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## General News

### Reminder:

## Minnesota providers must enroll with MHCP for claim payment

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

**As a reminder**, effective for all of Medica's Minnesota Health Care Programs (MHCP) products, Minnesota providers need to enroll with MHCP to serve these members and submit claims for payment. The 21st Century Cures Act requires Minnesota to enroll Medica-contracted providers who currently or wish to provide services to members enrolled in MHCP managed care. The screening and enrollment process for Medica-contracted providers started in July 2023.

All Medica network providers who already have an existing contract *must enroll by July 15, 2024*, except for the following provider types that require a site visit from the Minnesota Department of Human Services (DHS) and must enroll by December 31, 2024:

- Provider type 10 – Community Mental Health Center
- Provider type 11 – Rehab Agency
- Provider type 46 – Day Treatment
- Provider type 64 – Home Care Nursing Organization
- Provider type 82 – Medical Transportation

#### Learn more from DHS

Refer to the [Minnesota Provider Screening and Enrollment \(MPSE\) portal training](#) for more on how to use this portal to enroll. And then [Enroll with Minnesota Health Care Programs](#) by selecting “Enrollment process for managed care organization (MCO) network providers.”

#### Effective January 1, 2024:

## New administrator named for MHPS chiropractic network Fulcrum Health now administers chiro network for Mayo Clinic, others

Effective January 1, 2024, Fulcrum Health is the new chiropractic network administrator for the Medica Health Plan Solutions<sup>SM</sup> (MHPS) commercial groups Mayo Clinic (Mayo Medical Plan), Olmsted County, City of Rochester and Black River Memorial Hospital. Fulcrum replaces Magellan Healthcare as administrator for Medica’s MHPS chiropractic network.

This network change only applies to chiropractors in Minnesota and Wisconsin. There is no impact to providers in other states. There is also no change for Medica’s members who use the Optum Health Physical Health network for chiropractic services.

As of February 1, 2024, chiropractic clinics in the new Fulcrum Health network can start submitting MHPS claims to Fulcrum for dates of service on or after January 1, 2024. Fulcrum is asking chiropractic offices in its network to hold Medica MHPS claims for the month of January to allow for all system updates to be completed. MHPS chiropractic claims for 2023 dates of service should still be submitted to Magellan. (Provider offices will continue to see the Magellan claim-submission information on MHPS member ID cards, as these ID cards are not being re-issued at this time.)

#### Fulcrum Health claim submission

Here’s information for MHPS chiropractic claim submission beginning with January 1, 2024, dates of service.

- Fulcrum payer ID (for all providers): LNDMK
- Mailing address for MHPS chiropractic claims (for non-Minnesota providers):

Fulcrum Health, Inc.  
PO Box 981808  
El Paso, TX 79998-1808

If chiropractic providers have questions, they can contact Fulcrum at 1 (877) 886-4941, option 9, or by e-mail at [providerservices@fulcrumhealthinc.org](mailto:providerservices@fulcrumhealthinc.org). Medica members who have questions should still call Medica.

#### Wellness Corner:

### Seven ways exercise helps the heart

The heart is the hardest working muscle in the human body. So it's critical to take good care of it to maintain overall health. Getting regular physical activity — like walking or yoga — is a great way to work on strengthening one’s heart. Especially when combined with a healthy diet, exercise is a powerful method to protect the heart and help us live longer.

## How exercise helps with heart health

Regular exercise can help us:

- Lower blood pressure
- Control weight
- Reduce inflammation
- Lower stress
- Quit smoking, vaping or chewing tobacco
- Build strong muscles
- Reduce the risk of developing diabetes



## How to exercise for heart benefits

To boost heart health, combine aerobic activity with muscle-building exercise. Health experts recommend aiming for at least 150 minutes of moderate-intensity aerobic exercise each week — doing something enjoyable like walking, biking, swimming or playing tennis. Add in muscle-building exercise at least two days per week, such as:

- Weight training using dumbbells, medicine balls, kettlebells or machines
- Resistance-band exercises
- Body-weight exercises like push-ups, sit-ups or squats
- Heavy gardening or yard work
- Some types of yoga, like Vinyasa

It's always a good idea to talk to a health care provider before starting a new exercise routine. Just like other muscles in the body, the heart needs regular exercise for optimal health. Get more tips about moving for a healthier heart from the [American Heart Association](#).



