October 2023

Medica | MEDICA CONNECTIONS

NEWS FOR MEDICA NETWORK PROVIDERS

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Starting January 1, 2024:

Medica portal EDI transactions moving to Availity Essentials portal

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

Medica will soon begin moving secure online transactions to Availity Essentials as the preferred provider portal for Health Insurance Portability and Accountability Act (HIPAA) electronic data interchange (EDI) functionality. The Availity Essentials portal offers a comprehensive set of features to efficiently assist provider offices with daily administrative tasks, and it allows for access to multiple payers, not just Medica.

Availity

Starting January 1, 2024, these are the initial EDI transactions expected to move to Availity:

- Checking member eligibility and benefits (270/271 transactions)
- Making claim inquiries, viewing claim status (276/277 transactions)

This transition to the Availity Essentials portal will apply for all Medica payer IDs. The portal will be available at no cost to all providers who see Medica members. Medica's current secure provider portal will remain accessible throughout the transition in 2024 to the Availity portal, although it's recommended that providers begin using Availity as soon as it becomes available. **Note:** This transition does not affect non-portal EDI transactions being sent to a provider's EDI gateway either directly or through provider clearinghouses. There should be *no change* to those non-portal processes.

The Availity Essentials portal allows for many more online transactions as well. Future functionality Medica plans to offer through Availity includes: viewing enhanced claim status details; submitting and checking status of prior authorization requests; viewing remittances; and sending claim attachments and appeals.

Getting started with Availity

Visit Availity's training microsite to learn more and set up an Availity account, if needed. Providers registered with Availity can begin submitting transactions as of January 1.

Availity will soon reach out to assist providers with this transition and will host provider trainings in the near future. For more information, consult the microsite above or contact Availity at 1 (800) 282-4548. **Availity also has a reference guide** for providers, to help with set-up and navigation on their portal.

Effective January 1, 2024:

Medica makes Medicare product, benefit changes for next year

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

Medica's Medicare product offering continues to expand, and Medica is making changes to its Medicare Cost and Medicare Advantage plan benefits for next year as well.

Medicare Cost plans

Effective January 1, 2024, the service area for Medica Prime Solution® (Medicare Cost) will grow by 8 counties. States with county expansions are Wisconsin and Wyoming. In Missouri, Nebraska, North Dakota and South Dakota, Medica Prime Solution will have its service area reduced by 51 counties. Members affected by the service area reduction will receive a non-renewal notice, along with information on other Medica plans available to them in their county.

There will be no changes in Minnesota, Iowa, Kansas or Oklahoma for Medica's Cost plans in 2024.

Medica's Cost plans continue to focus on the health and well-being of members. Many Cost plans cover an annual full physical exam as well as annual reimbursement allowances for dental, hearing and vision. Cost plans will also continue to include a quarterly allowance for over-the-counter (OTC) health and wellness products through CVS OTC Health Solutions.

Medicare Advantage plans

Medica will continue to offer multiple plan options in its Medica Advantage Solution® (Medicare Advantage) service area for 2024. In Minnesota, the 2 Medica Advantage Solution H6154 (HMO-POS) plans will be consolidated into a single plan offered across 25 counties in the Twin Cities metro area and central Minnesota. Medica members who are affected will receive a description of benefit changes in their Annual Notice of Changes (ANOC) mailing.

For 2024, Medica will offer 3 new Medicare Advantage (PPO) plans with Part D in 4 counties in North Dakota and 3 counties in South Dakota with variable premiums, including a $0 option.

Medica will expand its Nebraska and Iowa service area from 11 counties to an additional 40 Nebraska counties. For 2024, Medica will offer 3 new Medicare Advantage PPO plans with Part D in Nebraska and Iowa with variable

premiums, including a $0 option. Medica will stop offering the Medica Advantage with CHI Health (HMO) plan. Members enrolled in the current Medica Advantage Solution H3632-001 (PPO) plan will be moved to a new Medicare Advantage (PPO) plan. Affected Medica members will receive a description of benefit changes in their ANOC mailing.

Benefit changes for Medicare Advantage plans
Medica will increase the Part B premium reduction to $60 per month on its medical coverage-only plan, which is a $0 premium Medicare Advantage product available across the entire Medica Advantage Solution service area in Minnesota and new counties in Iowa, Nebraska, North Dakota and South Dakota.

Medica will offer a new Health+ by Medica card for dental, eyewear and OTC items, allowing members to access their supplemental benefit amounts at the point of sale.

2024 Medica Advantage Solution plans seek to remove uncertainty of cost-sharing when members seek diagnostic services or access out-of-network providers, resulting in benefit changes. PPO plans will include $0 copays on diagnostic colonoscopies and diagnostic mammograms. These plans also will move from coinsurance with a dollar cap to copays for diagnostic tests, radiology and X-rays, and will change from coinsurance to higher copays for most other out-of-network benefits.

Fact sheets for Medica's Medicare products will be updated soon for 2024.

Effective October 1, 2023:

New resubmission option for denied prior authorizations aims to reduce appeals for medical necessity

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

Beginning on October 1, 2023, for all of Medica's plans other than Medicare, if providers receive a medical necessity denial for a prior authorization, there will be a new option in addition to filing a provider appeal. Providers who have additional information to support the medical necessity of a denied prior authorization *will be able to submit the information as a new prior authorization request* rather than formally appealing the denial.

