



NEWS FOR MEDICA NETWORK PROVIDERS

[General News](#) | [Clinical News](#) | [Pharmacy News](#) | [Network News](#) | [Administrative News](#)



General News

Dr. David Webster joins Medica in new chief clinical, strategy role

David Webster, MD, MBA, has been named Chief Clinical and Provider Strategy Officer for Medica, a new role focusing on member health outcomes and clinical innovation. Dr. Webster will lead the strategic direction of Medica's clinical programs and key provider relationships to improve member outcomes throughout the communities served by Medica.

Dr. Webster joins Medica from Highmark Health in Pennsylvania, where he most recently served as Vice President and Executive Medical Director for Clinical Services. He also served in clinical leadership roles for a number of health plan and provider organizations including Humana, Concentra and The Center for Wound Care and Hyperbaric Medicine at Baptist Health System. He is board-certified by the American Board of Family Medicine and earned his medical degree at the University of Michigan Medical School, as well as an MBA from the University of Florida.

Dr. Webster brings to Medica a breadth of experience serving various communities. He has served on the Board of Directors at East Liberty Family Health Care Center in Pittsburgh, Pa., and on the Board of Directors for the African American Chamber of Commerce Foundation of Western Pennsylvania. He is active in the American College of Healthcare Executives, the American Association for Physician Leadership, and the American Medical Association.

Medica Foundation awards strategic initiative grant, crisis relief grants totaling \$400,000 for 2021

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

The Medica Foundation has awarded a strategic initiative grant and crisis relief grants for 2021, totaling \$400,000 for nine nonprofit organizations.

HealthFinders Collaborative community clinic received strategic grant

The Foundation's strategic initiative grant recipient for 2021 was HealthFinders Collaborative, Inc, a safety-net community clinic serving low-income and underserved patients in Rice and Steele counties of Minnesota. HealthFinders was awarded \$200,000 in funding that will help them expand behavioral health services from Rice County to non-English speaking patients in Steele County, allowing them to become a leader in culturally relevant care locally and beyond.

Crisis relief funding totaled \$200,000

The Medica Foundation also continued to support communities in need in 2021 with crisis relief grants. Recognizing that nonprofit organizations continue to struggle to provide health care resources to underserved populations, the Foundation awarded \$200,000 in funding last year to eight organizations in the Twin Cities metropolitan area of Minnesota. This included provider group People's Center Health Services of Minneapolis, Minn., whose grant supports the implementation of a new care model to address exacerbated health needs as a result of COVID-19 and complex health services required by their patient population, many of whom are people of color and refugees from east Africa.

The Medica Foundation supports behavioral health, early childhood health, and rural health programs that improve the health of those in need and advance health equity. The 2022 Request for Proposals (RFP) information is now on the Foundation website, and includes grant application processes and deadlines. For details, [refer to MedicaFoundation.org](#).

Effective May 1, 2022:

Lab certification to be required for claim payment related to Medica's 2 new MHCP products

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

As previously published, Medica has added two new Minnesota Health Care Programs (MHCP) products for 2022 for the MHCP Families and Children program: Medica Choice CareSM PMAP (for Prepaid Medical Assistance Program) and Medica MinnesotaCare. Effective with May 1, 2022, dates of service for these two new products, laboratory providers — which are required to be certified through the Clinical Laboratory Improvement Amendments (CLIA) program — must include their CLIA certification number on claims for services they provide for these Families and Children members. The CLIA program, administered by the Centers for Medicare and Medicaid Services (CMS), is intended to ensure the quality of laboratory testing.

As of May 1, if lab providers do not submit their CLIA certification on related claims, *these claims will be denied as provider liability*. Claim denials will be indicated with the following reason codes:

- Claim Adjustment Reason Code (CARC) CO-16
- Remittance Advice Remark Code (RARC) MA120

This lab requirement will apply for both in-network and out-of-network lab providers. [Learn more about CLIA certification from CMS](#).

