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General News

Effective January 1, 2024:

Medica makes IFB product, benefit changes for 2024

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

Medica is making the following changes to its Individual and Family Business (IFB) plans and benefits starting January 1, 2024. Also of note: Important ID card changes are coming for IFB members.

Product changes

Medica will make the following changes to service areas for Medica's existing IFB products in 2024:

- **Oklahoma: Medica will no longer offer Medica Quest[®] for 2024. Therefore, Medica is reducing the Oklahoma service area by all 43 counties for the Medica Quest product.**

- Kansas: The service area for Medica ConnectSM will be reduced by 52 counties in northern Kansas. The product will still be available in 38 counties in southern Kansas.

Benefit changes

Medica will also make the following benefit changes for Medica's IFB products next year:

- The \$400 dental reimbursement plan will no longer be available in any state.
- Bronze plans will be introduced with an adult eye exam benefit for the Medica with CHI HealthSM product in Nebraska only.
- Medica will have two separate formularies for 2024: The first formulary is specific to the Centers for Medicare and Medicaid Services (CMS) Standard plans, and the other is for Medica's non-standard plans. The formularies will be in the same document and available [for review on Medica.com](#).
- Expanded Bronze Standard plans will be available for all products in all states except Minnesota. These plans are required to be offered on [healthcare.gov](#).

ID card changes

All IFB members will be issued new ID cards for the 2024 plan year. IFB member ID cards will have changes to both group and ID numbers:

- Group numbers will be alphanumeric, beginning with a "C."
- Member ID numbers will be 10 digits long, beginning with the number 3.

There will be no change to the Medica IFB payer ID or claims addresses.

[Fact sheets for these products](#) will be updated soon for 2024.

Effective January 1, 2024:

Medica makes commercial product, benefit changes for 2024

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

Medica is making minimal commercial product changes for 2024, as well as a change to commercial plan benefits for next year.

Product change

Medica is making one commercial product change for next year. Essentia Choice Care with MedicaSM will expand into Burleigh County, N.D., effective January 1, 2024. Essentia Choice Care with Medica is an accountable care organization (ACO) or "care system" provider network option for employer groups, with a service area throughout northern Minnesota, eastern North Dakota and northern Wisconsin.

Benefit change

Medica is also making a change to coverage for weight-loss drugs beginning January 1, 2024. As fully insured commercial groups renew throughout the year, weight-loss drugs currently covered as anorexiant (appetite suppressants, including GLP-1 drugs used for weight loss) will no longer be covered. A coverage change will be optional for self-funded plans, so it will vary by employer group. Medications subject to this coverage change include:

- **For weight loss:** Wegovy, Saxenda, phentermine and other appetite suppressants *will no longer be covered*.
- **For diabetes:** Ozempic, Rybelsus, Trulicity, Byetta, Mounjaro, Victoza and Bydureon *will only be covered* if prescribed for diabetes. These drugs are currently subject to prior authorization as well.

Members can determine if they qualify for manufacturer-sponsored discount programs for these and other prescription drugs by working with their prescriber.

Effective January 1, 2024:

Medica makes MHCP product, benefit changes for 2024

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

Medica is making changes to its existing Minnesota Health Care Programs (MHCP) products for 2024, as well as changes to MHCP plan benefits for next year.

SNBC

Medica is expanding the service area for its Medica AccessAbility Solution[®] Enhanced (Integrated Special Needs BasicCare, or I-SNBC) product, featuring integrated Medicare and Medical Assistance services, by adding 11 Minnesota counties for a total of 38 counties in 2024. This aligns that product's service area with the existing Medica AccessAbility Solution SNBC product, featuring Medical Assistance-only services, that currently has the same 38-county service area.

Medica AccessAbility Solution Enhanced is a 2024 participant in the Centers for Medicare and Medicaid Services (CMS) Value-Based Insurance Design (VBID) Model that replaces the current FOODRx food box program — limited to a Special Supplemental Benefit for the Chronically Ill (SSBCI) — with a healthy foods allowance of \$20/month for every member. Medica AccessAbility Solution Enhanced will also waive Part D cost-sharing for all members in 2024. This means that members in this product have \$0 cost-sharing for all covered services in 2024.