This additional option is available *only* if *new* documentation to support the medical necessity of the request is available and provided for review. Providers can simply complete a new prior authorization request indicating they are providing additional medical documentation regarding the previously denied authorization number. In the event new medical documentation is not provided, the authorization will not be processed and the provider will be notified.

Clinical News

Effective November 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 November 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 November 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 October 2023 for policies that will be changing effective December 18, 2023. These upcoming policy changes will be effective as of that December 2023 date unless otherwise noted. The affected policies will then be available as noted above.

Annual survey:

Requesting provider perspectives on patient access to care

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

Medica recently sent out its annual survey asking providers for their feedback on patient access to care, including activities like care coordination, referrals to specialists and availability of clinic appointments. This annual survey is intended only for primary care offices, behavioral health care offices and the following specialty care offices: cardiology, dermatology, ear/nose/throat (ENT), gastroenterology, general surgery, neurology, obstetrics and gynecology (Ob/Gyn), oncology, ophthalmology and orthopedics. The survey should be completed only by office managers, administrators or practitioners since it will ask about care availability across practice sites. **There's still time to complete the survey**!

Survey responses are due by the end of September. They will be confidential and grouped with other results. Provider surveys like this allow Medica to improve service to providers as well as members. Medica would like to thank providers for giving their valuable feedback.

Due by October 15, 2023:

Quality complaint reports required by State of Minnesota

(This applies to Medica network providers in Minnesota only.)

Medica requires its Minnesota-based network providers to submit third-quarter 2023 quality-of-care complaint reports to Medica by October 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 December 1, 2023:

Medica to add new UM policies for 4 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 December 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	Lantidra	donislecel-jujn
J3590	Leqembi	lecanemab-irmb
J3590	Roctavian	valoctocogene roxaparvovec-rvox
J3590	Rystiggo	rozanolixizumab-noli

Member impact
These policies will apply to Medica commercial, Individual and Family Business (IFB), Minnesota Health Care Programs (MHCP) and Medica Health Plan Solutions℠ (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, 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 December 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

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

As of October 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

Final PCR ‘lag’ checks mailed in September 2023

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

Medica is mailing final 2022 physician contingency reserve (PCR) distribution checks, or “lag” checks, to providers in September 2023. Medica returned 100 percent of the PCR withhold for the Medica Prime Solution® Medicare product for 2022, including the lag return. The final 2022 distribution includes PCR withheld from claims with dates of service that fell outside the 90-day submission window for the first two quarters of last year. This final distribution includes PCR for claims payments processed through June 30, 2023, plus interest.

As a reminder, the withholding of PCR was discontinued as of July 1, 2022.

Administrative News

SELF-SERVICE RESOURCES

Featured this month: Timely filing, late claim guidelines

Medica has a couple of key provider resources that offer guidelines for timely filing and late claims. Both include an overview of timely filing for claim submissions and exceptions to the rule. They also address claim adjustments, appeals and resubmissions, as well as appeals for late claims.

- The first resource is a self-guided training on Medica.com available 24/7. **See this e-learning on Timely Filing and Late Claims Policies**.
- The other key resource is Medica's policy on timely filing and late claims. **See the Medica Timely Filing and Late Claims Policy**.

Provider administrative training webinar for October

(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

"Claim Appeals, Adjustments and Record Submission"
Claim appeals and adjustments are important options to ensure proper claims payment. This training reviews the process for submitting appeals, adjustments and supporting documentation to Medica. It focuses on the different avenues for submission, and when each is appropriate; when appeals and adjustment requests are needed; where to find the necessary forms on Medica's website; tips for making sure that an appeal or adjustment request contains the information that supports the desired outcome in an accessible format; and the options available if providers disagree with a decision on an appeal or adjustment request.

Class schedule

Topic	Date	Time
Claim Appeals, Adjustments and Record Submission	Oct. 12	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**.

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

  * (Look for an annual update request specific to cultural competency training and compliance with the Americans with Disabilities Act, or ADA, coming soon. Medica plans to mail this out in October.)

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.

Reminder:

Providers need to keep national Medicare demographics data current

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

Medica wants to remind providers of the importance to review, update and certify existing provider information in the National Plan & Provider Enumeration System (NPPES). *Providers who see Medicare patients are legally required to keep their NPPES data current*. When reviewing provider data in NPPES, providers should update any inaccurate information in modifiable fields — including provider name, specialty, mailing address, telephone and fax numbers. **Refer to NPPES online**.

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 prior authorization steps to include resubmission with medical documentation after a denial as new option to avoid appeals for medical necessity	"Health Management and Quality Improvement" section in "Prior Authorization" subsection, **found here** (as well as "Utilization Management and Prior Authorization" page, **found here**, accessible under "Prior Authorization Requirements)	August 2023
Updated prior authorization steps to include resubmission with medical documentation after a denial as new option to avoid appeals for medical necessity	"Health Management and Quality Improvement" section in "Care Management" subsection under "Benefit Appeals" (**found here**)	August 2023

For the current version, providers may **view the Medica Provider Administrative Manual online**.

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