Enrollment with DHS

As a reminder, for both Medica Choice Care PMAP and Medica MinnesotaCare, all providers are required to be enrolled with the Minnesota Department of Human Services (DHS) to serve these MHCP members. If providers do not take this step, *claims will be denied as provider liability*. Claim denials will be indicated with the following reason codes:

- CARC CO-185
- RARC N767

See more on this enrollment requirement from DHS.

The Medica payer ID that applies for Medica's two new MHCP Families and Children products is MEDM1. For more claim submission details, **see Medica's Claim Submission and Product Guidelines.**



Clinical News

Effective April 18, 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 April 18, 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 April 18, 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 March 2022 for policies that will be changing effective May 16, 2022. These upcoming policy changes will be effective as of that May 2022 date unless otherwise noted. The affected policies will then be available as noted above.

Highlighting best practices:

Medica develops kidney care guideline with racial equity as goal

Medica recently developed a clinical guideline to assess kidney function that recommends avoiding an imprecise and biased racial factor, with the aim of reducing racial disparities in kidney care. Medica is committed to ensuring that

everyone receives equitable health care, and with this goal asks network providers to review the way they treat kidney disease. Using race as a factor when estimating kidney health is not only imprecise but disproportionately puts Black Americans at risk for severe health complications that could otherwise be treated.

Through its new clinical guideline, Medica encourages high-quality, equitable patient care by recommending providers discontinue the most common method used by health professionals to diagnose and assess the severity of kidney disease: estimated glomerular filtration rate (eGFR). Most health care providers calculate eGFR by assuming Black people generally have higher baseline levels of serum creatinine, and therefore adjust their scores upward. As a result, this method can overestimate kidney function in people with African ancestry, which causes delays in referrals for specialist care and kidney transplants, and can lead to worse health outcomes.

According to the National Kidney Foundation, Black Americans are about three times more likely to develop kidney failure than white Americans. In addition, they are less likely to receive a transplant evaluation, have less access to the waitlist, spend longer on the waitlist, are less likely to survive on the waitlist, and have lower rates of transplant success.

Medica's Medical Policy Committee—comprising credentialed Medica-network physicians who represent a range of medical disciplines—voted unanimously to adopt the new clinical guideline, which urges Medica's network providers to use either a direct measure of GFR or another method of estimating GFR using serum cystatin C that does not involve consideration of race. [See Medica's eGFR clinical guideline.](#)

Reminder:

'Kidney Check' at-home test kits can generate follow-up care requests

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

As previously mentioned, some of Medica's Medicare members will soon be able to monitor their kidney health at home. Medica is sending out "Kidney Check" test kits to targeted Medica Advantage Solution[®] and Medica Prime Solution[®] Medicare members for at-home monitoring of their kidney health. These kits provide a convenient way to complete urine albumin-to-creatinine ratio (uACR) testing. [See more details on this program.](#)

Provider offices may see e-mailed or faxed results from Kidney Check test kits requesting follow-up care for these Medicare patients.



Pharmacy News

Effective May 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 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 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 |
|-----------|-----------------|---------------------------------------|
| J9999 | Fyarro | sirolimus albumin-bound nanoparticles |
| J9015 | Proleukin | aldesleukin |

These policies will apply to Medica commercial, Individual and Family Business (IFB), Minnesota Health Care Programs (MHCP) and Medica Health Plan SolutionsSM (MHPS) members and to Medica Medicare members in Medica DUAL Solution[®] (Minnesota Senior Health Options, or MSHO) and all Medica Advantage Solution[®] plans. They will *not* apply to Medica Prime Solution[®] (Medicare Cost) or Mayo Medical Plan members. The drugs 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 May 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective May 1, 2022:

Enhanced member UM program coming soon for high-cost drug therapies

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

Medica is collaborating with Magellan Rx Management on a new enhanced utilization management (UM) program for high-cost medication therapies. Starting May 1, 2022, this new program will provide enhanced UM services to drive optimal outcomes for Medica members who have been prescribed high-cost medications (i.e., annual drug costs exceeding \$300,000). It will apply to Medica's commercial, Individual and Family Business (IFB) and Minnesota Health Care Programs (MHCP) members.

