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General News

Reminder:

Minnesota Medicaid redetermination underway MHCP enrollees to start losing coverage in July 2023

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

As previously noted, the Medicaid renewal process (also called Medicaid coverage redetermination) for Minnesota Health Care Programs (MHCP) enrollees is now underway. These members may begin losing their Medicaid coverage in Minnesota starting July 1, 2023. The first group of members up for renewal in July 2023 should have received renewal information in the mail from the Minnesota Department of Human Services (DHS).

Renewal activities so far

Minnesota DHS and Medica are undertaking various activities to generate awareness for MHCP enrollees and others to take action:

- DHS has been sending text message reminders to members. These messages include important health insurance eligibility information such as reminders about deadlines or requests for information that county,

tribal servicing agencies or DHS need in order to renew members' health care insurance.

- Copies of what members should have received from DHS as well as steps they need to take can be found [online from DHS](#).
- Medica is also communicating with members via text, e-mail, mail and phone — offering support and assistance for members who are up for renewal. Medica members who have any questions can call Member Services at the phone number on the back of their Medica ID card, and Medica's team members can help.

New DHS renewal lookup tool

In addition, DHS recently launched an [online lookup tool](#) allowing MHCP members to determine their renewal month. The tool asks for the member's case number (found on their notice from the county) and member number (also known as a PMI). This tool provides information in DHS systems as of mid-May 2023. For those members not sure about their case number or member ID, they can contact Medica to help them look up their renewal date.

Members who lose eligibility for Medicaid

Members are provided information on other types of plans (Individual and Family plans, or Medicare plans, for example) they may be eligible for. Medica is prepared to help MHCP members identify their best option for coverage if they lose their Medicaid eligibility. These patients or members can use ["Explore Plans" on Medica.com](#) to help them choose a new individual and family plan or Medicare plan from Medica.

More resources on this topic

- [The Minnesota DHS renewal website](#) for Medicaid redeterminations contains resources for both members and providers.
- From the federal government, [see more on returning to regular Medicaid operations](#).
- Or [see Medica's Minnesota Medicaid Redetermination FAQ for providers](#).

Minnesota DHS outlines enrollment deadlines for providers who see MHCP patients

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

As a reminder, for all of Medica's Minnesota Health Care Programs (MHCP) products, providers need to enroll with the Minnesota Department of Human Services (DHS) to serve MHCP members and submit claims for payment. DHS recently outlined details for providers to receive MHCP screening and enrollment directly from DHS, which has historically relied on health plans to complete network provider screening and enrollment actions (that can no longer be delegated as a result of the 21st Century Cures Act). Here are upcoming timelines for providers to be aware of:

- *All new providers who contract with Medica starting July 17, 2023*, will have 120 days to complete their MHCP enrollment via the DHS Minnesota Provider Screening and Enrollment (MPSE) portal.
- All Medica network providers who already have an existing contract with Medica must enroll in the MPSE portal *by July 15, 2024*.
- All Medica *medical transportation providers* who already have an existing contract with Medica must enroll in the MPSE portal *by December 31, 2024*. These providers require a site visit from DHS.

[Learn more about MPSE from DHS](#).

(Update to "For MHCP claim payment, Minnesota providers need to register with DHS" article in [February 2023 edition of Medica Connections](#).)

Medica supports effort for children to catch up on vaccinations New blog for parents: 'Come Back to Get Caught Up'

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

Routine childhood immunization rates have decreased throughout the pandemic. According to the Minnesota Department of Health, the rate of children up-to-date on vaccinations by age 2 has dropped significantly between 2019 and 2022. This leaves children vulnerable to preventable diseases and puts Minnesota at risk for outbreaks like measles and polio, as other areas of the country are experiencing. Providers have likely experienced the challenges of ensuring that patients are all up-to-date with their immunizations.

Medica currently participates in a three-year Healthy Start Collaborative, made up of several Minnesota health plans, with the goal to promote a “Healthy Start” for children in Prepaid Medical Assistance Program (PMAP) and MinnesotaCare populations. The Collaborative aims to do this by improving outcomes and reducing disparities in prenatal, postpartum and well-child health care — with the help of Minnesota health care providers, of course.



Recently, the Healthy Start Collaborative teamed with the Minnesota Council of Health Plans to launch a campaign that targets parents of young children and gives them information about the importance of getting their children caught up on recommended immunizations. Through this campaign, the Collaborative and Council created a new blog called “**Come Back to Get Caught Up**,” explaining to parents the importance of making sure their children are up-to-date and giving parents an overview of the immunizations recommended by age 2. Parents can read or listen to the information in English, Hmong, Somali or Spanish.

Providers are encouraged to share this blog link with parents, as well as the handouts on the blog page. The translated handouts may be useful with parents and help to get messaging across about the importance of following a regular schedule of vaccinations for their children.



Clinical News

Effective August 21, 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 August 21, 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 August 21, 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 July 2023 for policies that will be changing effective September 18, 2023. These upcoming policy changes will be effective as of that September 2023 date unless otherwise noted. The affected policies will then be available as noted above.

