



NEWS FOR MEDICA NETWORK PROVIDERS

General News

- **Electronic submission of prior authorization requests now available**
- **Medica to make coverage changes coinciding with end of Covid PHE**
- **MHCP eligibility renewals restart this spring**
- **Medica to expand concurrent review program to inpatient NICU admissions, eff. July 1**
- **Medica launches new Find Care provider-search tool**

Clinical News

- **Medical policies and clinical guidelines to be updated, eff. June 19**

Pharmacy News

- **Medica plans to update commercial member drug formulary, eff. July 1**
- **UM policy change for Prolia/Xgeva to exclude Medicare Cost plan members**
- **Medica to add new UM policies for 3 new medical pharmacy drugs, eff. July 1**
- **Medica to add 3 new drug UM policies for Mayo Medical Plan, eff. July 1**
- **Upcoming changes to Medica Part D drug formularies, eff. May 1**

Network News

- **Medica adjusts DME standard fee schedule, eff. April 15**
- **Medica to make quarterly update to Medicare physician fee schedules, eff. July 1**
- **Medica to make quarterly update to reference lab fee schedule, eff. July 1**
- **Medica to make quarterly update to MHCP physician fee schedule, eff. July 1**

Administrative News

- **Self-service resources, featuring: Claim submission, product guidelines**
- **Provider administrative training webinar for May**



General News

Electronic submission of prior authorization requests now available

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

Medica has recently made a new enhancement for medical prior authorizations allowing requests to be made online. This secure, time-saving option is available as an added electronic submission feature through “Electronic Transactions” **on the Medica secure 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. (**Note:** Providers will need to request that the primary administrator on their organization’s account delegate access to this new transaction.) Electronic prior authorizations are available for all Medica members.

See a new micro-training on this new functionality.

As a future enhancement, tentatively expected later in 2023, auto-approval of some prior authorization requests will also be an added feature for certain services.

Updating prior authorization requests

Medica has also developed a new “Prior Authorization Update Form” for providers to update an existing prior authorization request. **This new form is now available on Medica.com** and is a form for fax submission to Medica, as the new electronic submission process currently does not support update transactions. Providers can use the update fax form to request changes to existing approved clinical prior authorizations previously submitted via fax or via electronic submission on the Medica secure portal.

Out-of-network prior authorization requests

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

Covid wind-down:

Medica to make coverage changes coinciding with end of Covid PHE

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

During the Covid pandemic over the past three years, Medica made several changes to adjust its provider payment, administrative processes, and member coverage. The federal government made recent coverage extensions through May 11, 2023; the Biden Administration has indicated this will be the last extension and the federal Covid public health emergency (PHE) will end on May 11, 2023.

To coincide with the end of the PHE, Medica’s Covid-related coverage will return to standard member benefits and cost-sharing as of May 12, 2023. This includes:

- Diagnostic and antibody testing and services
- Vaccinations and administration (to be covered in-network as preventive care)
- Outpatient drug treatments
- Over-the-counter (OTC) tests

For all Medica network providers, payments beginning with May 12, 2023, dates of service will be based on providers’ standard contracted rates. For out-of-network providers, member out-of-network benefits will apply as appropriate.

The following reimbursement policies that apply to the Covid services above will be updated as of May 12 to reflect coverage and payment changes:

- **COVID-19 Testing**
- **Outpatient Drug Treatment and Vaccinations for COVID-19**

For more details on Medica’s ongoing Covid decision-making, providers can still refer to **Medica’s Covid provider FAQ** as well.

Timeline exceptions

- The changes above apply for all Medica members other than Minnesota Health Care Programs (MHCP) members. At this point, the Minnesota Department of Human Services (DHS) has extended coverage for MHCP members through September 2024.
- Medica’s expanded coverage of emergency telemedicine/virtual health services will continue at least through the end of 2023.