As part of this new program, Magellan Rx will provide manual chart review, gather recommendations from specialty-matched physicians, and refer members who may benefit from case management to the appropriate program at Medica. As a result, provider offices may need to submit documentation if requested by Magellan Rx. Examples of drugs managed through this new drug UM program include Spinraza, Exondys and Soliris. For more details, providers can contact Magellan Rx at 1 (800) 424-8115.

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

As of March 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 May 1, 2022:

Medica to make update to MHCP physician fee schedule

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

Effective with May 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.



Administrative News



SELF-SERVICE RESOURCES

Featured this month: Secure online transactions

Providers who sign up for Medica's electronic transactions through the secure portal on Medica.com have access to many quick, convenient and secure functions, such as: checking patient eligibility and benefits; enrolling to receive electronic payments and statements; verifying claim status; looking up fee schedules; submitting inpatient admission notifications; and more. Plus, recent transaction enhancements include a new and improved eligibility check (see below), and secure record submission for appeals and claim adjustments. If registered, providers can **log in and use Electronic Transactions**. To find out whether an account is active and being managed for a provider organization, call Medica's Provider Service Center at 1 (800) 458-5512.

Provider administrative training webinar for March

(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 | March 15 | 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.](#)

Eligibility term-date enhancement now available online, by phone

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

Medica has recently implemented an eligibility enhancement to its secure provider portal as well as the Provider Service Center's interactive voice response (IVR) line. Member termination dates have been added for members administered using Medica payer IDs 12422, 71890 and MEDM1 — so this enhancement applies for most Medica members.

As a result of this change, if a search is completed for a member who is no longer active, the secure provider portal and IVR line will return the member's most recent effective and termination date. Previously, verifying eligibility for a member who is no longer active resulted in a "Member not found" message. As a reminder, the secure provider portal allows searches for up to 18 months of historical eligibility, as well as through the end of the current month.

This new functionality is now available on Medica.com via the [secure portal for Electronic Transactions](#), as well as through the automated self-service function when calling the Medica Provider Service Center at 1 (800) 458-5512.

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 "Provider Requirements for Medicare and Minnesota Health Care Programs" in accordance with Minnesota Department of Human Services (DHS) requirements applicable to managed care organizations (MCOs) | "Supplementary Contracting and Regulatory Requirements" section, in "Government Program Requirements" subsection | January 2022 |

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

Do you receive Connections?

Sign up for regular updates, if you haven't already.

[Subscribe](#)

Looking for past issues?

You can access the archive on our website.

[View archive](#)

Leadership in Provider Support Areas

Lori Nelson, Senior Vice President of Provider Strategy and Network Management

Rob Geyer, Chief Operations Officer and Senior Vice President

David Webster, MD, MBA, Chief Clinical and Provider Strategy Officer

John Mach, MD, Chief Medical Officer and Senior Vice President

John Piatkowski, MD, MBA, Vice President of Physician Services

Charlotte Hovet, MD, Senior Medical Director

Kristen Kopski, MD, Senior Medical Director

'Medica Connections' editor

Hugh Curtler III, Communications

Phone: (952) 992-3354

Fax: (952) 992-3377

Email: Hugh.Curtler@Medica.com

Distributed: 2/16/22



[Contact Us](#) | [Privacy](#) | [Terms of Use](#) | [Unsubscribe](#) | [Manage Preferences](#)

© 2022 Medica.

This email was sent by: **Medica**
401 Carlson Pkwy Minnetonka, MN, 55305, USA

The address above is not for mailing records or claims.

Medica Connections[®] is a registered trademark of Medica Health Plans. All other marks are the property of their respective owners.