Due by July 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 second-quarter 2023 quality-of-care complaint reports to Medica by July 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 email 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 September 1, 2023:

Medica postpones UM policy for medical pharmacy drug

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

Medica will soon implement the following medical pharmacy drug utilization management (UM) policy. This change will be effective with September 1, 2023, dates of service. Prior authorization will be required for the corresponding medical pharmacy drug.

Note: This is an updated timeline to a previously communicated effective date of July 1, 2023.

Medical pharmacy drug UM policies — New

Prior authorization will be required.

Drug code	Drug brand name	Drug generic name
S0013, J3490	Spravato	eskatmine

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 Medicare 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. The drug 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 September 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

(Update to “Medica to add new UM policies for 3 new medical pharmacy drugs” article in **May 2023 edition of *Medica Connections***.)

Effective September 1, 2023:

Mayo Medical Plan to implement enhanced new-to-market drug-review process for medical pharmacy drug policies

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

Effective September 1, 2023, for Mayo Medical Plan members, new-to-market medical pharmacy drugs will be reviewed for medical necessity according to label use approved by the U.S. Food and Drug Administration (FDA) immediately upon approval by the FDA. New-to-market drugs means the medical drugs and/or drug indications have been approved by the FDA for use in the United States and have been available for 6 months or less.

Under the enhanced review process for newly approved or new-to-market medical pharmacy drugs, a review for medical necessity will occur upon approval by the FDA. Medical pharmacy drugs that are new to market will be reviewed according to the FDA-approved label use to ensure that appropriate indication, dosing and safety parameters are met.

New-to-market medical pharmacy drugs currently undergo a claim edit review for appropriate diagnosis codes in the absence of prior authorization requirements until it is determined to include them in the prior authorization program.

Prior authorization requests for new-to-market medical pharmacy drugs can be submitted via phone, by fax or online through Magellan Rx Management, which administers medical pharmacy benefits for Medica members.

- For the fastest processing, submit online requests using Magellan’s secure web portal, **MRxGateway.com**
- Phone: 1 (800) 424-8115
- Fax: 1 (888) 656-3251

As a reminder, medical pharmacy drug policies for Mayo Medical Plan members are available online or on hard copy:

- **View drug management policies**; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective July 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 July 1, 2023. Medica also notifies affected Medica members in their Medicare Part D Explanation of Benefits (EOB) statements mailed out monthly.

As of July 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 September 1, 2023:

Medica to update ancillary fee schedule for all products

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

Effective September 1, 2023, Medica will implement standard ancillary fee schedule updates for all Medica products. This fee update will have an impact on the following provider types: durable medical equipment (DME), orthotics and prosthetics (O&P), home health care, home infusion therapy, public health, community immunization and transportation.

The effect on reimbursement due to this fee schedule update will vary by provider type and the mix of products or services provided. Providers who have questions or would like a copy of their updated fee schedule may contact their Medica contract manager.



Administrative News



SELF-SERVICE RESOURCES

Featured this month: Relying on reimbursement policies

Providers who have coding questions about a denied claim can find valuable details in **Medica's reimbursement policies**. These policies can help confirm correct coding guidelines in order to allow payment, so make sure to consult them before sending in an appeal. Reimbursement policies provide payment methodology guidelines for medical and surgical services that are submitted for payment, and they often work in conjunction with other Medica policies such as coverage policies and drug management policies, as well as applicable participating provider contract, applicable fee schedules, Medica's Provider Administrative Manual and Medica's Credentialing Plan.

Provider administrative training webinar for July

(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

"Setup and Billing for Elderly Waiver and Housing Stabilization Service Providers"

Elderly waiver (EW) and housing stabilization providers serve an important function in the care of Medica members. Since working with a health plan can offer a variety of challenges, this training will walk providers through requirements as well as tools and services available to assist them, including tips for billing. This class will also focus on: an overview of housing stabilization benefits; getting set up as an EW or housing stabilization provider; role of the care coordinator and role of Medica's Provider Service Center; how to obtain an authorization; the claims submission process; and what to do if a claim is not processed as expected.

Class schedule

Topic	Date	Time
Setup and Billing for Elderly Waiver and Housing Stabilization Service Providers	July 19	11:30 a.m. - 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.**

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
- Practitioner 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

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
Added new state-specific exhibit for Illinois to reflect Medica's expanded service area	"Supplementary Contracting and Regulatory Requirements" section, under "State-Specific Contract Requirements"	June 2023
Updated "Personal Care Assistance (PCA) Administrative Requirements" to include additional information regarding electronic visit verification ("EVV"), Community First Services and Supports (CFSS) and billing for the PCA enhanced rate	"Supplementary Contracting and Regulatory Requirements" section in "Personal Care Assistance" subsection (found here)	May 2023
Updated Verification of Eligibility provision in the "General	"Supplementary Contracting and	May

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

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