MSHO

The Medica DUAL Solution[®] product (for Minnesota Senior Health Options, or MSHO) has no change to its current 50-county service area in 2024. Medica DUAL Solution is a 2024 participant in the CMS VBID Model that expands current Special Supplemental Benefits for the Chronically Ill (SSBCI) to include: \$150/month healthy foods allowance; up to one round trip/day to approved Healthy Foods grocery locations; \$100/month utility bill pay assistance; and an annual subscription to online courses that teach daily life skills such as safe online browsing and practical math. In 2024, all of these additional benefits are available to all MSHO members under the VBID Model. Medica DUAL Solution will also waive Part D cost-sharing for all members in 2024. This means that members in this product have \$0 cost-sharing for all covered services next year. In 2024, Medica DUAL Solution continues to offer as SSBCI: a telemonitoring kit that wirelessly transmits member blood pressure and body weight data, as well as the FOODRx food box program.

Families and Children

The Medica Choice CareSM PMAP (Prepaid Medical Assistance Program) and Medica MinnesotaCare products have no change to the current 19-county service area in 2024. Medica will continue these plans' current additional services that include One Pass \$0 fitness center memberships and subscriptions to GEDWorks for eligible members to obtain their high school-equivalency diploma.

Fact sheets for these products will be updated soon for 2024.

Due by December 31:

SNP 'Model of Care' provider training required by year-end

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

As a reminder, each year providers who serve members enrolled in a Special Needs Plan (SNP) — such as Medica DUAL Solution[®] or Medica AccessAbility Solution[®] Enhanced — must take the provider Model of Care training. Providers can **find this training and attestation link on Medica.com**.

This requirement is necessary for Medica to comply with requirements put in place by the Centers for Medicare and Medicaid Services (CMS). More details about this requirement are available **in the Medica Provider**

Administrative Manual.

Each provider organization should maintain documentation of each provider's completion of training (e.g., dated training attendance list, dated paper or electronic attestation, etc.) that can be provided upon request. One Model of Care training attestation can be completed on behalf of an organization, either by:

- Completing the attestation online using the [Provider Demographicupdate Online Tool \(PDOT\)](#); or
- Completing the electronic attestation [here](#).

Medica wishes to thank providers for completing this training.

Annual reminder:

Compliance, FWA trainings required for Medicare providers

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

Each year, Medica requires that Medicare providers complete general compliance training and fraud, waste, and abuse (FWA) training. The training requirement applies to all organizations that provide health care services or administrative services for Medicare beneficiaries, and also applies to the organizations' downstream and related entities. Although Medicare-certified (or deemed) providers are exempt from the FWA portion of the training, they are still required to complete general compliance training. *The trainings should be completed by December 31, 2023.*

Medica makes the Medica Standards of Conduct, Compliance Reporting Policy, and links to the Centers for Medicare and Medicaid Services (CMS) general compliance training and FWA training available on Medica.com. Providers may use the general compliance and FWA training materials created by CMS. [Learn more and take the trainings.](#)

As a reminder, training is required at the time of a Medicare provider's initial contract and then annually thereafter. Providers should maintain records of all training for 10 years. Records should include dates and methods of training, materials used for training, and training logs identifying employees who received training. Medica may request such records to verify that training occurred.

Starting January 1, 2024:

Bariatric Care Centers of Excellence program to be discontinued

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

The Medica Bariatric Care Centers of Excellence program will be discontinued. Effective January 1, 2024, it will no longer be a separate member benefit for Individual and Family Business (IFB) members. And starting on January 1, 2024, for employer groups, the program and related benefit will be discontinued for commercial members upon the group's coverage renewal date. As a result, certain groups may continue to offer the benefit through late 2024, so it is important for provider offices to verify member benefits prior to service, as well as continue to request prior authorization for bariatric services.

Once the Bariatric Care Centers of Excellence program is no longer available, providers won't be restricted to using approved Centers of Excellence facilities. Standard benefits will apply for in-network vs. out-of-network facilities, subject to prior authorization — Bariatric procedures will be covered as part of a member's standard surgical benefit.

