



## NEWS FOR MEDICA NETWORK PROVIDERS

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## General News

### Medica announces new strategic relationship with SSM Health

Medica recently announced news of a new strategic relationship with SSM Health. Under the arrangement, Medica is investing in Dean Health Plan, currently a wholly owned subsidiary of SSM Health. Medica and Dean Health Plan, both mission-driven health plans, have significant similarities in their histories, operations, cultures and deep community commitment.

Together, the two health plans have an even greater opportunity to support the health care needs of members and patients, and to further enhance provider relationships.

[View the press release for more information.](#)

Dean Health Plan is based in Madison, Wis., serving almost 500,000 members in Illinois, Missouri, Oklahoma and Wisconsin. St. Louis-based SSM Health is a Catholic, not-for-profit, integrated health system operating care delivery sites across the Midwest.

**Effective January 1, 2022:**

### Medica makes Medicare product, benefit changes for next year

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

Medica's Medicare product offering continues to grow and will be available in 10 states starting January 1, 2022. Medica is also making changes to its Medicare Advantage and Medicare Cost plan benefits for next year.

#### Medicare Advantage plans

Medica is expanding the Medica Advantage Solution<sup>®</sup> service area and product portfolio in Minnesota for 2022. One of Medica's Medicare Advantage plan designs, Medica Advantage Solution (HMO-POS), will have a premium reduction from \$59 to \$0 and will have expanded availability, from six counties in the Twin Cities metro area currently to a new

18-county Central Minnesota service area. Medica will also offer a second lower-premium plan option to the Medica Advantage Solution product portfolio in southern Minnesota. The service area in Minnesota will expand to include an additional 19 counties.

Medica will also offer a new Medicare Advantage Solution product in the entire 66-county Medicare Advantage service area in Minnesota for a \$0 premium. This plan includes medical coverage only and not Part D benefits. Also, all Medicare Advantage Solution plans will offer \$0 copays on preferred diabetic testing supplies as well as \$35 monthly copays for select insulins. **See more about this below.**

### **Medicare Cost plans**

Also effective January 1, Medica Prime Solution® (Cost) will expand into three new states: Missouri, Oklahoma and Wyoming. Medica continues to grow the Cost plan's current service area in Iowa, Nebraska and Kansas with expansion into additional counties. The popular \$0 premium Medica Prime Solution Standard plan will be offered in Nebraska and Wisconsin for the first time. In Minnesota, the Prime Solution Value plan offering will be consolidated with a similar existing plan, Prime Solution Basic. Medica members who are affected will receive a description of the benefit changes in their Annual Notice of Changes (ANOC) mailing.

2022 Medicare Cost plans continue to focus on encouraging early detection and preventive care, resulting in benefit changes. Many Cost plans will offer \$0 copays on diabetic testing supplies, Medicare-covered glaucoma and diabetic retinopathy screenings as well as mental health office visits and kidney disease education. Medica's Cost plans will also expand to include coverage for over-the-counter health and wellness products through CVS OTC Health Solutions.

**See fact sheets for more details on Medica's Medicare products.**

*(Note: This information should not be discussed with Medicare beneficiaries prior to October 1, 2021.)*



## **Clinical News**

**Effective November 15, 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 November 15, 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 November 15,

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](https://www.medicare.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](https://www.medicare.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 October 2021 for policies that will be changing effective December 20, 2021. These upcoming policy changes will be effective as of that December 2021 date unless otherwise noted.

**Input requested by October 30:**

## Requesting provider perspectives on patient access to care

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

Medica will soon be asking providers for their feedback on patient access to care, including activities like care coordination, referrals to specialists and availability of clinic appointments. This annual survey is intended only for primary care offices, behavioral health care offices and the following specialty care offices: cardiology, dermatology, ear/nose/throat (ENT), gastroenterology, general surgery, neurology, obstetrics and gynecology (Ob/Gyn), oncology, ophthalmology and orthopedics. The survey should be completed only by office managers, administrators or practitioners since it will ask about care availability across practice sites.

This survey will be coming electronically in early October 2021. Survey responses, due by the end of October, will be confidential and grouped with other results.

Provider surveys like this allow Medica to improve service to providers as well as members. Medica would like to thank providers for giving their valuable feedback.

**Due by October 15, 2021:**

## Quality complaint reports required by State of Minnesota

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

Medica requires its Minnesota-based network providers to submit second-quarter 2021 quality-of-care complaint reports to Medica by October 15, 2021. *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).

Medica’s quality complaint reporting form has been improved with interactive fields, which should save providers time. See link below.

Providers can send reports by e-mail to [QualityComplaints@medica.com](mailto: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 Medica's Provider Administrative Manual**, or
- Call the Medica Provider Service Center at 1-800-458-5512.



## Pharmacy News

**Effective October 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. This change will be effective with October 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 drug.

#### **Medical pharmacy drug UM policies — New**

*Prior authorization will be required.*

Drug code	Drug brand name	Drug generic name
J3590	Ryplazim	plasminogen human-tvmh

This policy will apply to Medica commercial, Individual and Family Business (IFB), Minnesota Health Care Programs (MHCP) and Medica Health Plan Solutions<sup>SM</sup> (MHPS) members and to Medica Medicare members in Medica DUAL Solution<sup>®</sup> (Minnesota Senior Health Options, or MSHO) and all Medica Advantage Solution<sup>®</sup> plans. It will *not* apply to Medica Prime Solution<sup>®</sup> (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 October 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

**Effective January 1, 2022:**

## **Diabetes testing benefit to change for Medicare Advantage Preferred meters, test strips to be available for \$0**

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

Medica's Medicare Advantage members will see a change in their copays if they fill prescriptions for preferred blood glucose testing supplies after January 1, 2022. The preferred testing supplies will include OneTouch (Lifescan) and Accu-Chek (Roche) products, which will be available for a \$0 copay. Medica is reaching out to affected members to let them know how they can get new meters for free if they want to switch to a preferred device or if they need a new preferred manufacturer's meter. Medica will also provide sample meters to prescribers who see a high volume of members with diabetes so they can provide them to members in their offices as well.

