



NEWS FOR MEDICA NETWORK PROVIDERS

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General News

Effective January 1, 2023:

Medica makes IFB product, benefit changes for next year *New ACO product offered: 'Essentia Choice Care with Medica'*

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

A current Medica commercial market product will be introduced as a Medica Individual and Family Business (IFB) plan starting January 1, 2023. Essentia Choice Care with MedicaSM, an accountable care organization (ACO) or "care system" provider network option, has a service area throughout northern Minnesota, southeastern North Dakota and northwestern Wisconsin. The product, which will be newly available in the individual market, features Essentia Health.

IFB product changes for 2023

The following changes to service areas will also occur for Medica's existing IFB products:

- North Dakota: Introduction of Essentia Choice Care with Medica ACO product offered in Cass, Ransom, Richland and Sargent counties
- Minnesota: Introduction of Essentia Choice Care with Medica ACO product offered in Becker, Carlton, Cass, Clay, Crow Wing, Hubbard, Itasca, Mahnomon, Norman, Pine, St. Louis and Wilkin counties.
- Kansas: Medica will no longer offer the Healthier You product with Via Christi in Kansas for 2023. Medica continues to have a partnership with Via Christi through Medica Connect in Wichita which is a leased network product through ProviDRs Care (PCN).
- Missouri: Service area reduction for Select by Medica in 3 counties: Carroll, Linn, Mercer.
- Nebraska: Elevate by Medica geographic expansion into Lancaster, Saunders counties featuring the addition of Bryan Health.
- Wisconsin: Introduction of Essentia Choice Care with Medica ACO product offered in Bayfield, Douglas and Washburn counties

IFB benefit changes for 2023

- \$400 dental reimbursement plan option will continue to be offered on certain bronze plans in Nebraska only
- IFB plans in each state will have new a 6-tier formulary; the new formularies will add a Preferred Generic tier
- New standard plan options available in all states and at all current metal levels. These plans are required to be offered on **Healthcare.gov** only (not applicable in Minnesota on **MNsure.org**).
- New \$0 Primary Care Copay plan offerings with select products and plans in all states (except Wis.) for various metal levels

- New Bronze Premier plan offering with a \$1,500 deductible and \$0 primary care copay after deductible offered with products in Kan., Mo., Neb. and Okla.
- New Silver Enhanced plan offering with \$0 deductible offered with Elevate by Medica and Medica with CHI Health in Iowa and Neb.

Additional information on all of Medica's IFB plans will soon be available online. [See product fact sheets on Medica.com.](#)

Effective January 1, 2023:

Medica makes commercial product, benefit changes for next year

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

As of January 1, 2023, Medica will make changes to two accountable care organization (ACO) products available for employer groups in Minnesota and Wisconsin.

Park Nicollet and HealthPartners Medical Group First with MedicaSM

The Park Nicollet First with MedicaSM ACO product's name is changing to Park Nicollet and HealthPartners Medical Group First with Medica. This name change reflects the addition of HealthPartners Medical Group (HPMG) providers to this ACO network. (HPMG providers were added in 2022.)

Essentia Choice Care with MedicaSM

The ACO commercial product Essentia Choice Care with Medica will be exiting Burnett County in Wisconsin effective January 1, 2023.

Medica is also making commercial benefit changes for next year:

- Commercial plans will add a new benefit category for sleep studies. In some situations, the member cost share may be lower for a home sleep study.
- Age limits have been removed for applied behavioral analysis, a treatment for autism.

Fact sheets with details on Medica's products will be updated soon for 2023.

Effective January 1, 2023:

Medica makes MHCP product, benefit changes for next year

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

Medica is making changes to its existing Minnesota Health Care Programs (MHCP) products for next year.

SNBC

Medica is expanding the service area for its Medica AccessAbility Solution[®] Enhanced (Special Needs BasicCare Special Needs Plan, or SNBC SNP) product, featuring integrated Medicare and Medical Assistance services, by adding 14 Minnesota counties for a total of 27 counties in 2023. Medica will continue all of this plan's current additional benefits and add a new fitness activity tracker smartwatch in 2023. For the Medica AccessAbility Solution SNBC product, featuring Medical Assistance-only services, Medica's service area will expand by 24 Minnesota counties for a total of 38 counties in 2023.

