



NEWS FOR MEDICA NETWORK PROVIDERS

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General News

Annual notice:

Medica encourages its members to get flu vaccinations

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

Each year, Medica encourages its members to get seasonal influenza vaccinations, and will do so again by promoting them through member newsletters and worksite flu-shot clinics this fall. The U.S. Centers for Disease Control and Prevention (CDC) emphasizes that during the COVID-19 pandemic, reducing the overall burden of respiratory illnesses is important to protect vulnerable populations at risk for severe illness, the health care system, and other critical infrastructure.

Flu vaccines and COVID-19 vaccines can be given at the same time. All influenza vaccines produced for the 2021-2022 flu season will be quadrivalent, to protect against four different flu viruses.

Vaccine priorities

According to the CDC, annual influenza vaccination is recommended for everyone 6 months of age and older. Health care personnel should consult current influenza vaccine recommendations for guidance around the timing of administration and use of specific vaccines, using every opportunity during the influenza season to administer influenza vaccines to all eligible people, including:

- **Essential workers:** Health care personnel, including staff in post-acute and long-term care facilities, as well as pharmacy staff, and other critical infrastructure workforce
- **Those at increased risk for severe illness from COVID-19:** Including adults 65 years of age and older, residents in post-acute and long-term care facilities, and people of all ages with certain underlying medical conditions. In addition, severe illness from COVID-19 disproportionately affects members of certain racial and ethnic minority groups.
- **Those at high risk for influenza complications:** Including infants 6 months of age and older and young children less than 5 years of age, children with neurologic conditions, pregnant people, adults 65 years of age and older, and other people with certain underlying medical conditions

See more from the CDC on [seasonal flu](#) and on [immunizations during the COVID-19 pandemic](#).

Pharmacist-administered vaccination

Medica members may be able to receive their flu vaccination through a Medica network pharmacy. Inquiries can be directed to a member's local pharmacy.

Billing for vaccinations

Clinics should use their regular billing methods for flu vaccinations. To ensure full coverage, Medica members must receive them from a Medica network provider. When submitting claims for flu vaccinations, providers should use applicable codes of the International Classification of Diseases (ICD-10-CM), Common Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS). Medica will accept codes for reimbursement as outlined by the CDC.

More information

More details on the seasonal flu vaccine are available online:

- [Visit the CDC website](#).
- [See Medicare flu resources](#).
- In the event of a vaccine shortage, providers are encouraged to [refer to the CDC](#).

Effective January 1, 2022:

IFB network, program changes coming for 2022

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

Medica is making network and program changes for its Individual and Family Business (IFB) members starting January 1, 2022. First, all IFB members will have access to the Optum Physical Health chiropractic care network, a more expansive network of providers. Second, the Ovia Health pregnancy program will be discontinued for IFB members, due to low utilization.

IFB chiropractic network change for next year

IFB members will have access to care from chiropractic providers in the OptumHealth Physical Health network available in all states where Medica individual market products are available. This changes the chiropractic network for IFB members in 2022.

Chiropractors who want to join Optum's network can submit an inquiry at the [OptumHealth website](#) or call Optum at 1 (800) 873-4575. Providers who have questions about chiropractic benefits or claims can call Medica at 1 (800) 458-5512.



Clinical News

Effective October 18, 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 October 18, 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 October 18, 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 September 2021 for policies that will be changing effective November 15, 2021. These upcoming policy changes will be effective as of that November 2021 date unless otherwise noted.



Pharmacy News

Effective October 1, 2021:

Medica tentatively plans to update MHCP member drug list

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

Medica expects to make upcoming changes in coverage status to the 2021 Medica List of Covered Drugs for Minnesota Health Care Programs (MHCP) effective October 1, 2021. Any such changes are determined by the Minnesota Department of Human Services (DHS) since Medica follows the DHS drug list. As with all Minnesota managed care organizations (MCOs) that follow the DHS drug list for MHCP patients, DHS provides Medica with advance notice of changes to the drug list, which Medica **posts as soon as possible to Medica.com**.

The Medica MHCP drug list applies 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. Any changes will *not* apply to Medica Medicare Part D drug formularies.

Effective September 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 September 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.



Administrative News



SELF-SERVICE RESOURCES

Featured this month: Claim submission, product guidelines

For a wealth of plan-administration details, look to Medica.com. One key example: The “Claim Submission and Product Guidelines” overview, which outlines critical plan information for providers including payer IDs;

appeals, payment and network specifics; and relevant fact sheets for every product Medica offers. This Claim Submission and Product Guidelines webpage—which displays the payer IDs used for each Medica plan type and membership—is a handy tool for providers to use to make sure they are billing with the correct payer ID for seamless claims processing and payment. [See Medica’s Claim Submission and Product Guidelines.](#)

Provider administrative training webinar for September

(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

"Claim Appeals, Adjustments and Record Submission"

Claim appeals and adjustments are important options to ensure proper claims payment. This training reviews the process for submitting appeals, adjustments and supporting documentation to Medica. It focuses on the different avenues for submission, and when each is appropriate; when appeals and adjustment requests are needed; where to find the necessary forms on Medica’s website; tips for making sure that an appeal or adjustment request contains the information that supports the desired outcome in an accessible format; and the options available if providers disagree with a decision on an appeal or adjustment request.

Class schedule

Topic	Date	Time
Claim Appeals, Adjustments and Record Submission	Sept. 16	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 session above.](#)

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

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