



NEWS FOR MEDICA NETWORK PROVIDERS

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General News

Medica's 2021 annual report now available

Medica recently published its 2021 annual report, "Meeting the Moment." It tells the story of how we protected the health and well-being of those Medica serves, and responded to critical needs in the communities Medica serves. Read the 2021 report to learn more about Medica's:

- Partnership with SSM Health and Dean Health Plan
- Commitment to health equity
- Response to COVID
- Community support through Medica Foundation efforts

[See Medica's 2021 annual report.](#)



Clinical News

Effective September 19, 2022:

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 19, 2022, 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 September, 2022, 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 August 2022 for policies that will be changing effective October 17, 2022. These upcoming policy changes will be effective as of that October 2022 date unless otherwise noted. The affected policies will then be available as noted above.

Encouraging best practices:

Recent outreach to primary care providers promotes follow-up care for children taking antipsychotic medications

Children and adolescents who are prescribed antipsychotic medications need to have metabolic testing as follow-up care. This testing includes:

- At least one test for blood glucose or HbA1c and
- At least one test for LDL-C or cholesterol

This testing recommendation is based on American Academy for Child and Adolescent Psychiatry (AACAP), American Psychiatric Association (APA) and National Committee for Quality Assurance (NCQA) HEDIS® guidelines. The metabolic testing should take place after an initial prescription of antipsychotic medications as well as on an annual basis thereafter. Medica encourages primary care offices to monitor these conditions for these members.

Recent intervention

To promote appropriate follow-up care, Medica recently conducted targeted outreach in June 2022 to primary care providers that identified their pediatric patients who may be in need of metabolic testing as a follow-up to taking antipsychotic medications. This mailing identified children and adolescents who have had two or more antipsychotic prescriptions and may not have had a blood sugar and/or cholesterol test in the past 12 months. The targeted outreach applied to Medica's pediatric members in commercial and Minnesota Health Care Programs (MHCP) plans.

According to the APA and American Diabetes Association (ADA), second generation antipsychotics have been linked to weight gain, type 2 diabetes and hyperlipidemia. It is important that children and adolescents 1-17 years of age prescribed antipsychotic medications have metabolic testing each year.

Resources

Find more on behavioral health topics from Optum, which administers Medica Behavioral Health. For example, [refer to a toolkit for medical providers](#).

Annual notice:

Medica monitors Quality Improvement program goals for 2022

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 2022 QI Work Plan features 25 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 member populations.
- Improve dental visit rates for select populations.
- Improve HEDIS performance on preventive care and chronic condition measures.
- Improve HEDIS performance on antidepressant medication management.
- Improve post-hospitalization follow-up rates for members with behavioral health conditions.

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:

- [Visit Medica.com](https://www.medica.com).
- Call the Medica Provider Literature Request Line for printed copies of documents.



Pharmacy News

Effective August 1, 2022:

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 August 1, 2022, 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. These drugs will be subject to pre-payment claims edit policies as well.

Medical pharmacy drug UM policies — New

Prior authorization will be required.

Drug code	Drug brand name	Drug generic name

J0172	Aduhelm	aducanumab-avwa
J3590	Fynetra	pegfilgrastim-pbbk

Member impact

The Aduhelm (aducanumab-avwa) policy will apply to Minnesota Health Care Programs (MHCP) 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 commercial, Individual and Family Business (IFB), Medica Health Plan SolutionsSM (MHPS), Medica Prime Solution[®] (Medicare Cost) or Mayo Medical Plan members.

The Fynetra (pegfilgrastim-pbbk) policy will apply to Medica commercial, IFB, MHCP and MHPS members and to Medica Medicare members in Medica DUAL Solution (MSHO) and all Medica Advantage Solution plans. It will *not* apply to Medica Prime Solution (Medicare Cost) or Mayo Medical Plan members.

The new medical pharmacy drug UM policies 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 September 22, 2022:

Medica to implement 2 new drug coverage policies

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

Medica will soon implement the following new drug coverage policies. These changes will be effective with September 22, 2022, dates of service.

Drug coverage policies — New

Drug code	Drug brand name	Drug generic name
J0172	Aduhelm	aducanumab-avwa
J3285	Remodulin	treprostinil

Member impact

Aduhelm (aducanumab-avwa) will not be covered as it is considered experimental or investigative for indications including but not limited to FDA-approved indications of Alzheimer disease in patients with mild cognitive impairment or mild dementia stage of disease. This policy will apply to Medica commercial, Individual and Family Business (IFB), and Medica Health Plan SolutionsSM (MHPS) members. With respect to Medicare and Minnesota Health Care Programs (MHCP) members, this policy will apply unless these programs require different coverage.

Remodulin will not be covered as Medica will require utilization of generic treprostinil. Claims received for brand-name Remodulin products *will be denied as provider liability*. This policy will apply to Medica commercial, IFB and MHPS members. With respect to Medicare and MHCP members, this policy will apply unless these programs require different coverage. This policy will *not* apply to Medica Prime Solution (Medicare Cost) or Mayo Medical Plan members.

The new drug coverage policies above will be available online or on hard copy:

- [View drug management policies](#) as of September 22; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective October 1, 2022:

Medica to add 7 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, 2022, 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
Q2055	Abecma	idecabtagene vicleucel
J9999	Carvykti	ciltacabtagene autoleucel
J9210	Gamifant	emapalumab-lzsg
J9999	Kimmtrak	tebentafusp-tebn
J3490	Leqvio	inclisiran
J3590	Tezspire	tezepelumab-ekko
J3490	Vyvgart	efgartigimod alfa

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, 2022:

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, 2022. Medica also notifies affected Medica members in their Medicare Part D Explanation of Benefits (EOB) statements mailed out monthly.

As of August 1, 2022, [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.



Network News

Effective October 1, 2022:

Medica to make quarterly update to Medicare fee schedules

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

Effective with October 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 questions may contact their Medica contract manager.

Effective October 1, 2022:

Medica to make quarterly update to reference lab fee schedule

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

Effective with October 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 October 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 questions may contact their Medica contract manager.

Effective October 1, 2022:

Medica to make quarterly update to MHCP physician fee schedule

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

Effective with October 1, 2022, dates of service, Medica will implement a revised physician fee schedule for its enrollees in Minnesota Health Care Programs (MHCP) products. 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. Updates to Medica's MHCP fee schedule will follow DHS professional fee schedule updates.

The effect on reimbursement overall for specific clinics will vary by specialty and mix of services provided. Providers who have 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 2021 physician contingency reserve (PCR) distribution checks, or "lag" checks, to providers in August 2022. Medica returned 100 percent of the PCR withhold for the Medica Prime Solution[®] Medicare product for 2021, including the lag return. The final 2021 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, 2022, plus interest.

In addition, the PCR payment for the first quarter of 2022 for the Medica Prime Solution product is expected to be mailed in September 2022. This represents a 100-percent return of the first-quarter 2022 PCR withhold, plus interest. Checks will cover PCR withheld for claims with dates of service of January 1, 2022, through March 31, 2022, and dates paid of January 1, 2022, through June 30, 2022.



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

"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	Aug. 11	Noon-1 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 class above.](#)

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