MSHO

The Medica DUAL Solution[®] product (for Minnesota Senior Health Options, or MSHO) has no change to its current 50-county service area in 2023. Medica will continue to innovate on social drivers of health for these members and

will offer new Special Supplemental Benefits for the Chronically Ill (SSBCI) in 2023 that include:

- A telemonitoring kit that wirelessly transmits member blood pressure and body weight data
- A utility bill pay assistance allowance of \$100/month
- Subscription to online courses that teach daily life skills like safe online browsing and practical math
- Up to one round-trip ride per day to an approved Healthy Savings Program grocery location

Medica is also enhancing Medica DUAL Solution benefits to include:

- Up to one round trip per day to an approved One Pass fitness location
- New fitness activity tracker smartwatch
- New mail-order over-the-counter item allowance of \$300/quarter
- New water flosser kit for members who received an electric toothbrush kit within the past three years

Families and Children

Medica's Medicaid (Medical Assistance) product offering will expand in Minnesota starting January 1, 2023. For both the Medica Choice CareSM PMAP product (for Prepaid Medical Assistance Program) and Medica MinnesotaCare product, Medica's service area will expand by 18 Minnesota counties for a total of 19 counties in 2023. Medica will continue these plans' current additional benefits and add subscriptions to GEDWorks for eligible members to obtain their high school-equivalency diploma.

Annual reminder:

Compliance, FWA trainings required for Medicare providers

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

Each year, Medica requires that Medicare providers complete general compliance training and fraud, waste, and abuse (FWA) training. The training requirement applies to all organizations that provide health care services or administrative services for Medicare beneficiaries, and also applies to the organizations' downstream and related entities. Although Medicare-certified (or deemed) providers are exempt from the FWA portion of the training, they are still required to complete general compliance training. The trainings should be completed by December 31, 2022.

Medica makes the Medica Standards of Conduct, Compliance Reporting Policy, and links to the Centers for Medicare and Medicaid Services (CMS) general compliance training and FWA training available on [Medica.com](#). Providers may use the general compliance and FWA training materials created by CMS. **Learn more and take the trainings.**

As a reminder, training is required at the time of a Medicare provider's initial contract and then annually thereafter. Providers should maintain records of all training for 10 years. Records should include dates and methods of training, materials used for training, and training logs identifying employees who received training. Medica may request such records to verify that training occurred.

Due by December 31:

Annual 'Model of Care' training required for providers

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

As a reminder, each year providers who serve members enrolled in a Special Needs Plan (SNP) — such as Medica DUAL Solution[®] or Medica AccessAbility Solution[®] Enhanced — must take the provider Model of Care training. Providers can **find this training on [Medica.com](#)**.

This requirement is necessary for Medica to comply with requirements put in place by the Centers for Medicare and

Medicaid Services (CMS). More details about this requirement are available [in the Medica Provider Administrative Manual](#).

Each provider organization should maintain documentation of each provider's completion of training (e.g., dated training attendance list, dated paper or electronic attestation, etc.) that can be provided upon request. One Model of Care training attestation can be completed on behalf of an organization, either by:

- Completing the attestation online using the [Provider Demographic-update Online Tool \(PDOT\)](#); or
- Downloading and completing the attestation from the online training at the link above and returning the form via e-mail to MedicaSPPRegQuality@Medica.com.

Medica wishes to thank providers for their participation in completing this training.



Clinical News

Effective December 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 December 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 December 19, 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 November 2022 for policies that will be changing effective January 16, 2023. These upcoming policy changes will be effective as of that January 2023 date unless otherwise noted. The affected policies will then be available as noted above.

Survey responses requested by October 31:

Seeking provider input on patient access to care

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

As a reminder, Medica recently sent providers a survey about patient access to care, including activities like care coordination, referrals to specialists and availability of clinic appointments. There's still time to give input. **Eligible**

providers who haven't yet responded can do so until October 31, 2022.

This survey is intended only for primary care offices, behavioral health care offices and certain specialty care offices. It should be completed by an office manager, administrator or practitioner since it will ask about care availability across practice sites. Survey responses will be confidential and grouped with other results.

Medica would like to thank providers for giving their valuable feedback. Provider surveys like this allow Medica to improve service to providers as well as members.

Survey responses requested by November 30:

MBH survey asks primary care settings about behavioral care needs

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

Medica Behavioral Health (MBH) is seeking feedback on the identification, treatment and referral of patients with behavioral health disorders who are being identified in the primary care setting. This survey asks primary care offices about some of the challenges that might be faced when assisting patients with behavioral health disorders. The MBH goal is to better understand how to support primary care providers and their patients. **Take this behavioral health questionnaire.**

This survey runs through November 30, 2022. It takes approximately 10 minutes to complete. Responses will be aggregated and confidential. MBH wishes to thank primary care offices for their cooperation.

Upcoming outreach:

Medica undertakes annual ACA chart review for coding integrity

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

Each year, Medica undertakes medical record reviews for various types of members, and in November 2022 plans to begin reaching out to provider offices regarding Affordable Care Act (ACA) 2022 dates of service for office visits and hospital admissions by Medica commercial members. Medica is committed to improving the quality of care provided to our members and is required by the U.S. Department of Health and Human Services (HHS) to submit complete diagnostic data regarding members enrolled in certain ACA-covered health plans.

