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General News

Annual reminder:

Verifying eligibility, benefits for members with new ID cards

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

The start of each year is a busy time as many patients switch health plans. Some employer groups customize their health plan to include unique benefit sets. Plus, Medica periodically makes changes to claim addresses or other details. Whatever the change may be, it is important at each patient visit that providers ask for the most current member ID card. It's also helpful to verify member eligibility and benefits to ensure that the correct copay is collected, when needed. Having up-to-date member information helps to ensure accurate and timely claim processing.

Providers can verify eligibility and benefits for Medica members a few different ways:

- **Medica's secure portal** continues to be an option into early 2024.
- Providers will soon be able to **access Availity Essentials** for these member details, starting in early 2024. Next year, Medica's secure online transactions will be migrating in phases to Availity as the preferred provider portal.
- Providers can call Medica's Provider Service Center at 1 (800) 458-5512 and choose the self-service option.

When calling Medica, providers should have current member numbers to correctly identify their patients. Member and group numbers are included on the front of every Medica member ID card. For reference, [Medica's product fact sheets](#) include sample member ID cards for all products Medica offers.

One example of annual ID card changes, **as previously noted**: Group and member ID numbers for Medica's Individual and Family Business (IFB) members are changing in 2024, and all IFB members will be issued new ID cards for the 2024 plan year.

Medica Foundation announces more 2023 provider grant recipients

Early childhood health, strategic grants totaled \$800,000

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

The Medica Foundation has concluded its 2023 grant-making for early childhood health, including the annual strategic initiative, awarding grants totaling \$800,000 to 14 nonprofit agencies. Early childhood health grants support initiatives that foster optimal growth and development of young children. This year's Esther Tomljanovich Strategic Initiative, funded with two grants totaling \$400,000, addresses the health care workforce shortage and stabilization of the mental health crisis.

Grants were awarded to the following provider groups in 2023 throughout Medica's service area.

- Children's Dental Services (Minneapolis, Minn.) – to provide dental treatment and prevention education to 1,000 pregnant and perinatal immigrant and refugee women and children from birth to 12 years of age across the Twin Cities region
- Community Dental Care (Maplewood, Minn.) – to provide preventive care, caries risk assessment and oral health education to children from birth to 12 years of age and pregnant mothers, many with low English proficiency, low health literacy and severe dental problems
- Everyday Miracles (Minneapolis, Minn.) – to provide mentorship to improve retention, participation and skills of newly trained doulas serving Medicaid families, especially groups experiencing disparities in perinatal outcomes
- Wayside Recovery Center (St. Louis Park, Minn.) – to provide culturally responsive perinatal support for women with substance use disorder to deliver healthy babies

For more about grant recipients, funding opportunities, giving guidelines and application deadlines, visit [MedicaFoundation.org](https://www.MedicaFoundation.org).



Clinical News

Effective February 19, 2024:

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 February 19, 2024, 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 February 19, 2024, 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 January 2024 for policies that will be changing effective March 18, 2024. These upcoming policy changes will be effective as of that March 2024 date unless otherwise noted. The affected policies will then be available as noted above.

Due by January 15, 2024:

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 fourth-quarter 2023 quality-of-care complaint reports to Medica by January 15, 2024. 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

Magellan refreshes its website for medical pharmacy guidelines

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

Medica's medical pharmacy policy webpage has a new look and a new home. Magellan Rx Management has updated its website that includes Medica's medical pharmacy guidelines. [See Magellan's home page](#) for Medica's medical pharmacy guidelines. Providers can access not only Medica's medical pharmacy drug policies but also related prior authorization forms, hemophilia program details and Site of Service program information. Providers should use this new Magellan website link going forward, replacing any internal links to ensure quick access to Medica guidelines and programs related to medical pharmacy medications.

Prior authorization reminders

As a reminder about submitting non-urgent prior authorizations using the Magellan secure portal, providers should make sure the ordering (prescribing) physician is *different* than the rendering (servicing) physician unless that is how an office will be billing the claim. The rendering (servicing) provider or facility should be where the services will be rendered and who is actually billing for those services.

