021.

This survey is intended only for primary care offices, behavioral health care offices and certain specialty care offices. It should be completed by an office manager, administrator or practitioner since it will ask about care availability across practice sites. Survey responses will be confidential and grouped with other results.

Medica would like to thank providers for giving their valuable feedback. Provider surveys like this allow Medica to

improve service to providers as well as members.

Upcoming outreach:

Medica undertakes annual ACA chart review for coding integrity

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

Each year, Medica undertakes medical record reviews for various types of members, and in November 2021 plans to begin reaching out to provider offices regarding Affordable Care Act (ACA) 2021 dates of service for office visits and hospital admissions by Medica commercial members. Medica is committed to improving the quality of care provided to our members and is required by the U.S. Department of Health and Human Services (HHS) to submit complete diagnostic data regarding members enrolled in certain ACA-covered health plans.

On Medica's behalf, Optum and CiOX Health are conducting the medical record reviews, coordinating record retrieval and reviewing clinical coding. CiOX representatives will contact providers directly to provide retrieval options and a list of the requested member records for services they received in calendar year 2021. Patient records being requested include medical records, notes and reports. This outreach is expected to begin by late November 2021. Chart collection *must be completed by March 2022.*

This industry-standard commercial chart retrieval request is intended to identify any gaps in coding that are supported in the documentation. Reviewing medical chart documentation will enable Medica to identify conditions that may exist for plan members, but may not have been coded or previously captured. This enables the health plan to assess the health conditions of their members for effective care interventions and to improve health outcomes.

Providers who have questions may contact CiOX at 1-877-445-9293 or chartreview@cioxhealth.com.



Pharmacy News

Effective January 1, 2022:

Medica plans to update member formularies

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

Medica is reviewing several medications and will be making changes in coverage status to drug formularies (drug lists) effective January 1, 2022. These upcoming changes apply to the following drug formularies:

- 2022 Medica Commercial Drug List
- 2022 Medica Preferred Drug Lists for Individual and Family Business (IFB)
- 2022 Medica Lists of Covered Drugs for Minnesota Health Care Programs (MHCP)

Changes to the MHCP drug lists will include changes in coverage to over-the-counter (OTC) medications. The Medica MHCP drug lists apply to the following products: Medica Choice CareSM (for Minnesota Senior Care Plus program, or MSC+), Medica AccessAbility Solution[®] (for Special Needs Basic Care program, or SNBC) and both Medica DUAL

Solution® (for Minnesota Senior Health Options program, or MSHO) and Medica AccessAbility Solution Enhanced, for non-Part D drugs. These changes will not apply to Medica Medicare Part D drug formularies.

(**Drug lists are available at Medica.com** under For Providers, “Pharmacy,” then respective member types under “Pharmacy Resources by Segment.”)

Effective January 1, 2022:

Medica makes step therapy changes to 2 oncology-related drug classes

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

Effective January 1, 2022, Medica will update coverage for oncology-support products in two separate drug classes that are administered under member medical pharmacy benefits. Prior authorization for medications in both categories will continue to be required and administered by Magellan Rx Management.

These utilization management (UM) strategies apply *only* when the products are used in outpatient settings, such as a hospital outpatient infusion center, a provider office, or in-home. UM drug policies for all of these products **are available online**.

Biosimilars

Medica will change its management strategy for three provider-administered, infused therapies managed under the member’s medical benefit: Avastin, Herceptin and Rituxan. These changes will provide Medica members and their providers opportunities for cost-effective and clinically appropriate alternatives. Step therapy will be required for these three products to emphasize use of biosimilars that are approved by the U.S. Food and Drug Administration (FDA), as noted in the following table, along with corresponding Healthcare Common Procedure Coding System (HCPCS) codes. Members currently utilizing Avastin, Herceptin and Rituxan will be allowed to remain on these products.

