



NEWS FOR MEDICA NETWORK PROVIDERS

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General News

Annual reminder:

Verifying eligibility, benefits for members with new ID cards

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

The start of each year is a busy time as many patients switch health plans. Some employer groups customize their health plan to include unique benefit sets. Plus, Medica periodically makes changes to claim addresses. For 2022, Medica is also re-issuing ID cards to most members. It is therefore important at each patient visit that providers *ask for a current member ID card* and verify member eligibility and benefits to ensure the correct copayment is collected, when needed. Having up-to-date member information also helps to ensure accurate and timely claim processing.

Providers can verify eligibility and benefits for Medica members **through Medica's secure portal** or by calling Medica's Provider Service Center at 1-800-458-5512 and choosing the self-service option. When calling Medica, providers should have current member numbers to correctly identify their patients. Member and group numbers are included on the front of every Medica member ID card. For reference, **Medica's product fact sheets** include sample member ID cards for all products Medica offers.

Reminder:

Claim submission details for Medica's 2 new MHCP products

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

As noted last month, Medica is adding two new Minnesota Health Care Programs (MHCP) products next year—Medica Choice CareSM PMAP (for Prepaid Medical Assistance Program) and Medica MinnesotaCare—for which the following information will apply beginning with January 1, 2022, dates of service:

Medical claims address:

Medica Government Programs

P.O. Box 21342
Eagan, MN 55121-0342

Payer ID: MEDM1

These claim submission details apply *only* to these two new Medica MHCP products. They do *not* apply to Medica's existing MHCP products, such as Medica AccessAbility Solution[®] for Special Needs BasicCare (SNBC) enrollees and Medica DUAL Solution[®] for Minnesota Senior Health Options (MSHO) enrollees. For more claim submission details, see Medica's [Claim Submission and Product Guidelines](#).

Note: For both of Medica's new MHCP products, Medica Choice CareSM PMAP and Medica MinnesotaCare, providers are required to be enrolled with the Minnesota Department of Human Services (DHS) to serve these members. *Claim denials will occur* if providers do not take this step. [See more on this from DHS](#).

Reminder:

IFB switches to Optum's chiropractic network next year

As previously published, Medica is changing the chiropractic network for its Individual and Family Business (IFB) membership next year. Beginning with January 1, 2022, dates of service, Medica IFB members will need to access care from chiropractic providers in the OptumHealth Physical Health network. *All chiropractors* should use the following information to submit IFB chiropractic claims for dates of service beginning January 1, 2022:

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 provided on or after January 1, 2022, *will be denied* and will need to be resubmitted to OptumHealth.



Clinical News

Effective February 14, 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 February 14, 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 February 14, 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 January 2022 for policies that will be changing effective March 21, 2022. These upcoming policy changes will be effective as of that March 2022 date unless otherwise noted. The affected policies will then be available as noted above.

Due by January 15, 2022:

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 third-quarter 2021 quality-of-care complaint reports to Medica by January 15, 2022. *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 interactive fields, which should save providers time. See link below. Providers can send reports by e-mail to **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.



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 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 applies, 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 January

(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

"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 short, half-hour training reviews how Medica's 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 claim processing and payment, and how to troubleshoot claim issues.

Take this provider training.

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)
- Termination of individual practitioner, closing of a site or termination of a provider entity

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.

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
Updated state-specific exhibits to reflect continuity-of-care requirements in accordance with federal Consolidated Appropriations Act, 2021, and also aligned facility liability insurance requirements to mirror the limits of standard practitioners. Also, added new state-specific exhibits for Arizona and	"Supplementary Contracting and Regulatory Requirements" section,	December 2021

Wyoming to reflect Medica's expanded service area.

under "State-Specific
Contract Requirements"

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

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