January 2023

◇ **Medica.** | **MEDICA CONNECTIONS**®

NEWS FOR MEDICA NETWORK PROVIDERS

General News | Clinical News | Pharmacy News | Administrative News

📖 General News

Annual reminder:

Verifying eligibility, benefits for members with new ID cards

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

The start of each year is a busy time as many patients switch health plans. Some employer groups customize their health plan to include unique benefit sets. Plus, Medica periodically makes changes to claim addresses. For 2023, Medica is re-issuing ID cards to many of its members, so it is important at each patient visit that providers ask for the most current member ID card. It's also helpful to verify member eligibility and benefits to ensure that the correct copay is collected, when needed. Having up-to-date member information helps to ensure accurate and timely claim processing.

Providers can verify eligibility and benefits for Medica members **through Medica's secure portal** or by calling Medica's Provider Service Center at 1 (800) 458-5512 and choosing the self-service option. When calling Medica, providers should have current member numbers to correctly identify their patients. Member and group numbers are included on the front of every Medica member ID card. For reference, **Medica's product fact sheets** include sample member ID cards for all products Medica offers.

Medica Foundation announces more 2022 provider grant recipients
Early childhood health, strategic grants totaled $500,000

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

The Medica Foundation has concluded 2022 grantmaking for early childhood health, including the annual strategic initiative, awarding grants totaling $500,000 to 13 nonprofit agencies. Early childhood health grants support initiatives that foster optimal growth and development of young children. This year's Esther Tomljanovich Strategic Initiative, funded with a $200,000 grant, addresses the hesitancy and decrease in pediatric vaccination rates, which were exacerbated by the pandemic.

Grants were awarded to several provider groups in 2022 throughout Medica's service area, including the following organizations.

Early childhood health

- Centro Tyrone Guzman (Minneapolis, Minn.) – to refine the new, culturally appropriate Montessori-based Home Visiting Program for Latine families
- Fraser (Minneapolis, Minn.) – to provide early childhood mental wellness support for children who have experienced trauma or have significant behavioral challenges
- Fraser Ltd. (Fargo, N.D.) – to establish a Parent-Child Interaction Therapy program to support at-risk children and their caregivers
- Lutheran Social Service of Minnesota (St. Paul, Minn.) – to expand the St. Cloud Area Crisis Nursery into Crow Wing County, providing emergency child care and resources for children
- Main Street Family Services (Elk River, Minn.) – to train staff in Circle of Security practices to secure and strengthen parent-child relationships
- Nebraska Children's Home Society (Omaha, Neb.) – to help kinship families in northeast Nebraska access resources to meet their family's needs
- Neighborhood Health Source (Minneapolis, Minn.) – to deliver provider visits and childhood immunizations to families in the community facing barriers to accessing health care
- Panhandle Public Health District (Scottsbluff, Neb.) – to support a school-based preventive dental service program in western Nebraska
- People's Center Clinics & Services (Minneapolis, Minn.) – to support a new dental clinic in the Cedar Riverside area, increasing access to dental services for youth
- Sawtooth Mountain Clinic, Inc. (Grand Marais, Minn.) – to increase school-based dental care for children in Cook County and the Grand Portage Reservation
- St. David's Center for Child & Family Development (Minnetonka, Minn.) – to provide evidence-based floortime therapy for children diagnosed with autism spectrum disorder
- Washburn Center for Children (Minneapolis, Minn.) – to provide access to trauma-sensitive, early-intervention mental health care that establishes a foundation for children to thrive

2022 Esther Tomljanovich Strategic Initiative
Hennepin Healthcare Foundation (Minneapolis, Minn.) – This annual grant will fund the expansion of Pediatric Mobile Clinic services to meet people where they are in the community and address a rising need for preventive pediatric health care, including childhood immunizations, and advance equitable access to care.

For more about grant recipients, funding opportunities, giving guidelines and application deadlines, visit **MedicaFoundation.org**.

Electronic submission of prior authorization requests to be available in early 2023
New fax forms also available for certain situations

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

Medica is making a new enhancement for medical prior authorizations that allows requests to be made online. This secure, time-saving option will be available starting in early 2023 as an added electronic submission feature through "Electronic Transactions" **on the Medica secure provider portal** . After entering high-level prior authorization information and attaching clinical documentation on the new electronic forms, providers are asked to select service-specific guidelines and document clinical indications to support the request. Electronic prior authorizations are available for all Medica members.