Non-preferred Reference Product	HCPCS Code	Preferred Biosimilars	HCPCS Code
Avastin (bevacizumab)	J9035	Mvasi (bevacizumab-awwb) Zirabev (bevacizumab-bvzr)	Q5107 Q5118
Herceptin (trastuzumab) Herceptin Hylecta (trastuzumab/hyaluronidase-oysk)	J9355 J9356	Kanjinti (trastuzumab-anns) Trazimera (trastuzumab-qyyp)	Q5117 Q5116
Rituxan (rituximab) Rituxan Hycela (rituximab/hyaluronidase)	J9312 J9311	Ruxience (rituximab-pvvr) Truxima (rituximab-abbs)	Q5119 Q5115

This biosimilar strategy change will apply to Medica’s commercial, Individual and Family Business (IFB) and some Medica Health Plan SolutionsSM (MHPS) members, as well as to Medica DUAL Solution® (Minnesota Senior Health Options, or MSHO), Medica AccessAbility Solution® Enhanced (Special Needs BasicCare Special Needs Plan, or SNBC SNP) and Medica Advantage Solution® (both HMO-POS and PPO plan) members. It will *not* apply to Medica’s

Minnesota Health Care Programs (MHCP) members, Mayo Medical Plan members, or commercial or IFB members in the state of North Dakota.

Note that the step therapy requirement for Avastin will *not* apply to use for ocular indications, as prior authorization is not required in this scenario.

Long-acting granulocyte colony-stimulating factor products

Medica will change its management strategy for the provider-administered long-acting granulocyte colony-stimulating factor agents to focus utilization on the highest-value products. Neulasta[®] (both the prefilled syringes and the Onpro[®] kits) and Ziextenzo[®] will remain preferred therapies while step therapy will be required for Fulphila[®], Udenyca[®] and Nyvepria[®]. Members currently utilizing these products will be allowed to continue.

Note that this change *only* applies for utilization through the medical benefit. Products in this category may also be covered under the pharmacy benefit. **Access Medica's formularies** to assess coverage under the pharmacy benefit.

This change to provider-administered long-acting granulocyte colony-stimulating factor agents will apply to Medica's commercial, Individual and Family Business (IFB) and some Medica Health Plan SolutionsSM (MHPS) members, as well as to Medica DUAL Solution[®] (Minnesota Senior Health Options, or MSHO), Medica AccessAbility Solution[®] Enhanced (Special Needs BasicCare Special Needs Plan, or SNBC SNP) and Medica Advantage Solution[®] (both HMO-POS and PPO plan) members. It will *not* apply to Medica Prime Solution[®] (Medicare Cost) or Mayo Medical Plan members.

Effective January 1, 2022:

Medica makes Medicare Part B step therapy changes Medical benefit changes to encourage use of biosimilar drugs

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

Effective January 1, 2022, Medica will change its management strategy for multiple provider-administered, infused therapies covered under the Medicare Part B medical benefit to provide members and providers with opportunities to use cost-effective, clinically appropriate alternatives whenever they are indicated.

Step therapy will be required for the products noted in the following table, which outlines use of biosimilars and preferred drugs approved by the U.S. Food and Drug Administration (FDA). Members currently utilizing these drugs will be allowed to remain on these products as compliant with Centers for Medicare and Medicaid Services (CMS). Prior authorization to ensure medical necessity for both the reference products and biosimilars will continue to be required and administered by Magellan Rx Management.

Non-preferred Reference Product	HCPCS Code	Preferred Drug for Step Therapy	HCPCS Code
Treanda (bendamustine)	J9033	Bendeka (bendamustine hydrochloride) Belrapzo (bendamustine hydrochloride injection)	J9034 J9036
Fulphila (pegfilgrastim-jmdb) Udenyca (pegfilgrastim-cbqv)	Q5108 Q5111	Neulasta (pegfilgrastim) Ziextenzo (pegfilgrastim-bmez)	J2505 J3590
Avastin* (bevacizumab)	J9035	Mvasi (bevacizumab-awwb) Zirabev (bevacizumab-bvzr)	Q5107 Q5118

Herceptin (trastuzumab)	J9355	Trazimera (trastuzumab-qyyp)	Q5116
Herceptin Hylecta (trastuzumab/hyaluronidase-oysk)	J9356	Kanjinti (trastuzumab-anns)	Q5117
Ontruzant trastuzumab-dttb)	Q5112		
Herzuma (trastuzumab-pkrb)	Q5113		
Ogivri (trastuzumab-dkst)	Q5114		
Abraxane** (paclitaxel)	J9264	Taxol (paclitaxel)	J9267
Rituxan*** (rituximab)	J9312	Truxima (rituximab-abbs)	Q5115
Rituxan Hycela*** (rituximab/hyaluronidase human)	J9311	Ruxience (rituximab-pvvr)	Q5119
Soliris (eculizumab)	J1300	Ultomiris (ravulizumab-cwvz) [for PNH and aHUS] Uplinza (inebilizumab-cdon) [for NMOSD]	J1303 J1823

* Does not apply for ophthalmic indications or for hepatocellular carcinoma.