On Medica's behalf, Optum and CiOX Health are conducting the medical record reviews, coordinating record retrieval and reviewing clinical coding. CiOX representatives will contact providers directly to provide retrieval options and a list of the requested member records for services they received in calendar year 2022. Patient records being requested include medical records, notes and reports. This outreach is expected to begin by late November 2022. Chart collection *must be completed by March 2023.*

This industry-standard commercial chart retrieval request is intended to identify any gaps in coding that are supported in the documentation. Reviewing medical chart documentation will enable Medica to identify conditions that may exist for plan members, but may not have been coded or previously captured. This enables the health plan to assess the health conditions of their members for effective care interventions and to improve health outcomes.

Providers who have questions may contact CiOX at 1 (877) 445-9293 or **chartreview@cioxhealth.com**.



Effective January 1, 2023:

Medica plans to update commercial, IFB member formularies

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

Medica is reviewing several medications and will be making changes in coverage status to drug formularies (drug lists) effective January 1, 2023. These upcoming changes apply to the following drug formularies:

- 2023 Medica Commercial Drug List
- 2023 Medica Individual and Family Business (IFB) Drug Lists

(Drug lists are available at [Medica.com](https://www.medicacom.com) under For Providers, “Pharmacy,” then respective member types under “Pharmacy Resources by Segment.”)

Effective January 1, 2023:

Medica to add 2 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 January 1, 2023, 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
J3398	Luxturna	voretigene neparvovec-rzyl
J9999	Opdualag	nivolumab, relatlimab

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 January 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective January 1, 2023:

Diabetes testing benefit to change for Medicare Advantage Preferred meters, test strips continue to be available for \$0

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

Effective January 1, 2023, Medica's Medicare Advantage members will see a change in coverage for blood glucose testing supplies. Preferred testing supplies including OneTouch (LifeScan) and Accu-Chek (Roche) blood glucose test strips will continue to be available for a \$0 copay. However, *non-preferred test strips will have a 100 percent member cost share*. Medica is reaching out to affected members to let them know how they can get a new meter free of charge through the preferred manufacturers. Medica will also provide sample meters to prescribers who see

a high volume of members with diabetes so they can provide them to members in their offices as well.

Medica has implemented this initiative to improve access and utilization of glucose testing strips for its Medicare Advantage members.

The free meters include the OneTouch Verio Flex or Reflect and Accu-Chek Guide or Guide Me meter. These are the only meters OneTouch and Accu-Chek are planning to utilize going forward, although they will continue to manufacture test strips for older models for at least two more years prior to a full conversion to the new meters. Any preferred blood glucose meters not obtained through the free meter options will be covered at 20 percent coinsurance. Non-preferred blood glucose meters and test strips will require a 100 percent member cost share.

The corresponding blood glucose testing meters will not have \$0 coinsurance at the member's pharmacy. Only the preferred testing strips are included in the new \$0 diabetes benefit. Members will have to utilize the Medica- or manufacturer-offered options to get free meters.

Members may reach out to prescribers soon to request new prescriptions for the preferred manufacturers' blood glucose testing strips. As a reminder, providers need to document these details on prescriptions:

- Whether the member has diabetes
- What kind of blood sugar monitor the member needs and why (e.g., a special monitor because of vision problems)
- Whether the member uses insulin
- How often the member should test their blood sugar
- How many test strips and lancets the member needs for one month

With durable medical equipment (DME) medical claims, providers will have to submit both a J-code and a national drug code (NDC) on claims to ensure that members are charged the correct copay based on preferred or non-preferred status.

Effective January 1, 2023:

Medica to make biosimilar-first ST change for infliximab

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

Effective January 1, 2023, Medica will change its utilization management (UM) strategy for Remicade (infliximab), an infused therapy that treats inflammatory conditions, to provide members and providers with an additional opportunity to embrace cost-effective, clinically appropriate alternatives. A step therapy (ST) requirement will be placed on Remicade to encourage the use of the following two U.S. Food and Drug Administration (FDA)-approved biosimilars.

