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General News

Effective May 1, 2024:

New UM program to manage several prior authorization services **Carelon to review submissions for MSK, cardiology, radiology**

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

Medica will soon implement prior authorization on select musculoskeletal (MSK), cardiology and radiology services, effective on or after May 1, 2024. Medica is partnering with Carelon, a utilization management (UM) program third-party vendor, to support the provider submission and medical necessity review process for all related authorizations. These new prior authorization requirements will be added to help achieve consistent, high-quality care while maintaining appropriate access to related health care services.

As a result of this program launch in May 2024, prior authorization will apply to additional health care services not currently requiring prior authorization. These select MSK, cardiology and high-tech radiology procedures and services will include but not be limited to: hip, knee and shoulder arthroscopy; various interventional pain management injections such as sacroiliac joint injections; imaging such as MRI, MRA and CT scans; angioplasty and stent placement; implantable pacemakers; and vascular imaging.

These new prior authorization requests will apply for all Medica members other than Medica Prime Solution® (Medicare Cost) members. Medica will add or update UM and coverage policies for affected MSK, cardiology and radiology services. All impacted services will be outlined in Carelon's policies on the Carelon website, to be available online in May 2024. Medica's **Prior Authorization and Notification lists** will also be updated by May 2024 with the new requirements. Or for further information, providers can call the Medica Provider Literature Request Line toll-free at 1 (800) 458-5512, option 1, then option 8, ext. 2-2355.

In the near future, watch for more information on this topic, including provider trainings. Providers will need to become familiar with the Carelon website to submit prior authorization requests specifically for the newly impacted MSK, cardiology and radiology services.

Due by April 5, 2024:

Annual 'Disclosure of Ownership' forms needed soon

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

Each year, providers must submit an updated "Disclosure of Ownership" form in accordance with regulatory agency requirements. This year's mailing is expected to go out in early March 2024. Providers should complete and return their **Disclosure of Ownership Statement** as soon as possible, but *no later than April 5, 2024*. The form can be sent to Medica by email at ProviderCertifications@medica.com.

This requirement is necessary for Medica to comply with contracts it holds with both the Centers for Medicare and Medicaid Services (CMS) and the Minnesota Department of Human Services (DHS). More details about this compliance requirement are available **in the Medica Provider Administrative Manual**.

Medica wishes to thank providers for their prompt response to this obligation.

Effective June 1, 2024:

Medica to expand concurrent review program to include inpatient admissions

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

Medica plans to expand its existing concurrent review program to include inpatient hospital admissions beginning with June 1, 2024, dates of admission.

As part of Medica's concurrent review program, Medica utilization management (UM) nurses work to ensure that clinical guidelines are followed for admissions and discharge planning. Nurse reviewers monitor appropriateness of care, the setting, and the progress of discharge plans. To determine appropriateness for level of care, these nurses

use MCG Care Guidelines[®], which are national standardized evidence-based criteria, along with individual patient circumstances and clinical information.

As a reminder, notification is required for all inpatient admissions. Effective June 1, Medica may review inpatient hospital admissions concurrently or retrospectively to determine if medical necessity criteria were met. Upon request by Medica, facilities are required to submit inpatient clinical records within one business day. Notification of admissions and timely responses to requests for medical records help ensure a timely review and communication of determinations.

Learn more on this topic in [Medica's Provider Administrative Manual](#).

(Update to “Medica to expand concurrent review program to inpatient NICU admissions” article in [May 2023 edition of Medica Connections](#).)

Benefit reminder:

Network providers need to submit requests for IFB members seeking out-of-network services

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

As a reminder, for all of Medica's Individual and Family Business (IFB) members, Medica requires that any referrals for out-of-network care come from a network provider. This referral step applies for Medica IFB members in all states. In addition, Medica network providers must also submit any necessary prior authorization requests to Medica prior to IFB members receiving care from an out-of-network provider.

Medica will only consider requests from network providers. If Medica does not receive and approve prior authorization requests or referrals from a network provider prior to the member receiving services from an out-of-network provider, the services may be considered not covered by the member's policy.

This applies to all members enrolled in IFB plans offered by Medica. [See a full list of Medica's IFB products](#).

Wellness Corner:

Making exercise more fun

In a new year, many of us have new goals. Better fitness is a common one! And if workouts seem like, well, work, then it may be time to add some fun to the old exercise routine. Here are ways to do that — and maybe help us all exercise a bit more.



JOIN A TEAM

One reason for pickleball's enormous popularity? It's a social activity. If you're on a team, you're more likely to show up. Friendly competition and conversation also make exercise more of a game and less of a chore.



GET OUTSIDE

Hiking, biking, skiing, and walking are great ways to get out of the house and closer to your health goals. Plus, sunshine, fresh air, and time spent in green spaces are all proven mood-boosters.