** Does not apply for pancreatic adenocarcinoma or for those receiving atezolizumab concurrently.

*** Does not apply for pemphigus vulgaris.

Utilization management (UM) drug policies for all of these products **are available online from CMS** as Local and National Coverage Determinations (LCDs and NCDs).

This biosimilar change will apply to Medica DUAL Solution[®] (Minnesota Senior Health Options, or MSHO), Medica AccessAbility Solution[®] Enhanced (Special Needs BasicCare Special Needs Plan, or SNBC SNP) and Medica Advantage Solution[®] (both HMO-POS and PPO plan) members. This step therapy change will *not* apply to the following Medicare members: Medica Prime Solution[®] (Cost product), Medica Signature Solution[®] (Supplement product) and Medica Select Solution[®] (Medigap product).

Effective November 1, 2021:

Medica to add new UM policies for 2 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 November 1, 2021, dates of service. Medica implements such policies as soon as possible after conducting a clinical review of 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
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J3590

Nexviazyme

avalglucosidase alfa-ngpt

J3590

Saphnelo

anifrolumab-fnia

These policies 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. 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 November 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective January 1, 2022:

Medica to add new drug UM policy 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) policy for Mayo Medical Plan members. This change will be effective with January 1, 2022, dates of service. 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
J3590	Aduhelm	aducanumab-avwa

The new medical pharmacy drug UM policy above for Mayo Medical Plan members will be available online or on hard copy:

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

Effective January 1, 2022:

Medica to make annual update to Part D drug formularies

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

Medica has made annual decisions on drugs that will either be removed from the Medica Medicare Part D drug formularies or be subject to a change in preferred or tiered cost-sharing status effective January 1, 2022. Members are encouraged to review their formulary to see if any of their medications are changing.

Medica's Medicare Part D formularies are the Medicare Part D Closed Formulary and the Medica DUAL Solution® and Medica AccessAbility Solution® Enhanced List of Covered Drugs. These drug formularies are available online or on paper:

- [View Medica Part D formularies.](#)
- [Download the Part D formularies for free at epocrates.com.](#)
- Call the Medica Provider Literature Request Line to request a printed copy.

Providers can also refer to a comprehensive list of all previous Medica Medicare Part D drug formulary changes. [View Medicare Part D drug formulary changes on Medica.com.](#)

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 January 1, 2022:

Medica to make quarterly update to Medicare fee schedules

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

Effective with January 1, 2022, 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 January 1, 2022:

Medica to make quarterly update to reference lab fee schedule

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

Effective with January 1, 2022, 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 January 1, 2022. 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.

Effective January 1, 2022:

Medica to revise fee schedule for MHCP products

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

Effective with January 1, 2022, dates of service, Medica will implement a revised fee schedule for its enrollees in Minnesota Health Care Programs (MHCP). The revised Medica MHCP fee schedule will be based on the fee schedule used by the Minnesota Department of Human Services (DHS) to pay providers for services provided to its fee-for-service enrollees. The effect on reimbursement overall for specific clinics will vary by specialty and the mix of services provided.

Providers who have questions may contact their Medica contract manager.

Effective January 1, 2022:

Medica to update IFB state-based physician fee schedules

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

Beginning with January 1, 2022, dates of service, Medica will update the professional drug rates for its Individual and Family Business (IFB) state-based physician fee schedules for applicable Medica products. Beginning with April 1, 2022, dates of service, Medica will update rates for all other services for its IFB state-based physician fee schedules for applicable Medica products.