[See more details about this program on Medica.com.](#)



Clinical News

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

Upcoming outreach:

Medica undertakes annual ACA chart review for coding integrity

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

Each year, Medica undertakes medical record reviews for various types of members, and in November 2023 plans to begin reaching out to provider offices regarding Affordable Care Act (ACA) 2023 dates of service for office visits and hospital admissions by Medica commercial small group and Individual and Family Business (IFB) members. Medica is committed to improving the quality of care provided to our members and is required by the U.S. Department of Health and Human Services (HHS) to submit complete diagnostic data regarding members enrolled in certain ACA-covered health plans.

On Medica's behalf, Optum and CiOX Health are conducting the medical record reviews, coordinating record retrieval and reviewing clinical coding. CiOX representatives will contact providers directly to provide retrieval options and a list of the requested member records for services they received in calendar year 2023. Patient records being requested include medical records, notes and reports. This outreach is expected to begin by late November 2023. Chart collection *must be completed by March 2024*.

This industry-standard commercial chart retrieval request is intended to identify any gaps in coding that are supported in the documentation. Reviewing medical chart documentation will enable Medica to identify conditions

that may exist for plan members, but may not have been coded or previously captured. This enables the health plan to assess the health conditions of their members for effective care interventions and to improve health outcomes.

Providers who have questions may contact CiOX at 1 (877) 445-9293 or chartreview@cioxhealth.com.



Pharmacy News

Effective August 15, 2023:

Medica adds new preventive drug coverage for RSV immunizations

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

Medica has implemented a new preventive drug benefit covering immunizations for the respiratory syncytial virus (RSV), effective retroactively to August 15, 2023. Specifically, this coverage applies to the new adult vaccines Arexvy and Abrysvo and the new antibody injection for infants Beyfortus (nirsevimab). This new benefit applies to all Medica members under preventive immunization benefits as long as they receive an immunization at network provider sites or pharmacies.

Immunization recommendations, eligibility

According to the Centers for Disease Control and Prevention (CDC), RSV immunization is recommended for certain infants and adults. Health care personnel should consult current immunization recommendations for guidance around the timing of administration and use of specific immunizations, using every opportunity during this season to administer them to eligible patients.

For eligible Medica members who meet U.S. Food and Drug Administration (FDA) approved age, dose and diagnosis recommendations, the immunizations will be covered as follows.

- Abrysvo is covered for individuals 60 years of age and older or pregnant individuals at 32 through 36 weeks of gestational age.
- Arexvy is covered for individuals 60 years of age and older.
- Beyfortus is covered for neonates and infants (younger than 8 months) born during or entering their first RSV season, and children 8-19 months of age who are at increased risk of severe RSV disease entering their second RSV season.

Prior authorization will not be required for Abrysvo, Arexvy or Beyfortus for eligible members. Prior authorization will continue to be required, however, for Synagis (palivizumab), a once-monthly injection approved for use only in high-risk infants that meet specific criteria. Synagis is not covered as a preventive service since it is not endorsed as a preventive immunization.

Pharmacist-administered immunization

Medica members may be able to receive the Abrysvo or Arexvy immunization through a Medica network pharmacy. Inquiries can be directed to a member's local pharmacy.

Beyfortus is not available at retail pharmacies. It is only available as a provider-administered injection.

Billing for immunizations

Clinics should follow their regular billing methods for immunizations. To ensure full coverage, Medica members must receive them from a Medica network provider. When submitting claims for immunizations, providers should use applicable codes of the International Classification of Diseases (ICD-10-CM), Common Procedural Terminology

(CPT®) and Healthcare Common Procedure Coding System (HCPCS). Medica will accept codes for reimbursement as outlined by the CDC.

More information

See more on RSV immunizations at [the CDC website](#).

Effective January 1, 2024:

Medica plans to update commercial, IFB member formularies

(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 drug formularies (drug lists) effective January 1, 2024. These upcoming changes apply to the following drug formularies:

- 2024 Medica Commercial Drug List
- 2024 Medica Commercial Preventive Drug List
- 2024 Medica Individual and Family Business (IFB) Drug Lists

(Drug lists are available at [Medica.com](#) under For Providers, “Pharmacy,” then respective member types under “Pharmacy Resources by Segment.”)

Effective January 1, 2024:

Medica to add new UM policies for 5 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 January 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 drugs.