MOVE LIKE A KID

Get back to the activities you loved as a child — biking, swimming, skating, and the like. Really want to bring out your inner kid? Hit the swings at a nearby park.



PUT IT TO MUSIC

Does a quiet walk seem like a drag? Put in your earbuds and pick up the pace with some tunes. Numerous studies have found direct links between fast-paced music and athletic performance.



Clinical News

Effective April 22, 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 April 22, 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 April 22, 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 March 2024 for policies that will be changing effective May 20, 2024. These upcoming policy changes will be effective as of that May 2024 date unless otherwise noted. The affected policies will then be available as noted above.



Pharmacy News

Effective April 1, 2024:

Express Scripts to modify mail-order program for certain drugs, members

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

Express Scripts will soon limit the dispensing of mail-order prescriptions for short-term supplies of medications for certain Medica members. Starting April 1, 2024, the Express Scripts Mail Order Pharmacy will no longer fill most prescriptions for less than a 35-day supply for Medica's commercial or Individual and Family Business (IFB) members. Express Scripts is informing affected Medica members to contact their prescriber and ask if a longer supply is appropriate, and if not, advising them to transfer their existing prescription to a retail pharmacy.

There will be a limited number of drug categories for which Express Scripts Mail Order Pharmacy will continue to dispense less than a 35-day supply. These categories include state and federally controlled drugs, over-the-counter medications, mood-altering medications, diabetic supplies, and some maintenance medications such as sublingual nitroglycerin or warfarin. This mail-order change won't apply to Medica's Medicare or Minnesota Health Care Programs (MHCP) members, nor will it apply to Accredo Specialty Pharmacy or any medical injectable or infusion medications that are ordered by mail.

Clinical note:

Biosimilars for Humira now covered on Medica formularies

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

Numerous adalimumab biosimilars have recently entered the market that provide alternatives to the reference product Humira. These biosimilars have no clinically meaningful difference in safety, purity or potency compared to the reference product. Alongside Humira, Medica covers the following biosimilars on its commercial, Individual and Family Business (IFB), Medicare Part D and Medica DUAL Solution[®] (for Minnesota Senior Health Options, or MSHO) formularies:

- adalimumab-adaz (unbranded Hyrimoz)
- Cyltezo (adalimumab-adbm)
- Hyrimoz (adalimumab-adaz)

Biosimilars increase treatment options for patients, create further competition in the marketplace, and may contribute to significant cost reductions for health systems, employer groups and members. A biosimilar is a biological product

that is highly similar to, and has no clinically meaningful differences from, a biologic product already approved by the U.S. Food and Drug Administration (FDA). Biosimilars are safe and effective treatment options for many illnesses such as cancer, psoriasis, ulcerative colitis and rheumatoid arthritis.

Prescribers may consider use of these biosimilars for appropriate patients. These products offer patient and copay assistance programs that are similar to those for Humira and may also include a transition program with a health care debit card to help defray costs for eligible members.

Refer to [Medica.com](https://www.medicare.com) for all of Medica's formularies.

Effective Effective May 1, 2024:

Medica to add new UM policies for 2 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 May 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
J3490	Aphexda	motixafortide
J3490	Uptravi	selexipag

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

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

As of March 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

Effective March 1, 2024:

Medica to update standard DME, O&P fee schedule for all products

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

Effective with March 1, 2024, dates of service, Medica will implement standard durable medical equipment (DME) and orthotics and prosthetics (O&P) fee schedule updates for all Medica products. This updated fee schedule follows the expiration of the Coronavirus Aid, Relief, and Economic Security (CARES) Act that was put in place in 2020 and expired on December 31, 2023.

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

(Update to "Medica to make additional update to DME fee schedule" article in [September 2020 edition of Medica Connections](#).)



Administrative News



SELF-SERVICE RESOURCES

Featured this month: Prior authorization and notification

For certain health care services, Medica requires that providers obtain prior authorization or give notification before rendering the services, as noted on Medica's prior authorization lists. These lists contain prior authorization and notification requirements for network providers for inpatient and outpatient services, although prior authorization does not guarantee payment. To assist with billing, the lists also include Current Procedural Terminology (CPT®) codes related to each service, along with associated utilization management (UM) policies with coverage criteria.

To request prior authorization or provide notification, the appropriate form from Medica.com should be completed and submitted in a timely manner. It's also important to review authorization and notification requests to ensure accurate details for seamless claim processing. [See Medica's prior authorization lists and forms.](#)

Provider administrative training webinar for March

(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

"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
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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.](#)

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Kristen Kopski, MD, Senior Medical Director

'Medica Connections' editor

Hugh Curtler III, Communications

Email: Hugh.Curtler@Medica.com

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401 Carlson Pkwy Minnetonka, MN, 55305, USA

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