The free meters will be either the OneTouch Verio Flex or Reflect and Accu-Chek Guide or Guide Me meter. These are the only meters OneTouch and Accu-Chek are planning to utilize going forward, although they will continue to manufacture test strips for older models for at least two more years prior to a full conversion to the new meters. Non-preferred meters and non-preferred blood glucose testing strips will continue to be covered with the same 20% coinsurance that currently applies.

Medica has implemented this initiative to improve access and utilization of glucose testing strips for its Medicare Advantage members. This benefit change will apply for all Medica Advantage Solution<sup>®</sup> members beginning with prescription fills on or after January 1.

Members may reach out to prescribers soon to request new prescriptions for the preferred manufacturer blood glucose testing strips. As a reminder, providers need to document these details on prescriptions:

- Whether the member has diabetes
- What kind of blood sugar monitor the member needs and why (e.g., a special monitor because of vision problems)
- Whether the member uses insulin
- How often the member should test their blood sugar
- How many test strips and lancets the member needs for one month

With durable medical equipment (DME) medical claims, providers will have to submit both a J-code and a national drug code (NDC) on claims to ensure that members are charged the correct copay based on preferred or non-preferred status.

### **\$35-per-month insulin copays**

Medica will also offer members discounted insulin supplies through an expanded Part D benefit in 2022. For all members enrolled in a Medicare Advantage plan—excluding non-employer group waiver plans (EGWPs)—Medica will cap insulin copays at \$35 per monthly supply. **Find a list of these drugs on Medica.com** (indicated by “SSM” for Senior Savings Model, next to each drug's name). Here are examples of insulins covered at \$35 per month:

- Humalog and Humalog Mix

- Humulin, Humulin R and Humulin N
- Lantus
- Lyumjev
- Toujeo

*(Note: This information should not be discussed with Medicare beneficiaries prior to October 1, 2021.)*

**Effective October 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 October 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<sup>®</sup> and Medica AccessAbility Solution<sup>®</sup> 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.



## **Network News**

**Effective January 1, 2022:**

## **Medica to update commercial standard radiology fee schedule**

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

Effective with January 1, 2022, dates of service, Medica will implement standard radiology fee schedule updates for Medica commercial products.

This fee schedule change 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. Overall impact by practice would vary based on mix of services provided.

Providers who have questions may contact their Medica contract manager.



## Administrative News



### SELF-SERVICE RESOURCES

## Featured this month: Cultural competency e-learning

This self-guided training on cultural competency, posted on Medica.com, is available 24/7 for providers who wish to learn more about this topic, including: What is culture and why is it important; diversity in Minnesota; when and why does Medica send out cultural competency surveys to providers; and resources for providers on cultural competency. **Check out this “Cultural Competency Training.”**

## Provider administrative training webinars for October

*(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

*"Prime Solution: Medica's Cost Plan for Medicare Members"*

Medica Prime Solution® is Medica's cost-sharing plan with Medicare that continues to steadily gain membership. This training will review details of how this Medicare Cost product works, where it will be offered for the 2022 plan year, and how it compares to other Medicare products offered by Medica. Also covered in this training: valuable resources available on Medica.com that can be used to ensure appropriate billing practices for efficient claims processing and payment, along with how to troubleshoot any issues that may arise with claim processing for this product.

### Class schedule

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Topic	Date	Time
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Prime Solution: Medica's Cost Plan for Medicare Members

Oct. 14

12-1:30 p.m. CT

Prime Solution: Medica's Cost Plan for Medicare Members

Oct. 19

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 the sessions above.](#)

**Effective December 1, 2021:**

## Medica to follow DHS guidance for home health visit verification

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

Provider offices may have recently received information from the Minnesota Department of Human Services (DHS) regarding next steps for electronic visit verification (EVV) of certain home health services under the Minnesota Medical Assistance program. Medica will follow DHS's guidance and direction related to EVV. [See more about EVV from DHS.](#)

### Reminder:

## Up-to-date directories help members find providers

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

It is important that patients and members have access to accurate, up-to-date information when seeking care in their provider network. 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. Information in Medica's provider directories can be reviewed and edited through the secure provider demographic-update online tool (PDOT).

Directory information to regularly review and keep current includes:

- Office locations where members can be seen for appointments
- Provider names and credentials
- Specialties
- Location names
- Addresses, including suite numbers
- Phone numbers
- Clinic hours
- Practitioner status for accepting new patients
- Clinic services available
- Cultural competency training\*
- Compliance with ADA\*

- Website URL (optional)

\* (Look for an annual update request specific to cultural competency training and compliance with the Americans with Disabilities Act, or ADA, coming soon. Medica will mail this out to providers by early October.)

It's required that provider directories be accurate and updated regularly, based on federal and state laws such as Centers for Medicare and Medicaid Services (CMS) rules and Qualified Health Plan (QHP) and Federally Facilitated Exchange (FFE) standards, and in accordance with applicable state laws, including Minnesota network adequacy statutes. As a result, providers need to update their practitioner and site-level demographic data—such as the items listed above—in Medica's directories *as soon as they know of a change* to that data, and to regularly review demographic information for accuracy. [See more about this.](#)

**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.

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