Medical pharmacy drug UM policies — New

Prior authorization will be required.

Drug code	Drug brand name	Drug generic name
J9999	Elrexfio	elranatamab-bcmm
J3490	Izervay	avacincaptad pegol
J9274	Kimtrak	tebentafusp-tebn
J9999	Talvey	talquetamab-tgvs
J3590	Veopoz	pozelimab-bbfg

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

Effective January 1, 2024:

Medica to add 5 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 January 1, 2024, 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
J9999	Columvi	glofitamab-gxblm
J9999	Epkinly	epcoritamab-bysp
J9272	Jemperli	dostarlimab-gxly
J3590	Omisirge	omidubicel-only
J9999	Talvey	talquetamab-tgvs

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

Effective January 1, 2024:

Medica to make annual update to Part D drug formularies

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

Medica has made annual decisions on drugs that will either be removed from the Medica Medicare Part D drug formularies or be subject to a change in preferred or tiered cost-sharing status effective January 1, 2024. Members are encouraged to review their formulary to see if any of their medications are changing.

Medica's Medicare Part D formularies are 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.

Providers can also refer to a comprehensive list of all previous Medica Medicare Part D drug formulary changes. [View Medicare Part D drug formulary changes on Medica.com.](#)

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 January 1, 2024:

Medica to make quarterly update to Medicare physician fee schedules

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

Effective with January 1, 2024, 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 January 1, 2024:

Medica to make quarterly update to MHCP physician fee schedule

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

Effective with January 1, 2024, 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.

Effective January 1, 2024:

Medica to make quarterly update to standard reference lab fee schedule

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

Effective with January 1, 2024, 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 January 1, 2024. 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 January 1, 2024:

Medica to make quarterly update to standard home infusion therapy fee schedule

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

Effective with January 1, 2024, dates of service, or as soon thereafter as the Centers for Medicare and Medicaid Services (CMS) quarterly updates are publicly available, Medica will implement the next quarterly update to its standard home infusion therapy fee schedule, for all Medica products. This quarterly update will reflect any applicable CMS fee schedule updates that are effective January 1, 2024. The reimbursement impact of this CMS quarterly update will vary based on mix of services provided.

Details on Medicare changes to fees **are available online from CMS**. Providers who have questions may contact their Medica contract manager.

Effective January 1, 2024:

Medica to make annual update to commercial standard radiology fee schedule

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

Effective with January 1, 2024, dates of service, Medica will implement standard radiology fee schedule updates for Medica commercial products. This fee schedule change will implement updates from the Centers for Medicare and Medicaid Services (CMS), incorporating CMS relative value units (RVUs) and conversion factor, as well as various CMS non-RVU fee maximums.

The overall impact by practice will vary based on mix of services provided. Providers who have questions may contact their Medica contract manager.



Administrative News



SELF-SERVICE RESOURCES

Featured this month: DME coding grid

Medica’s abridged version of a coding grid for durable medical equipment (DME) is available on Medica.com. The grid is not an all-inclusive list, but it does include the most common DME codes that providers ask about, tied to Medica products and related policies. See “ [DME Top Codes for Providers](#).”

Provider administrative training topic featured for November

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

Medica offers educational sessions on various administrative topics. The following e-learning is available for all Medica network providers, at no charge. It’s posted on Medica.com and accessible at any time.

Training class topic

“Working Across Cultures”

Understanding how to effectively communicate with people from different cultures is key to building trust in the health care industry. The “Working Across Cultures” e-learning explores how to build cultural awareness and have effective interactions with a diverse population of patients.

[Take this provider training.](#)

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
Pursuant to recent CMS guidance, appointment access and office wait time requirements have been updated. Members should be served for non-urgent visits within 10 business days for primary care and 30 business days for specialty care. Members should also be served within 10 business days for periodic health assessments and within 24 hours for behavioral health urgent care. These changes are effective January 1, 2024.	“Health Management and Quality Improvement” section in “Appointment Access and Office Wait Time” subsection (found here)	October 2023

Updated Bariatric Care Centers of Excellence information noting this program's discontinuation in 2024

"Health Management and Quality Improvement" section in "Centers of Excellence" subsection ([found here](#))

October 2023

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

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