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General News

Reminder:

Medica.com EDI transactions to begin migrating to Availity as preferred provider portal

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

As previously announced, Medica will begin moving its secure online transactions to Availity Essentials as Medica's preferred provider portal for electronic data interchange (EDI) functionality. The Availity Essentials portal offers a multi-payer solution for provider offices, with a comprehensive set of features to efficiently assist with daily administrative tasks.



Starting January 1, 2024, providers can complete the following activities through Availity:

- Verify eligibility and benefits (270/271 transactions)
- Browse "Payer Spaces," a secure, dedicated spot for providers to access Medica resources and applications
- Submit claim inquiry and status requests (276/277 transactions), coming early next year

This migration to the Availity Essentials portal will apply for all Medica payer IDs. Those who already use Availity Essentials are ready to go, and should see Medica in their eligibility and benefits payer options after January 1. Providers are encouraged to begin using EDI transactions through Availity as soon as they're available. Future functionality Medica plans to offer through Availity Essentials in 2024 includes claim appeals, authorizations and

more. Watch for details as these become available.

Again, this transition does not affect non-portal EDI transactions being sent to a provider's EDI gateway either directly or through provider clearinghouses. There should be no change to non-portal processes.

Learn more

For Availity portal registration instructions, training opportunities and more, [visit Availity's microsite for Medica](#). For example, providers can sign up to attend an Availity webinar to learn more on December 12, 2023. Availity experts will show providers how to work with Medica on Availity Essentials. This session will be recorded and available online as well.

Medica Foundation announces 2023 provider grant recipients Behavioral health grants totaled \$700,000

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

The Medica Foundation awarded behavioral health grants totaling \$700,000 to 13 nonprofit agencies in 2023. Behavioral health programs focus on helping people with serious mental illness and addictions recover and lead productive lives in their communities. Grants were awarded to several provider groups in Medica's service area, including the following.

- Annex Teen Clinic (Robbinsdale, Minn.) – to expand access to mental health services for high-needs young people in public school and community settings
- Catholic Charities of St. Paul & Minneapolis (Minneapolis, Minn.) – to address staff resiliency by providing enhanced training and support for traumatic stress and burnout
- City of Minneapolis (Minneapolis, Minn.) – to reduce stigma of mental health and substance use disorder by implementing awareness and on-site groups for residents in 6 Minneapolis Public Housing high rises
- Comunidades Latinas Unidas En Servicio, or CLUES (St. Paul, Minn.) – to provide culturally responsive mental health care to the Latino community through highly skilled bilingual/bicultural staff and services
- Washburn Center for Children (Minneapolis, Minn.) – to provide crisis stabilization to children who experience acute mental health distress, and are at risk for out-of-home placements, so that they stabilize and thrive
- Watercourse Counseling Center (Minneapolis, Minn.) – to expand therapy resources for a broader range of expertise and cultural perspectives in order to serve more individuals
- Wright County Public Health (Buffalo, Minn.) – to co-respond to mental health crisis calls by pairing a social worker with mental health experience alongside a sheriff's deputy

For more about grant recipients, funding opportunities, giving guidelines and application deadlines, visit [MedicaFoundation.org](https://www.MedicaFoundation.org).

Due by December 15, 2023:

ADA, cultural competency demographic responses needed soon

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

Medica recently mailed network providers a questionnaire about demographic elements for health plans to include in provider directories, as required by the Minnesota Department of Human Services (DHS). *Responses are due by December 15, 2023.* These demographic questions are about:

- Cultural Competency Training – Additional instructions for health care providers help them better understand patient backgrounds, values and beliefs to adapt services to meet social, cultural, and language needs. DHS requires that each provider listing in a provider directory must indicate at the facility or site level for all providers listed in the directory whether the provider has completed cultural competency training.

- ADA Accessibility – The Americans with Disabilities Act (ADA) prohibits discrimination against individuals with disabilities in all areas of public life. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as everyone else. DHS requires that each provider listing in a provider directory indicate, at the facility level, what specific accommodations for individuals with physical disabilities are available. Health plans must then indicate whether office, exam room and equipment are accessible for plan members.

Providers are encouraged to respond using the [Provider Demographic-update Online Tool \(PDOT\)](#) secure electronic transaction at Medica.com.

[See more about demographic requirements at Medica.com.](#)

Medica wishes to thank providers for responding to this time-sensitive request.

Benefit reminder:

Medica offers Complex Specialty Care Program as benefit for IFB members

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

As a reminder, Medica offers a Complex Specialty Care Program to Individual and Family Plan (IFB) members to receive care at a designated tertiary health care facility for complex specialty care services. The tertiary health care facility may or may not be participating in a plan's provider network.

