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## General News

### Carelon update:

## Durations for Carelon prior authorization approvals

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

Now that Carelon is accepting prior authorization requests for select musculoskeletal (MSK), cardiovascular and radiology services for Medica

members, it's important to know the time frames for prior authorization approvals from Carelon for each type of service.

Following are the valid time frames for each type of approval from Carelon.

### Authorization Timelines/Durations

Radiology	Cardiovascular	Musculoskeletal
Order numbers are valid from the day the case was entered + 60 calendar days.	Order numbers are valid from the day the case was entered + 60 calendar days.	<b>Joint and Spine:</b> Order numbers are valid from the day the case was entered + 60 calendar days. <b>Interventional Pain:</b> Order numbers are valid for 10 <i>business days</i> from the date of service. <b>Inpatient:</b> Order numbers are valid from the date of service + expected length of stay.

As a reminder, to implement this new prior authorization program, Medica is partnering with Carelon to support the provider submission and medical necessity review process. If a request is for MSK, cardiovascular or radiology services managed through Carelon, **submit the request directly to Carelon.**

### Availity update:

## Claim appeals submitted through Availity to result in online responses

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

Effective in the coming months, providers will be able to submit administrative claim appeals using the Availity Essentials secure portal. Appeals submitted electronically this way will result in approval and denial response letters posted on the Availity portal, not paper letters mailed to explain each appeal determination.



This new functionality using Availity is tentatively planned for September 2024. Initially, it will apply for claims administered under payer IDs 12422, 71890 and MEDM1. This latest enhancement will reduce administrative burden by allowing provider offices the ability to quickly review appeal status and determination letters without the delay of paper mail going to a billing office.

Claim appeals submitted using Medica's secure legacy portal or by fax will continue to result in determination letters mailed to provider offices.

## Medica supports community initiatives in 2023

## \$6 million in funding distributed across Medica's service area

In 2023, Medica contributed \$6 million in funding to communities in Minnesota, Nebraska, North Dakota and Wisconsin. Recently published community impact reports provide both a summary of overall community support across Medica's service area and financial information and funding highlights about each individual market. Funding in 2023 supported organizations with initiatives that focused on: behavioral health; food and nutrition security; health care workforce development; maternal health equity; and social determinants of health.

Examples from Medica's 2023 funding includes:

- Nebraska Health Network (Omaha, Neb.) – piloting a Community Health Worker (CHW) program in clinics and hospitals across their network to improve patient outcomes, decrease inappropriate utilization, and promote health equity
- The Playing Field (Madison, Wis.) – With a focus on social emotional learning, this early childhood center supports children impacted by trauma. They're building an early learning lab on Madison's east side for 100 additional children.
- Realtime Talent (Minneapolis) – partnering with long-term care facilities to implement co-designed solutions to build a stronger and more efficient talent pipeline for Certified Nursing Assistants
- Valley City Public Schools (Valley City, N.D.) – including more resources for students, families, staffs and the community to address behavioral health needs, with a focus on ensuring that students and community members are able to access resources and services when and where they need them

The 2023 community impact reports show not only how Medica donated to community initiatives last year, but how Medica employees also donated much of their time to charitable organizations. **See the Minnesota impact report** . To see community impact reports for Nebraska, North Dakota or Wisconsin, reach out to the Medica Foundation at [Foundation@medica.com](mailto:Foundation@medica.com).



## Clinical News

**Effective August 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 August 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 August 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 July 2024 for policies that will be changing effective September 16, 2024. These upcoming policy changes will be effective as of that September 2024 date unless otherwise noted. The affected policies will then be available as noted above.

### Clinical best practices:

## Psychiatry MAT appointments reserved for patients in Minnesota

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

Medica partners with behavioral health providers to hold psychiatry appointments open for Minnesota members who need fast access to medication management or medication-assisted therapy (MAT). These appointments can support members after a hospitalization or following a new diagnosis. Most appointments are available within 1 day, both in person and via telehealth. Members or providers can call Medica Behavioral Health (MBH) at 1 (800) 848-8327 and request a reserved psychiatry appointment. (MBH is administered by Optum.)

Scheduling is easy over the phone: A licensed staff member will gather information, screen for eligibility, and offer an available appointment or refer to an alternative resource if needed. The staff schedules the chosen appointment with the provider and sends a confirmation. The patient just needs to attend the scheduled appointment. Claims for these office visits will be administered in accordance with the terms of the member's health benefits plan, like any other visit.