Drug Name	HCPCS Code	Preferred Biosimilars	HCPCS Codes
Remicade (infliximab)	J1745	Inflectra (infliximab-dyyb)	Q5103
		Avsola (infliximab-axxq)	Q5121

Members currently utilizing Remicade will be allowed to continue utilizing that formulation until their existing authorization expires. Providers will be asked to switch members to a preferred biosimilar upon any prior authorization renewal request administered by MagellanRx Management occurring after January 1. **See the current drug UM policy for this drug category.**

This biosimilar strategy change will apply to Medica's commercial, Individual and Family Business (IFB), and Medica Health Plan SolutionsSM (MHPS) members. It will not apply to Medica's Minnesota Health Care Programs (MHCP), Mayo Medical Plan, Medica Advantage Solution[®], Medica DUAL Solution[®] or Special Needs BasicCare (SNBC) Special Needs Plan (SNP) members.

Effective January 1, 2023:

Medica to make annual update to Part D drug formularies

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

Medica has made annual decisions on drugs that will either be removed from the Medica Medicare Part D drug formularies or be subject to a change in preferred or tiered cost-sharing status effective January 1, 2023. Members are encouraged to review their formulary to see if any of their medications are changing.

Medica's Medicare Part D formularies are the Medicare Part D Closed Formulary and the Medica DUAL Solution[®] and Medica AccessAbility Solution[®] Enhanced List of Covered Drugs. These 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.

Providers can also refer to a comprehensive list of all previous Medica Medicare Part D drug formulary changes.

[View Medicare Part D drug formulary changes on Medica.com.](#)

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 January 1, 2023:

Medica to make quarterly update to Medicare fee schedules

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

Effective with January 1, 2023, 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. In addition, starting January 1, 2023, this fee schedule change will include convenience care. 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 January 1, 2023:

Medica to make quarterly update to reference lab fee schedule

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

Effective with January 1, 2023, 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 January 1, 2023. 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 January 1, 2023:

Medica to make quarterly update to MHCP physician fee schedule

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

Effective with January 1, 2023, 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.

Second-quarter PCR checks to be mailed in November 2022

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

In November 2022, Medica plans to mail to eligible providers the physician contingency reserve (PCR) payment for the second quarter of 2022. This represents a 100-percent return of the second-quarter 2022 PCR withhold, plus interest, for the Medica Prime Solution[®] Medicare product. Checks will cover PCR withheld for claims with dates of service of April 1, 2022, through June 30, 2022, and dates paid of April 1, 2022, through September 30, 2022.

Medica to issue regulatory amendment soon

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

Medica network providers will soon receive a regulatory amendment to their provider Participation Agreement. This amendment, slated to go out by mid-November 2022, is to comply with the Consolidated Appropriations Act passed in 2020, which implemented a prohibition on gag clauses within provider contracts. Pursuant to this legislation and in conjunction with the Price Transparency rules, Medica is amending the Consumer Data Section to comply with these regulatory changes.

Note: Providers may receive multiple versions of the amendment if they hold multiple agreements with Medica and they do not require a signature or return to Medica. Providers who have questions regarding this amendment may contact their Medica contract manager or the Medica Provider Service Center at 1 (800) 458-5512.



Administrative News



SELF-SERVICE RESOURCES

Featured this month: New appeals tip sheet

Medica has a new quick-reference guide called "Appeal Submission Tips for Providers," recently posted to Medica.com. This resource includes definitions of adjustments vs. appeals, policies to consider before requesting an appeal or adjustment, and an overview of the process at Medica once an appeal is received. The guide also includes links to several additional appeal resources on Medica.com. [See Appeal Submission Tips for Providers.](#)

Provider administrative training webinar for November

(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

"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 training will review details of how this Medicare Cost product works, where it will be offered for the 2023 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, along with how to troubleshoot any issues that may arise with claim processing for this product.

Class schedule

Topic	Date	Time
Prime Solution: Medica's Cost Plan for Medicare Members	Nov. 17	11:30 a.m.- 12:30 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 class above.](#)

Effective January 1, 2023:

Medica to enhance reimbursement policy oversight

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

Medica will expand oversight related to its Inpatient Hospital Readmission reimbursement policy. As a result, Medica may request additional information to validate if the inpatient hospital readmission was an avoidable readmission. *Related claims may be denied* due to a non-response or a readmission deemed avoidable.

The policy itself, originally effective on September 1, 2017, and most recently updated on January 1, 2021, is not changing and will continue to apply to all Medica members. It addresses the reimbursement of readmissions to the same hospital, as billed on a UB-04 claim form or its electronic equivalent or its successor form.

This policy is available online or on hard copy:

- [View reimbursement policies](#) at Medica.com; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

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 a Solicited Enrollment requirement in the "General Contracting Requirements"	"Supplementary Contracting and Regulatory Requirements" section, in "General Contracting Requirements" subsection (found here)	September 2022
Added a new "Affiliates" subsection to Product Portfolio webpage along with new fact sheet on Prevea360 product for State of Wisconsin employees	"Product Portfolio" section (found here)	October 2022

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

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