Medica defines complex specialty care as services provided for the exclusive purpose of treating a complex health condition that involves one or more of the following elements:

- It is life-threatening.
- It may cause serious disability or other severe consequences, including risk of morbidity or mortality.
- It affects multiple organ systems.
- The required treatments are technically challenging and carry a risk of serious complications.
- It is medically complex or rare.
- Previous treatments have failed or there is no known diagnosis for the condition.

A condition may meet one or more of the above criteria but *still not require* complex care health services. Whether treatment of a condition requires the provision of complex health care services will be determined by the network provider and designated facility in consultation with Medica. If such care is being considered for a member who would need to go outside a plan's provider network, the updated Out-of-Network Prior Authorization Request Form allows providers to request evaluation of this program for members who may qualify. [See this request form on Medica.com.](#)

Note that this program is available to members enrolled in IFB plans offered by Medica. [See a full list of IFB products online.](#)

Reminder:

Medica encourages all providers to apply best practices for claim submission

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

As a reminder for all network providers, Medica — as a payer that operates in Minnesota — is a participant in the Minnesota Department of Health's Administrative Uniformity Committee (AUC). All claims processed by Medica for

services provided in Minnesota should follow AUC Best Practices for claim submissions. All Medica network providers, no matter their state or states of operation, are expected to follow best practice guidelines when they submit claims to Medica. **See more from the AUC.** Through its Best Practices, the Minnesota AUC has undertaken efforts to standardize health care administrative transactions with a goal of reducing health care administrative burdens and costs.

For services delivered outside of Minnesota, Medica follows Health Insurance Portability and Accountability Act (**HIPAA**) and **Administrative Simplification standards**. Original claim submissions, replacement (corrected) claims and void (cancelled) claims that are not submitted in accordance with HIPAA and/or AUC standards *may result in claim denials*.



Clinical News

Effective January 15, 2024:

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 January 15, 2024, 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 January 15, 2024, 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 December 2023 for policies that will be changing effective February 19, 2024. These upcoming policy changes will be effective as of that February 2024 date unless otherwise noted. The affected policies will then be available as noted above.



Pharmacy News

Effective January 1, 2024:

Medica posts commercial, IFB drug lists and changes for next

year

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

As noted last month, Medica will be making changes in coverage status to member drug formularies (drug lists) effective January 1, 2024. The changes to these formularies are now posted online, in addition to the full formularies for 2024.

- **See** the 2024 Medica Commercial Drug List, as well as changes to it for January 1.
- **See** the 2024 Medica Commercial Preventive Drug List.
- **See** the 2024 Medica Individual and Family Business (IFB) Drug Lists, as well as changes for January 1.

("Summary of Changes" notifications for drug lists as well as **full drug lists are available at Medica.com** under Providers, "Pharmacy," then respective member types under "Pharmacy Resources by Segment." For 2024 drug lists and changes noted above, click on the "2024" tab.)

Effective February 1, 2024:

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 February 1, 2024, 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 drug.

Medical pharmacy drug UM policies — New

Prior authorization will be required.

Drug code	Drug brand name	Drug generic name
J3490	Rivfloza	nedosiran

Member impact

This policy 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 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, unless noted below. The drug 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 February 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective February 1, 2024:

Medica to add new drug UM policy 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) policy for Mayo Medical Plan members. This change will be effective with February 1, 2024, dates of service. 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
J9999	Elrexio	elranatamab-bcmm

The new medical pharmacy drug UM policy above for Mayo Medical Plan members will be available online or on hard copy:

- [View drug management policies](#) as of February 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.



Administrative News



SELF-SERVICE RESOURCES

Featured this month: Recorded training on 2024 Medicare plan changes

This recorded training, “Medicare Advantage: 2024 Product Overview and Resources,” focuses on state-specific Medicare plan changes next year. For plan year 2024, Medica can no longer offer Medicare Cost plans (Medica Prime Solution® product) in 51 counties across Missouri, Nebraska, North Dakota and South Dakota. This training provides an overview of this transition; the Medicare Advantage products offered in place of Medicare Cost in the 51 counties; and resources available to determine eligibility, coverage guidelines and other valuable details to help ensure a smooth transition for these members. [Take the training.](#)

Provider administrative training webinar for December

(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 all Medica network providers, at no charge.

Training class topic

“Medica Product Overview and Resources for 2024”

This class will give an overview of all products that Medica has to offer and where they are available, along with general updates for the 2024 plan year. It will also focus on locating and utilizing product resources to determine

eligibility, coverage guidelines and other valuable plan details that can help ensure a seamless overall experience for providers when working with Medica.

Class schedule

Topic	Date	Time
Medica Product Overview and Resources for 2024	Dec. 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.](#)

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