If any patients have recently been discharged from an emergency department or an inpatient hospital stay with a mental health or substance use disorder diagnosis, providers play an important role in ensuring that they receive appropriate and timely follow-up care after discharge.\*

### Helpful tools and resources from Optum

These resources can assist both providers and Medica patients with follow-up care after discharge:

- **Providerexpress.com** – Access resources for patients on mental health, substance use and crisis support like educational materials, screening tools and assessments.
- **Recovery and Resiliency Toolkit** – Determine personal strengths and facilitate recovery and wellness planning.
- **Medication for opioid or alcohol use disorder** – Learn more about MOUD and MAUD.
- **Liveandworkwell.com** – Access patient education materials and mental health and substance abuse provider information (use guest access code “clinician”).

\* **See more on this HEDIS® measure** from the National Committee for Quality Assurance (NCQA).

**Due by July 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 second-quarter 2024 quality-of-care complaint reports to Medica by July 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](mailto: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 September 1, 2024:**

### Medica to expand step therapy for long-acting GCSF drug class

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

Effective September 1, 2024, Medica will update its management strategy for the provider-administered, long-acting granulocyte colony-stimulating factor (GCSF) drug class. A step therapy requirement will be placed on two additional products, Rolvedon and Ryzneuta, directing providers to use U.S. Food and Drug Administration (FDA)-approved biosimilars and preferred drugs as follows:

Requested Product	HCPCS code	Preferred Alternative(s)	HCPCS code
Fulphila	Q5108	Neulasta	J2505

Fylnetra	Q5130	Nyvepria	Q5122
Stimufend	Q5127	Udenyca	Q5111
Ziextenzo	Q5120		
<b>Rolvedon</b>	J1449		
<b>Ryzneuta</b>	J3590		

This step criteria change will apply to Medica’s commercial, Individual and Family Business (IFB) and some Medica Health Plan Solutions<sup>SM</sup> (MHPS) members. It will *not* apply to Medica’s Minnesota Health Care Programs (MHCP) members or Mayo Medical Plan members.

The updated medical pharmacy drug UM policies above will be available online or on hard copy:

- **View drug management policies** as of September 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

**Effective September 1, 2024:**

# Medica to expand Medicare Part B step therapy for long-acting GCSF drug class

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

Effective September 1, 2024, Medica will update its management strategy for the following provider-administered, infused therapies managed under a member’s Medicare Part B medical benefit to provide members and providers with cost-effective, clinically appropriate alternatives when they are indicated. A step therapy requirement will be placed on two additional products in the long-acting granulocyte colony-stimulating factor (GCSF) drug class, Rolvedon and Ryzneuta, directing providers to use U.S. Food and Drug Administration (FDA)-approved biosimilars and preferred drugs as follows:

Requested Product	HCPCS code	Preferred Alternative(s)	HCPCS code
Fulphila	Q5108	Neulasta	J2505
Fylnetra	Q5130	Nyvepria	Q5122
Stimufend	Q5127	Udenyca	Q5111
Ziextenzo	Q5120		
<b>Rolvedon</b>	J1449		
<b>Ryzneuta</b>	J3590		

Members currently utilizing these drugs will be allowed to remain on these products, as compliant with the Centers for Medicare and Medicaid Services (CMS). Prior authorization to ensure medical necessity for both the reference products and biosimilars will continue to be required and administered by Magellan Rx Management. Utilization management (UM) drug policies for all of these products **are available online** as Local and National Coverage Determinations (LCDs and NCDs).

This step therapy change will apply to Medica’s Medicare members in Medica DUAL Solution<sup>®</sup> (Minnesota Senior Health Options, or MSHO), Medica AccessAbility Solution<sup>®</sup> Enhanced (Special Needs BasicCare Special Needs Plan, or SNBC SNP) and all Medicare Advantage plans. It will *not* apply to Medica Prime Solution<sup>®</sup> (Medicare Cost), Medica Signature Solution<sup>SM</sup> (Medicare Supplement) or Medica Select Solution<sup>®</sup> (Medigap) members.

(Update to “Medica to make Medicare Part B step therapy changes” article in **May 2024 edition of Medica**)

Effective September 1, 2024:

## Medica to add UM policy for new medical pharmacy drug

*(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. This change will be effective with September 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 drug.

### Medical pharmacy drug UM policies — New

*Prior authorization will be required.*

Drug code	Drug brand name	Drug generic name
J9999	Imdelltra	tarlatamab-dlle

### Member impact

This policy 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 Medicare members in Medica DUAL Solution<sup>®</sup> (Minnesota Senior Health Options, or MSHO) and all Medica Advantage Solution<sup>®</sup> plans. It will *not* apply to Medica Prime Solution<sup>®</sup> (Medicare Cost) or Mayo Medical Plan members, unless noted below. The drug 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 September 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective September 1, 2024:

## Medica to update long-acting GCSF UM policy for Mayo Medical Plan

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

Effective September 1, 2024, Medica will update the step therapy criteria for long-acting granulocyte colony-stimulating factor (GCSF) products for Mayo Medical Plan members. This change will provide members and their providers opportunities for cost-effective and clinically appropriate first-line treatment alternatives.

