August 2023

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📖 # General News

Medica's 2022 annual report now available

Medica recently published its 2022 annual report, full of stories about how the health plan made a difference for those it serves. This year's annual report illustrates how Medica leaned on its values and relationships to support members and be a trusted neighbor in diverse communities. It highlights Medica's business accomplishments and social impact through stories about how Medica is:

- Working to help ensure every parent experiences the joy and wonder of bringing a newborn into the world
- Breaking down the barriers of stigma, denial, fear, cultural attitudes and confusion in finding mental health care
- Creating a health care environment that lives up to the promise that all are welcome, understood and cared for
- Finding new ways to bring care to people where they live, especially children
- Helping people meet basic needs such as securing a home, finding stable employment, and ensuring there's food on the table
- Working together as One Team (along with Dean Health Plan) focused on doing what's best for plan members and neighbors

See Medica's 2022 annual report on Medica.com.

Clinical News

Effective September 18, 2023:

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 18, 2023, 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 18, 2023, 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 2023 for policies that will be changing effective October 16, 2023. These upcoming policy changes will be effective as of that October 2023 date unless otherwise noted. The affected policies will then be available as noted above.

Annual notice:

Medica monitors Quality Improvement program goals for 2023

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

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 2023 QI Work Plan features 37 individual quality improvement activities and 18 ongoing quality monitoring activities. 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 blood pressure medications in select member populations
- Improve dental visit rates for select populations
- Increase member engagement in Case Management Transitions of Care program
- Improve Healthcare Effectiveness Data and Information Set (HEDIS) performance on antidepressant medication management
- Reduce unplanned readmissions among accountable care organization (ACO) product enrollees

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, experience, access, equity and/or safety; and/or
- Service to practitioners, provider groups, employers, brokers and other customers and partners; and/or
- Medica's internal operations related to care, service, experience, access and patient safety.

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 Subcommittee of the Medical Committee of the Medica Board of Directors directs and oversees QI program implementation. This subcommittee serves as a peer-review body, receiving and reviewing aggregate data on all aspects of clinical and service quality. It approves program activities, recommends policy changes and follows up on improvement opportunities.

For more details about the Medica QI program:

- **Visit Medica.com**.
- Call the Medica Provider Literature Request Line for printed copies of documents.

 Pharmacy News

Effective October 1, 2023:

Medica to add new UM policies for 3 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 October 1, 2023, dates of service. Medica implements such policies as soon as possible after conducting a clinical review of 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
J3590	Elfabrio	pegunigalsidase alfa-iwxj
J3590	Omisirge	omidubicel-onlv
J3490	Qalsody	tofersen

Member impact

These policies 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. They will *not* apply to Medica Prime Solution® (Medicare Cost) or Mayo Medical Plan members, unless noted below. The drugs will be subject to pre-payment claims edit policies as well.

The new medical pharmacy drug UM policies above 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 October 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 October 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
J3590	Elfabrio	pegunigalsidase alfa-iwxj
J9381	Tzield	teplizumab-mzwv

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, 2023:

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, 2023. Medica also notifies affected Medica members in their Medicare Part D Explanation of Benefits (EOB) statements mailed out monthly.
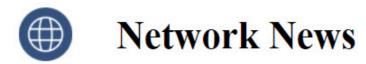
As of August 1, **view the latest Medicare Part D drug formulary changes**.

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, 2023:

Medica to make quarterly update to Medicare physician fee schedules

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

Effective with October 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 and 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 October 1, 2023:

Medica to make quarterly update to reference lab fee schedule

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

Effective with October 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 October 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 October 1, 2023:

Medica to make quarterly update to MHCP physician fee schedule

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

Effective with October 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.

Administrative News

SELF-SERVICE RESOURCES

Featured this month: Prior authorization and notification

For certain health care services, Medica requires that providers obtain prior authorization or give notification before rendering the services, as noted on Medica's prior authorization lists. These lists contain prior authorization and notification requirements for network providers for inpatient and outpatient services, although prior authorization does not guarantee payment. To assist with billing, the lists also include Current Procedural Terminology (CPT®) codes related to each service, along with associated utilization management (UM) policies with coverage criteria. To request prior authorization or provide notification, the appropriate form from Medica.com should be completed and submitted in a timely manner. **See Medica's prior authorization lists and forms**.

Reminders: It's important to review authorization and notification requests to ensure accurate details for seamless claim processing. Plus, Medica authorization requests can now be submitted electronically. For more about online requests, **see the training on Electronic Prior Authorization Requests**.

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
"Life of a Claim"
Understanding all three components of a clean claim — submission, process and output — is important to ensure proper payment. This training will review all three claim stages in order to show how they work together to facilitate the proper processing of Medica claims. It will focus on claim submission policies and requirements; 837P and 837I electronic transactions; provider remittance advices (PRAs) and explanations of payment (EOPs); common denial reasons; and how to request claim adjustments and appeals.

Class schedule

Topic	Date	Time
Life of a Claim	Aug. 16	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**.

Effective June 19, 2023:

Medica implements changes to 2 reimbursement policies

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

Medica is updating its emergency telemedicine reimbursement policies, effective beginning with June 19, 2023, dates of service.

Telemedicine
With the ending of the Covid-19 public health emergency, Medica is implementing updates to both of its emergency telemedicine reimbursement policies — which apply to both Minnesota Health Care Programs (MHCP) and non-MHCP Medica plan members (commercial, Medicare, and Individual and Family Business).

The updates to these policies include name changes:

- For MHCP members, it will change from "Telemedicine (Emergency) for Minnesota Health Care Program Members" to "Telehealth for Minnesota Health Care Programs Members."
- For non-MHCP members, it will change from "Telemedicine (Emergency) excluding Minnesota Health Care Program Members" to "Telehealth excluding Minnesota Health Care Program Members."

As a reminder, the two policies also include information regarding place of service (POS) codes 02 and 10. Medica continues to follow Centers for Medicare and Medicaid Services (CMS) guidelines for reimbursement of eligible telehealth services.

These two updated policies will soon be available online or on hard copy:

- **View Medica's reimbursement policies**; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Portal administrators should verify secure access permissions

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

As a reminder, it is the responsibility of the Primary Administrator for each provider organization to *only* register staff members who have a reasonable need to use secure electronic transactions on **the Medica secure portal** , and to disable accounts when this access is no longer necessary. Now is a great time for a summer clean-up — to audit the list of active users and deactivate accounts as needed, to protect Medica member information.

For complete details on portal administrator responsibilities, refer to Medica's **Provider Portal Registration Guide** for Primary and Secondary Administrators.

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 secure record submission for appeals and claim adjustments.

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