As a future enhancement expected next year, auto-approval of some prior authorization requests will also be an added feature for certain services.

Arizona prior authorization requests
Prior authorization requested by Arizona providers should be submitted to Medica using **an appropriate fax form**. This is effective with January 1, 2023, dates of service.

Out-of-network prior authorization requests

Prior authorization requests for members to receive care from out-of-network providers need to be submitted to Medica via fax using **this fax form**. Out-of-network requests via electronic submission will be coming soon.

(Update to "Electronic prior authorization request option to be available soon on Medica.com" article in **May 2022 edition of Medica Connections**.)

Clinical News

Effective February 20, 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 February 20, 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 February 20, 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 January 2023 for policies that will be changing effective March 20, 2023. These upcoming policy changes will be effective as of that March 2023 date unless otherwise noted. The affected policies will then be available as noted above.

Due by January 15, 2023:

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 fourth-quarter 2022 quality-of-care complaint reports to Medica by January 15, 2023. 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 March 1, 2023:

Medica to add new UM policies for 6 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 March 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
J3490	Pedmark	sodium thiosulfate
J3590	Rolvedon	eflapegrastim-xnst
J3590	Skysona	elivaldogene autotemcel
J3590	Spevigo	spesolimab
J3590	Xenpozyme	olipudase alfa
J3590	Zynteglo	betibeglogene autotemcel

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

Administrative News

SELF-SERVICE RESOURCES
Featured this month: Product fact sheets

Each year, Medica updates product fact sheets for providers for the new year, adding fact sheets for new products as needed. This applies for all commercial, Individual and Family Business (IFB), Medicare and Minnesota Health Care Programs (MHCP) products. The latest fact sheets for 2023 are now updated and available online. **Check them out** on the Product Portfolio webpage, available through the Provider Administrative Manual on Medica.com.

Provider administrative training webinar for January

(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 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	Jan. 18	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 March 1, 2023:

Medica to implement 3 new reimbursement policies

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

Medica will soon implement the three new reimbursement policies indicated below, effective on or after March 1, 2023, dates of processing.

T-Status Codes
Medica will implement a policy to replace "Pulse Oximetry." "T-Status Codes" will be based on the Centers for Medicare and Medicaid Services (CMS) guidelines stating reimbursement of a T-Status code will only be made if it is billed with no other services on the same date of service. If billed with any other service, the T-Status code will be bundled into that reimbursement regardless of modifiers billed.

This policy will apply for all Medica members including Medicare Advantage members as they follow CMS guidelines with no deviations.

Modifier Reductions
Medica will implement a policy to replace "Reduced Services." "Modifier Reductions" will be based on the CMS guidelines stating reimbursement for certain modifiers will be reduced.

This policy will apply for all Medica members including commercial and Minnesota Health Care Programs (MHCP) members.

Maximum Units of Service – Facility
The "Maximum Units of Service (MUS) – Facility" policy provides guidelines for the maximum number of units allowed for the same Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) code on the same date of service.

This policy will apply to outpatient facility claims reported on a UB-04 or its electronic equivalent for Medica's commercial and Individual and Family Business (IFB) members. Government plans will continue to follow CMS's National Correct Coding initiative (NCCI) with no deviations.

These new Medica policies will be available online or on hard copy:

- **View Medica's reimbursement policies** as of March 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

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:

- Telehealth capability at both practitioner and site level*
- 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

  This is a new demographic requirement.

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.

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 "Non-Minnesota Medicare Requirements" and "Provider Requirements for Medicare and Minnesota Health Care Programs"	"Supplementary Contracting and Regulatory Requirements" section, in "Government Program Requirements" subsection (**found here**)	December 2022
Updated "Administrative Referrals/Care Direction" webpage to align with 2023 product year	"Health Management and Quality Improvement" section, in "Administrative Referrals/Care Direction" subsection (**found here**)	December 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

Amit Khurana, PharmD, Vice President of Pharmacy

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

Email: **Hugh.Curtler@Medica.com**

Distributed: 12/21/22