Preferred biosimilars for Mayo Medical Plan include:

- Prefilled syringe: Fulphila
- Wearable device: Udenyca OnBody



Prior authorization will be required for the following long-acting GCSF products. Members will not be grandfathered and will be required to have a documented contraindication or intolerance to at least one treatment with a biosimilar noted above — Providers will be asked to switch members to a preferred biosimilar. Pegfilgrastim biosimilars (Fulphila, Udenyca, Udenyca OnBody, Ziextenzo, Nyvepria, Fylnetra, Stimufend) will *not* require prior authorization.

*Prior authorization will be required.*

Drug code	Drug brand name	Drug generic name
J2506	Neulasta Prefilled Syringes, Neulasta Onpro	pegfilgrastim
J1449	Rolvedon	eflapeggrastim-xnst
J3590	Ryzneuta	efbemalenograstim alfa-vuxw

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

**Effective September 1, 2024:**

## Medica to make biosimilar-first changes to 2 UM policies for Mayo Medical Plan

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

Effective September 1, 2024, Medica will update the step therapy criteria for bevacizumab and trastuzumab for Mayo Medical Plan members. A biosimilar-first step therapy provides members and providers with an additional opportunity to embrace cost-effective, clinically appropriate alternatives.

Prior authorization will be required for the reference products Avastin (J9035) and Herceptin (J9355). Members will not be grandfathered — Providers will be asked to switch members to a preferred biosimilar. Prior authorization is *not* required for biosimilars.

Non-Preferred Reference Product	HCPCS Code	Preferred Biosimilars	HCPCS Code
Avastin (bevacizumab)	J9035	Vegzelma Zirabev	Q5129 Q5118
Herceptin (trastuzumab)	J9355	Ogivri Trazimera	Q5114 Q5116

**Note:** The step therapy requirement for Avastin will *not* apply to use for ocular indications, as prior authorization is not



required in this scenario.

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

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

As of July 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](#).
- 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 September 1, 2024:**

## Medica to make annual ancillary fee schedule update for all products

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

Effective September 1, 2024, Medica will implement a standard annual ancillary fee schedule update for all Medica products. This fee update will have an impact on the following provider types: durable medical equipment (DME), orthotics and prosthetics (O&P), home health care, public health, community immunization and transportation.

The effect on reimbursement due to this fee schedule update will vary by provider type and the mix of products or services provided. Providers who have questions or would like a copy of their updated fee schedule may contact their Medica contract manager.



## Administrative News

### 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 *(this should include whether an individual practitioner exclusively provides telehealth or provides both telehealth and services at a physical location)*
- Office locations where individual practitioners are actively seeing patients for appointments
- Practitioner names and credentials
- Specialties
- Location names
- Addresses, including suite numbers
- Phone numbers
- Clinic hours
- Practitioner status for accepting new patients *(as a reminder, accepting new patients means the practitioner can see the member within Medica's guidelines for appointment access, [outlined here](#))*
- Clinic services available
- Cultural competency training
- Compliance with the Americans with Disabilities Act (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.



# Tips & Training



## SELF-SERVICE RESOURCES

### Featured this month: Micro-training on provider search tool

Medica’s Find Care tool provides an easy-to-use way to search for providers in each plan’s network. Medica has developed a micro-training that walks through how to use this provider search tool. [See the training](#) . As a key feature, the search tool includes filters to refine a search, including by distance, by provider specialty, and whether the provider is accepting new patients.

## Provider administrative training webinar for July

*(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 all Medica network providers, at no charge.

### Training class topic

*"Setup and Billing for Elderly Waiver and Housing Stabilization Service Providers"*

Elderly waiver (EW) and housing stabilization providers serve an important function in the care of Medica members. Since working with a health plan can offer a variety of challenges, this training will walk providers through requirements as well as tools and services available to assist them, including tips for billing. This class will also focus on: an overview of housing stabilization benefits; getting set up as an EW or housing stabilization provider; role of the care coordinator and role of Medica’s Provider Service Center; how to obtain an authorization; the claims submission process; and what to do if a claim is not processed as expected.

### Class schedule

Topic	Date	Time
Setup and Billing for EW and HSS Providers	July 16	11:30 a.m. - 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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