It is important that this information is entered correctly in the prior authorization request in order for it to match the claim when submitted. Entering an incorrect rendering (servicing) provider or facility will delay claims processing and potentially cause incorrect denials for "no prior authorization on file." Also worth noting is the validity period of the request: This is the date that a claim's date of service should match as well. Provider offices in need of assistance with the Magellan secure portal can reach out to Magellan.

[See Magellan's secure provider portal](#) for submitting prior authorization requests online. For urgent prior authorizations, services that have already been rendered, or questions on referring and rendering physicians, provider offices may contact Magellan at 1 (800) 424-1796.

Effective March 1, 2024:

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 March 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	Adzynma	ADAMTS13, recombinant-krhn
J9999	Loqtorzi	toripalimab-tpzi
J3590	Omvoh	mirikizumab-mrkz
J3590	Pombiliti	cipaglicosidase alfa-atga

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

Effective March 1, 2024:

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 March 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
J3590	Roctavian	valoctocogene roxaparvovec-rvox
J3590	Vyvgart Hytrulo	efgartigimod alfa; hyaluronidase-qvfc
J9345	Zynz	retifanlimab-dlwr

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



Network News

Beginning January 1, 2024:

Medica to update standard home health care fee schedules

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

Effective with January 1, 2024, dates of service, Medica will implement standard home health care fee schedule updates for its Minnesota Health Care Programs (MHCP) and Medica AccessAbility Solution[®] Enhanced (Special

Needs BasicCare Special Needs Plan, or SNBC SNP) products. Then, effective with March 1, 2024, dates of service, Medica will implement standard home health care fee schedule updates for Medica’s commercial and Medica DUAL Solution® (Minnesota Senior Health Options, or MSHO) products.

These fee schedule changes will implement updates from the Minnesota Department of Human Services (DHS). The overall impact will vary based on product 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 January

(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
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For webinar trainings, login information and class materials are e-mailed close to the class date. To ensure that training materials are received prior to a class, providers should sign up as soon as possible. The times reflected above allow for questions and group discussion. Session times may vary based on the number of participants and depth of group involvement.

Registration

The registration deadline is one week prior to each class date. [Register online for the class above.](#)

Reminder:

Up-to-date directories help members find providers

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

It is important that patients and members have access to accurate, up-to-date information when seeking care in their provider network. To ensure that members have the best experience possible when looking for care, health plans need providers' help to ensure provider details and clinic locations are up-to-date. Information in Medica's provider directories can be reviewed and edited through [the secure provider demographic-update online tool \(PDOT\)](#).

Directory information to regularly review and keep current includes:

- Telehealth capability, at both practitioner and site level
- Office locations where members can be seen for appointments
- Practitioner names and credentials
- Specialties
- Location names
- Addresses, including suite numbers
- Phone numbers
- Clinic hours
- Practitioner status for accepting new patients
- Clinic services available
- Cultural competency training
- Compliance with ADA
- Website URL (optional)
- Termination of individual practitioner, closing of a site, or termination of a provider entity

It's required that provider directories be accurate and updated regularly, based on federal and state laws such as Centers for Medicare and Medicaid Services (CMS) rules and Qualified Health Plan (QHP) and Federally Facilitated Exchange (FFE) standards, and in accordance with applicable state laws, including Minnesota network adequacy statutes. As a result, providers need to update their practitioner and site-level demographic data — such as the items listed above — in Medica's directories as soon as they know of a change to that data, and to regularly review demographic information for accuracy. [See more about this.](#)

Note: Providers who are part of a leased network that contracts with Medica, such as a preferred provider organization (PPO), should work with their network's administrative office to update demographics with Medica, rather than make updates individually using Medica's PDOT tool. Doing so could override corrected data.

Updates to Medica Provider Administrative Manual

To ensure that providers receive information in a timely manner, changes are often announced in *Medica*

Connections that are not yet reflected in the Medica Provider Administrative Manual. Every effort is made to keep the manual as current as possible. The table below highlights updated information and when the updates were (or will be) posted online in the Medica Provider Administrative Manual.

Information updated	Location in manual	When posted
Updated state-specific exhibits	“Supplementary Contracting and Regulatory Requirements” section under “State-Specific Contract Requirements”	December 2023

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

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