Covid wind-down:

MHCP eligibility renewals restart this spring

Medicaid coverage redeterminations ongoing for 12 months

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

The Minnesota Department of Human Services (DHS) Medical Assistance (Medicaid) and MinnesotaCare programs have started reinstating eligibility requirements (i.e., making Medicaid coverage redeterminations) for patients enrolled in Minnesota Health Care Programs (MHCP) — which includes all Medica AccessAbility Solution[®], Medica AccessAbility Solution Enhanced, Medica Choice Care MSC+ (for Minnesota Senior Care Plus program), Medica Choice CareSM PMAP (for Prepaid Medical Assistance Program), Medica DUAL Solution[®] and Medica MinnesotaCare plans.

DHS renewal steps

The renewal process for Medical Assistance has restarted as of April 2023, beginning with enrollees who have a July 2023 renewal. This applies to all Medica MHCP plans other than Medica MinnesotaCare. (Renewals for MinnesotaCare coverage will restart beginning in October 2023 for coverage effective January 1, 2024.) The first step will be a pre-renewal notice by DHS to alert members that their renewal is forthcoming and to be on the lookout for renewal paperwork to come in the mail. Medica is also notifying members about their MHCP renewal using a multi-channel outreach campaign including text, mail and phone calls. Members will continue to receive coverage until their renewal date. [Find out more about the DHS renewal project.](#)

Minnesota DHS has developed a timeline for member renewals which places members in cohorts. Renewals for Medical Assistance enrollees will take place based on the anniversary month of their application for coverage. For example, if members initially applied for Medical Assistance in July, they will have a July Medical Assistance renewal date. If they are still eligible for coverage, their renewal paperwork will need to be completed, submitted, and processed by their county or tribe by June 30, 2023, for their coverage to continue on July 1, 2023.

For patients enrolled in Medica's MHCP plans, it would help if providers emphasize that these patients need to ensure that their address and contact information are up-to-date with their local county or tribal agency. Find contact information for counties and tribes [on the DHS website.](#)

Redeterminations beyond Minnesota

The Centers for Medicare and Medicaid Services (CMS) has posted anticipated state timelines for initiating "unwinding"-related Medicaid renewals across the country. For the following states in the Medica service area, these are the expected timelines.

States	Redetermination timing (renewals initiated)	Disenroll start date (ongoing for 12 months)
Arizona, South Dakota	February 2023	April 2023
Iowa	February 2023	May 2023
Kansas, Nebraska, Oklahoma, Wyoming	March 2023	May 2023
Montana, North Dakota, Wisconsin	April 2023	June 2023

Terminations for enrollees that a state has redetermined as ineligible for Medicaid start as soon as April 1, 2023. [See more on returning to regular Medicaid operations.](#)

Providers can also refer to Medica's [Minnesota Medicaid Redetermination provider FAQ.](#)

Effective July 1, 2023:

Medica to expand concurrent review program to inpatient NICU admissions

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

Medica plans to expand its existing concurrent review program at all network facilities to include neonatal intensive care units (NICUs), beginning with July 1, 2023, dates of admission.

As part of Medica's concurrent review program, Medica utilization management (UM) nurses work to ensure that clinical guidelines are followed for admissions and discharge planning. Nurse reviewers monitor appropriateness of care, the setting, and the progress of discharge plans. To determine appropriateness of care, these nurses use MCG Care Guidelines[®], which are national standardized evidence-based criteria, along with individual patient circumstances and clinical information.

As a reminder, notification is required for all inpatient admissions. Effective July 1, Medica may review NICU admissions concurrently or retrospectively to determine if medical necessity criteria were met. Upon request by Medica, facilities are required to submit inpatient clinical records within one business day. Notification of admissions and timely responses to requests for medical records help ensure a timely review and communication of determinations.