These fee schedule changes will implement updates from the Centers for Medicare and Medicaid Services (CMS), incorporating CMS relative value units (RVUs) and conversion factor, as well as various CMS non-RVU fee maximums (such as labs, injections, immunizations, etc.). In addition, Medica will update its IFB state-based physician fee schedules with rates for codes without a CMS fee maximum established. Overall reimbursement for providers will depend on specialty and mix of services provided.

For a list of Medica's IFB products, **see [Medica.com](https://www.medica.com)**, under "Individual and Family Products." Providers who have further questions may contact their Medica contract manager.

Second-quarter PCR checks to be mailed in November 2021

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

In November 2021, Medica plans to mail to eligible providers the physician contingency reserve (PCR) payment for the second quarter of 2021. This represents a 100-percent return of the second-quarter 2021 PCR withhold, plus interest, for the Medica Prime Solution[®] Medicare product. Checks will cover PCR withheld for claims with dates of service of April 1, 2021, through June 30, 2021, and dates paid of April 1, 2021, through September 30, 2021.



Administrative News



SELF-SERVICE RESOURCES

Featured this month: E-learning on products and billing

This self-guided training on Medica Products and Billing Resources, posted on Medica.com, is available 24/7 for providers. This course walks through how to find details on all products Medica offers, along with billing resources for providers to help ensure accurate and prompt payment on claims—including how to determine which payer ID to use and how to identify the primary payer for Medicare and Medicaid plans. **Check out this products and billing training.**

Provider administrative training webinars for November, December

(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

"Medica Product Overview and Resources for 2022"

This class will give an overview of all products that Medica has to offer for the 2022 plan year and where they are available, along with resources to determine eligibility, coverage guidelines and other valuable plan details that can help ensure a seamless overall experience for providers when working with Medica. Note that trainings are categorized by location—for Minnesota providers vs. providers in all other states—so make sure to sign up for a session that's

appropriate.

Class schedule

Topic	Audience	Date	Time
Product Overview and Resources for 2022	Minnesota providers	Nov. 18	12-1:30 p.m. CT
Product Overview and Resources for 2022	Non-Minnesota providers	Nov. 23	12-1:30 p.m. CT
Product Overview and Resources for 2022	Minnesota providers	Dec. 1	2-3:30 p.m. CT
Product Overview and Resources for 2022	Non-Minnesota providers	Dec. 9	2-3:30 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 a session above.](#)

Effective January 1, 2022:

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, beginning with January 1, 2022, dates of service. Such policies define when specific services are reimbursable based on the reported codes.

Bundled Services

Medica's Bundled Services reimbursement policy will be revised to further align with the Minnesota Department of Human Services (DHS) guidelines regarding payment of qualifying circumstance codes. DHS only reimburses for qualifying circumstances involving *a patient of extreme age*. To align with this, beginning with January 1, 2022, dates of service, Medica will no longer reimburse Current Procedural Terminology (CPT[®]) code 99140 ("Anesthesia complicated by emergency conditions (specify); list separately in addition to code for primary anesthesia procedure") for Medica's Minnesota Health Care Programs (MHCP) products.

This policy will continue to apply for all Medica members. The updated Medica reimbursement policy will be available online or on hard copy:

- [View Medica's reimbursement policies](#) as of January 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective January 1, 2022:

IFB chiropractic network changing to Optum for 2022

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

As a reminder, Medica is making a network change for its Individual and Family Business (IFB) members starting January 1, 2022. All IFB members will need to access care from chiropractic providers in the OptumHealth Physical Health network. This expands the current network for IFB members.

Beginning January 1, 2022, providers not contracted with OptumHealth will need to refer members to a contracted OptumHealth provider. All chiropractors should use the following information to submit IFB chiropractic claims beginning with January 1, 2022, dates of service:

New claims address:

OptumHealth Physical Health
P.O. Box 212
Minneapolis, MN 55440-0212

New payer ID: 41161

Claims submitted to Medica for IFB chiropractic services beginning with January 1, 2022, dates of service *will be denied* and will need to be resubmitted to OptumHealth using the information above. Providers not contracted with OptumHealth who are interested in becoming an OptumHealth-contracted provider can **access contracting information online from Optum**.

Providers who have questions about chiropractic benefits or claims can call Medica at 1 (800) 458-5512.

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Leadership in Provider Support Areas

Lori Nelson, Senior Vice President of Provider Strategy and Network Management

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