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July 2022

NEWS FOR MEDICA NETWORK PROVIDERS

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General News

Annual reminder:

Reviewing medical records for proper diagnosis codes

Outreach needed for Medicare plan data validation

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

Each year, the Centers for Medicare and Medicaid Services (CMS) requires that health plans validate the diagnosis codes that are submitted for payment, through claims, by conducting a medical record review for documentation that supports these codes. Medica will soon begin conducting its annual Medicare chart review, which focuses on 2021 dates of service for Medica Advantage Solution®, Medica AccessAbility Solution® Enhanced and Medica DUAL Solution® plan members. This effort, which will run through the fall, is administered for Medica by Optum and CiOX Health.

CiOX Health notifies provider offices when records are needed, providing a list of requested Medicare members' medical records as well as remote retrieval options that are available. Medica appreciates providers' prompt assistance with this annual project for CMS.

Clinical News

Effective August 15, 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 August 15, 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 August 15, 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 July 2022 for policies that will be changing effective September 19, 2022. These upcoming policy changes will be effective as of that September 2022 date unless otherwise noted. The affected policies will then be available as noted above.

Due by July 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 July 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).

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.

Pharmacy News

Effective May 1, 2022:

Medica adds new UM policy for new medical pharmacy drug

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

Medica recently implemented the following new medical pharmacy drug utilization management (UM) policy. This change was effective with May 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 is required for the corresponding medical pharmacy drug.

Medical pharmacy drug UM policies — New
Prior authorization is required.

Drug code	Drug brand name	Drug generic name
Q5124	Byooviz	ranibizumab

This policy applies to Medica commercial, Individual and Family Business (IFB), Minnesota Health Care Programs (MHCP) and Medica Health Plan Solutions[SM] (MHPS) members and to Medica Medicare members in Medica DUAL Solution® (Minnesota Senior Health Options, or MSHO) and all Medica Advantage Solution® plans. It does *not* apply to Medica Prime Solution® (Medicare Cost) or Mayo Medical Plan members. The drug is subject to pre-payment claims edit policies as well.

The new medical pharmacy drug UM policy above is available online or on hard copy:

- **View drug management policies**; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective August 1, 2022:

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 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 drug.

Medical pharmacy drug UM policies — New
Prior authorization will be required.

Drug code	Drug brand name	Drug generic name
A9699	Pluvicto	lutetium lu-177 vipivotide tetraxetan

This policy will apply to Medica commercial, Individual and Family Business (IFB), Minnesota Health Care Programs (MHCP) and Medica Health Plan Solutions[SM] (MHPS) members 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 Prime Solution® (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 August 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective July 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 July 1, 2022. Medica also notifies affected Medica members in their Medicare Part D Explanation of Benefits (EOB) statements mailed out monthly.

As of July 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 September 1, 2022:

Medica to update ancillary fee schedule for all products

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

Effective September 1, 2022, Medica will implement standard ancillary fee schedule updates for all Medica products. This fee update will have an impact on the following provider types: durable medical equipment (DME), orthotics and prosthetics (O&P), home health care, home infusion therapy, public health and transportation.

The effect on reimbursement due to this fee schedule update will vary by provider type and the mix of products or services provided. Providers who have questions or would like a copy of their updated fee schedule may contact their Medica contract manager.

Administrative News

SELF-SERVICE RESOURCES

Featured this month: Medical pharmacy guidelines

When billing for medical pharmacy drugs, it's helpful to review the appropriate guidelines in advance. Magellan Rx manages Medica's program for drugs that are administered under the medical pharmacy benefit. Such services follow policies on the Magellan Rx website. In addition to drug coverage criteria, there may be prior authorization needed for some medications, or claims edit policies that apply. **See more from Magellan Rx** or call Medica's Provider Service Center with any questions at 1 (800) 458-5512.

Provider administrative training webinar for July

(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

"Navigating Provider Resources"
This is a great overview for new providers or for providers who want a refresher on Medica's self-service options. Having quick and easy resources available is a great way to save time. Medica routinely updates resources available to its provider network. This training will walk providers through all self-service options, including resources on Medica.com. It will focus on setting up and navigating electronic transactions through Medica's secure provider portal; verifying if utilization management and reimbursement policies apply to services being billed; and claim-processing details along with next steps, such as appeals or adjustments.

Class schedule

Topic	Date	Time
Navigating Provider Resources	July 14	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**.

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.

Properly completing forms allows for speedier processing

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

Many interactive forms on Medica.com have dropdown boxes for easy-to-select options or Yes/No boxes to easily check. Credentialing and demographics forms are two examples. However, if these data elements aren't completed on the forms before they are submitted to Medica, processing will be delayed. For the speediest turnaround time, providers are reminded to completely fill out forms prior to submission. Ensuring full and accurate data allows Medica to process requests in a much more timely manner, and in the case of credentialing and demographics forms, the result benefits members who use Medica's provider directories to find providers.

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
Added Special Needs Plans (SNP) Model of Care	"Supplementary Contracting and Regulatory	May

Training and Attestation Form, required annually by the Centers for Medicare and Medicaid Services (CMS).	Requirements" section, in "Government Program Requirements" subsection (**found here**)	2022

For the current version, providers may **view the Medica Provider Administrative Manual online**.

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