Learn more on this topic in [Medica's Provider Administrative Manual.](#)

Medica launches new Find Care provider-search tool

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

Medica recently launched a new Find Care search tool on Medica.com that gives members and providers a new and easy-to-use way to search for providers in each plan's network. The online directory includes various filters to refine a search, including by distance, by provider specialty, and whether the provider is accepting new patients. [Check out the new search tool at Medica.com.](#)

Note: As a tip to help determine the right network to search based on the Medica payer ID (indicated on every member ID card), providers can refer to [Medica's Claim Submission and Product Guidelines.](#)



Clinical News

Effective June 19, 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 June 19, 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 June 19, 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 May 2023 for policies that will be changing effective July 17, 2023. These upcoming policy changes will be effective as of that July 2023 date unless otherwise noted. The affected policies will then be available as noted above.



Pharmacy News

Effective July 1, 2023:

Medica plans to update commercial member drug formulary

(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 them on the commercial member drug formulary (drug list) effective July 1, 2023. These upcoming changes will apply to the 2023 Medica Commercial Drug List.

(Drug lists are available at Medica.com under For Providers, "Pharmacy," then respective member types **under "Pharmacy Resources by Segment."**)

Clarification:

UM policy change for Prolia/Xgeva to exclude Medicare Cost plan members

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

Last month, Medica published a notice about a utilization management (UM) change for four medical pharmacy drugs effective with June 1, 2023, dates of service. However, the exclusions noted for Prolia/Xgeva (denosumab) should have stated: This policy is expanding to apply to all Medica members except for Mayo Medical Plan *and* Medica Prime Solution® (Medicare Cost) members. As a reminder, until June 1, the Prolia/Xgeva policy applies only

to Medica Medicare members in Medica DUAL Solution[®] and Medica Advantage Solution[®] plans.

(Update to “Medica to add new UM policies for 4 new medical pharmacy drugs” article in **April 2023 edition of *Medica Connections***.)

Effective July 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 July 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	Altuviiio	antihemophilic factor (recombinant)
J3590	Lamzede	velmanase alfa-tycv
S0013, J3490	Spravato	eskatmine

Member impact

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

Effective July 1, 2023:

Medica to add 3 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 July 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
J2506	Neulasta prefilled syringes only*	pegfilgrastim
J3590	Skysona	elivaldogene autotemcel
J3590	Spevigo	spesolimab

* Prior authorization will not apply to the Neulasta Onpro on-body device or to preferred pegfilgrastim biosimilars.

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

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

As of May 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 April 15, 2023:

Medica adjusts DME standard fee schedule

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

Medica recently updated its durable medical equipment (DME) standard fee schedule for all products due to the replacement of two codes by the Centers for Medicare and Medicaid Services (CMS). Codes K0553 and K0554 expired on December 31, 2022, and were replaced by two new codes on January 1, 2023, as outlined below. The updated DME fee schedule was implemented as of April 15, 2023, and Medica is now reprocessing affected DME claims to reflect corrected payment for the two new codes, retroactive to January 1. *Providers do not need to resubmit affected DME claims.*

Code	Description	Status
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories; 1 month supply = 1 unit of service	Expired 12/31/22
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories; 1 month supply = 1 unit of service	Replaced K0553 effective 1/1/23
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	Expired 12/31/22
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver	Replaced K0554 effective 1/1/23

Providers who have questions may contact their Medica contract manager.

Effective July 1, 2023:

Medica to make quarterly update to Medicare physician fee schedules

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

Effective with July 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 July 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 July 1, 2023:

Medica to make quarterly update to reference lab fee schedule

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

Effective with July 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 July 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 July 1, 2023:

Medica to make quarterly update to MHCP physician fee schedule

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

Effective with July 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: Claim submission, product guidelines

The "Claim Submission and Product Guidelines" webpage — which displays the payer IDs used for each Medica plan type and membership — is a handy tool for providers to use to make sure they are billing with the correct payer ID for seamless claims processing and payment. After locating the Payer ID on a member ID card, use this resource to obtain details for appropriate electronic claim submission, coverage guidelines and even payer information for complementary networks such as behavioral health, chiropractic and pharmacy. **See Medica's Claim Submission and Product Guidelines.**

Provider administrative training webinar for May

(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	May 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.](#)

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'Medica Connections' editor

Hugh Curtler III, Communications

Email: Hugh.Curtler@Medica.com

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