## Clinical News

### Annual chart review coming soon for HEDIS quality reporting

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

Providers are encouraged to advise their staff of the upcoming Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) medical record review. This annual record request will begin in February and run through May 2024. The Minnesota Department of Health (MDH), the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA) all require that Medica annually submit certain quality and access measures to them to assess the quality of care received by members enrolled in Medica's health plans.

This effort will be administered for Medica by both its internal staff and Optum/CiOX Health (Datavant). Whether each audit retrieval process is conducted by Medica's internal staff or by CiOX (Datavant), provider offices will be notified when records are needed, sent a list of requested member medical records, and provided with retrieval options for submitting those records. To make retrieval as easy as possible, secure data transfer and remote electronic record access are the preferred options. Requestors can help provider offices set up options as needed.

#### More information

See an overview of Medica's Quality Improvement Program in [Medica's Provider Administrative Manual](#).

- [See more about reviews and audits.](#)
- [See more about medical record requests.](#)



# Pharmacy News

Effective January 1, 2024:

## Medica expands Site of Service drug-infusion program

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

Medica has recently expanded its Site of Service drug-infusion program to include Briumvi, effective January 1, 2024, for new utilizers and for existing utilizers upon authorization renewal. Medica commercial and Individual and Family Business (IFB) members receiving Briumvi in a hospital outpatient center will be encouraged to move to a more cost-effective site unless medical necessity criteria are met to remain in the hospital outpatient center.

**As previously noted**, Medica's Site of Service program, administered by Magellan Rx Management, identifies members receiving hospital-based infusion therapies from a list of drugs considered to be safe to administer at an alternate site. The Magellan clinical team works with providers and patients to coordinate infusions at convenient, high-quality, alternate treatment sites, including the member's home or physician's office. For more details about this program, [refer to the Medica Site of Service Policy online](#).

Effective January 1, 2024:

## Medica adds 2 preferred biosimilars to long-acting GCSF drug class

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

Medica recently updated its management strategy for the provider-administered long-acting granulocyte colony-stimulating factor (GCSF) biosimilars given some recent challenges in the distribution and availability of Ziextenzo. To account for this change in availability, Medica has added Nyvepria and Udenyca as preferred long-acting GCSF products managed under the member's medical benefit, effective January 1, 2024.

### Preferred GCSF products

*Prior authorization is required.*

Drug code	Drug brand name	Drug generic name
J2506	Neulasta	pegfilgrastim
Q5122	Nyvepria	pegfilgrastim-apgf
Q5111	Udenyca	pegfilgrastim-cbqv

Prior authorization for medications in this category continues to be required and is administered by Magellan Rx Management. Step therapy still applies to non-preferred biosimilars Fulphila, Flynetra and Stimufend.

**Note:** This change *only* applies for utilization through the medical benefit. Utilization management (UM) drug policies for the medical benefit **are available from Magellan**. Products in this category may also be covered under the pharmacy benefit. [Access Medica's formularies](#) to assess coverage under the pharmacy benefit.

This change applies to Medica commercial, Individual and Family Business (IFB), Minnesota Health Care Programs (MHCP) and Medica Health Plan Solutions<sup>SM</sup> (MHPS) members and to Medica Medicare members in Medica DUAL Solution<sup>®</sup> (Minnesota Senior Health Options, or MSHO), Medica Advantage Solution<sup>®</sup> (HMO-POS) and Medica Advantage Solution (PPO) plans. It does *not* apply to Medica Prime Solution<sup>®</sup> (Medicare Cost) or Mayo Medical Plan members.

**Effective March 15, 2024:**

## Medica plans to update MHCP member drug list

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

Medica expects to make upcoming changes in coverage status to the 2024 Medica List of Covered Drugs for Minnesota Health Care Programs (MHCP), effective March 15, 2024. Any such changes are determined by the Minnesota Department of Human Services (DHS) since Medica follows the DHS drug list. As with all Minnesota managed care organizations (MCOs) that follow the DHS drug list for MHCP patients, DHS provides Medica with advance notice of changes to the drug list, which Medica **posts as soon as possible to [Medica.com](https://www.medicamn.com)**.

The Medica MHCP drug list applies to the following products: Medica Choice Care<sup>SM</sup> (for Minnesota Senior Care Plus program, or MSC+), Medica AccessAbility Solution<sup>®</sup> (for Special Needs Basic Care program, or SNBC) and both Medica DUAL Solution<sup>®</sup> (for Minnesota Senior Health Options program, or MSHO) and Medica AccessAbility Solution Enhanced, for non-Part D drugs. Any changes will *not* apply to Medica Medicare Part D drug formularies.

**Effective April 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 April 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
J3590	Casgevy	exagamglogene autotemcel
J3590	Cosentyx IV	secukinumab
J3590	Lyfgenia	lovotibeglogene autotemcel
J3590	Rethymic	allogenic processed thymus tissue-agdc
J3590	Ryzneuta	efbemalenograstim alfa-vuxw

## Member impact

These policies will apply to Medica commercial, Individual and Family Business (IFB), Minnesota Health Care Programs (MHCP) and Medica Health Plan Solutions<sup>SM</sup> (MHPS) members and to Medica members in Medica DUAL Solution<sup>®</sup> (Minnesota Senior Health Options, or MSHO) and all Medica Advantage Solution<sup>®</sup> plans. They will *not* apply to Medica Prime Solution<sup>®</sup> (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 April 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

**Effective February 1, 2024:**

## Medica postpones new drug UM policy 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) policy for Mayo Medical Plan members. This change will be effective with February 1, 2024, 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 January 1, 2024.

### Medical pharmacy drug UM policies — New

*Prior authorization will be required.*

Drug code	Drug brand name	Drug generic name
J9999	Talvey	talquetamab-tgvs

The new medical pharmacy drug UM policy above for Mayo Medical Plan members will be available online or on hard copy:

- [View drug management policies](#) as of February 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

(Update to “Medica to add 5 new drug UM policies for Mayo Medical Plan” article in [November 2023 edition of Medica Connections](#).)

**Effective February 1, 2024:**

## 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 February 1, 2024. Medica also notifies affected Medica members in their Medicare Part D Explanation of Benefits (EOB) statements mailed out monthly.

As of February 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<sup>®</sup> and Medica AccessAbility Solution<sup>®</sup> 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 \[epocrates.com\]\(https://www.epocrates.com\).](#)
- 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 1, 2024:**

### Medica to make quarterly update to Medicare physician fee schedules

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

Effective with April 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 April 1, 2024:**

### Medica to make quarterly update to MHCP physician fee schedule

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

Effective with April 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 April 1, 2024:**

## **Medica to make quarterly update to standard reference lab fee schedule**

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

Effective with April 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 April 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 April 1, 2024:**

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

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

Effective with April 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 April 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 April 1, 2024:**

## **Medica to implement annual commercial, IFB physician fee schedule updates**

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

Beginning with April 1, 2024, dates of service, Medica will implement standard annual updates to its commercial and Individual and Family Business (IFB) physician fee schedules for applicable Medica products. Overall reimbursement for providers will depend on specialty and mix of services provided.

These fee schedule changes will implement updates from the Centers for Medicare and Medicaid Services (CMS), incorporating CMS relative value units (RVUs) as well as various CMS non-RVU fee maximums (such as labs, injections, immunizations, etc.). In addition, Medica will update these physician fee schedules with rates for codes without a CMS fee maximum established.

Medica will apply CMS-based RVU methodology where applicable. The CMS Medicare physician RVU file



(National/Carrier) **is available online from CMS**. Providers who have questions may contact their Medica contract manager.

**Effective April 1, 2024:**

## **Medica to adjust provider tax applied to Minnesota claims**

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

Medica has recently reviewed the Minnesota provider tax requirements and will be making some adjustments to appropriately apply the provider tax, effective April 1, 2024. Minnesota imposes a series of gross revenue taxes on various types of providers of health care goods and services, and these revenues are used to pay for the MinnesotaCare program. **See more about the State of Minnesota provider tax**. Providers who have questions may contact their Medica contract manager.



## **Administrative News**



### **SELF-SERVICE RESOURCES**

## **Featured this month: Product fact sheets**

Each year, Medica updates product fact sheets for providers for the new year, adding fact sheets for new products as needed. This applies for all commercial, Individual and Family Business (IFB), Medicare and Minnesota Health Care Programs (MHCP) products. The latest fact sheets for 2024 are now updated and available online. **Check them out** on the Product Portfolio webpage, available through the Provider Administrative Manual on Medica.com.

## **Provider administrative training webinar for February**

*(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	Feb. 15	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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