May 2024

Medica | MEDICA CONNECTIONS

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General News

Carelon update:

Prior authorization lists show specific services, codes requiring submission of requests to Carelon

Plus, correction on excluded radiology, MSK services

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

Medica's prior authorization lists have now been updated to reflect which services need prior authorization from Carelon. Medica is partnering with

Carelon to implement prior authorization on select musculoskeletal (MSK), cardiovascular and radiology services, effective beginning with May 1, 2024, dates of service. All services and corresponding codes on the prior authorization lists indicate whether providers need to request prior authorization from Medica directly vs. from Carelon, depending on dates of service. Also, several listed services will begin requiring prior authorization through Carelon *that did not previously require it*.

Now accepting requests
On April 15, 2024, Carelon began accepting prior authorization requests for select MSK, cardiology and radiology services from providers for dates of service starting May 1.

As previously announced , Medica is implementing prior authorization on select MSK, cardiology and radiology services, effective beginning with May 1, 2024, dates of service. Medica is partnering with Carelon, a utilization management (UM) program third-party vendor, to support the provider submission and medical necessity review process for related authorizations. Providers will need to use **Carelon's provider portal** . Providers can create their Carelon portal account now, and Medica should show up as a new health plan drop-down option starting in mid-April.

Clarification of excluded services
As a correction to what was **published last month**: Procedures performed in an inpatient setting (i.e., those services performed during an inpatient stay) or on an emergent basis (i.e., those services performed as part of being evaluated at the ER and prior to the patient's discharge from the hospital) are *not included* in the Carelon **cardiology and radiology** programs. Procedures performed on an emergent basis (as part of being evaluated at the ER and prior to the patient's discharge from the hospital) are *not included* in the Carelon **MSK** program, while certain non-emergent inpatient services are.

Learn more
To attend a webinar offered by Carelon in April or May, refer to the **April 2024 *Medica Connections*** for webinar details (on pages 3-4). To learn more about Carelon's UM programs, see the Carelon **MSK**, **radiology** and **cardiology** microsites.

(Much of the information above was included in a recent **Provider Alert from Medica**.)

Pharmacy News

Effective July 1, 2024:

Medica plans to update commercial member drug formulary

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

Medica is reviewing several medications and will be making changes in coverage status to them on the commercial member drug formulary (drug list) effective July 1, 2024. These upcoming changes will apply to the 2024 Medica Commercial Drug List.

(Drug lists are available at Medica.com under For Providers, “Pharmacy,” then respective member types **under “Pharmacy Resources by Segment**.”)

Effective July 1, 2024:

Medica makes step therapy change to intraocular VEGF inhibitor drug class

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

Effective July 1, 2024, Medica will update the step criteria for intraocular vascular endothelial growth factor (VEGF) inhibitors to list bevacizumab (Avastin) as the preferred first-line treatment for age-related macular degeneration (AMD), diabetic macular edema (DME) and retinal vein occlusion (RVO) indications. This change will provide Medica members and their providers with a cost-effective and clinically appropriate first-line treatment alternative.

Bevacizumab (Avastin) for ocular indications will not require prior authorization. Also, this new VEGF step criteria will only apply to members new to VEGF therapy.

Effective with July 1, 2024, dates of service, prior authorization will be required and new step criteria will apply to the following VEGF inhibitors:

- **Beovu (brolucizumab-dbll)** — Added step therapy through at least 3 doses of bevacizumab as first-line therapy for ophthalmic indications and prior authorization is required.
- **Byooviz, Cimerli, Lucentis (ranibizumab)** — Added step therapy through at least 3 doses of bevacizumab as first-line therapy for ophthalmic indications and prior authorization is required.
- **Eylea, Eylea HD (aflibercept)** — Added step therapy through at least 3 doses of bevacizumab as first-line therapy for ophthalmic indications and prior authorization is required.
- **Vabysmo (faricimab-svoa)** — Added step therapy through at least 3 doses of bevacizumab as first-line therapy for ophthalmic indications and prior authorization is required.

This step criteria change will apply to Medica’s commercial, Individual and Family Business (IFB) and some Medica Health Plan Solutions℠ (MHPS) members, as well as to Medica DUAL Solution® (Minnesota Senior Health Options, or MSHO), Medica AccessAbility Solution® Enhanced (Special Needs BasicCare Special Needs Plan, or SNBC SNP) and Medica Advantage Solution® (both HMO-POS and PPO plan) members. It will *not* apply to Medica’s Minnesota Health Care Programs (MHCP) members or Mayo Medical Plan members.

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

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

Effective July 1, 2024:

Medica to make Medicare Part B step therapy changes

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

Effective July 1, 2024, Medica will change 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 products 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 Fylnetra Stimufend Ziextenzo	Q5108 Q5130 Q5127 Q5120	Neulasta Nyvepria Udenyca	J2505 Q5122 Q5111
Beovu* Byooviz* Cimerli* Lucentis* Eylea* Eylea HD* Vabysmo*	J0179 Q5124 Q5128 J2778 J0178 J0177 J2777	Avastin	J9035

** Step therapy for these 7 drugs applies to ocular indications only.*

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).

These step therapy changes will apply to Medica's Medicare members in Medica DUAL Solution® (Minnesota Senior Health Options, or MSHO), Medica AccessAbility Solution® Enhanced (Special Needs BasicCare Special Needs Plan, or SNBC SNP) and all Medicare Advantage plans. They will *not* apply to Medica Prime Solution® (Medicare Cost), Medica Signature Solution℠ (Medicare Supplement) or Medica Select Solution® (Medigap) members.

Effective July 1, 2024:

Medica to add new UM policies for 3 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 July 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

J9999	Amtagvi	lifileucel
J3590	Lenmeldy	atidarsagene autotemcel
J9999	Tevimra	tislelizumab

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

Effective July 1, 2024:

Medica to add 4 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 July 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
J1413	Elevidys	delandistrogene moxeparvovec-rokl
J1449	Rolvedon	eflapegrastim-xnst
J9376	Veopoz	pozelimab-bbfg
J3401	Vyjuvek	beremagene geperpavec-svdt

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

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

As of May 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 July 1, 2024:

Medica to make quarterly update to Medicare physician fee schedules

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

Effective with July 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 July 1, 2024:

Medica to make quarterly update to MHCP physician fee schedule

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

Effective with July 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 July 1, 2024:

Medica to make quarterly update to standard reference lab fee schedule

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

Effective with July 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 July 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 July 1, 2024:

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

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

Effective with July 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 July 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.

Administrative News

Reminder:

Medica requires referral to in-network laboratory providers

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

As a reminder, Medica requires network providers to refer laboratory tests or other services to laboratory providers within the Medica provider network, rather than refer them outside the network. Referring to network providers whenever possible is a requirement for network providers according to their contract with Medica. This also ensures that Medica members do not pay more for these services than necessary.

Here's a full list of current Medica network laboratory providers, both independent and health system-based.

Medica network independent laboratory providers

- Accupath Diagnostic Laboratories Inc.
- Adaptive Biotechnologies Corporation
- Ambry Genetics Corporation
- Assurex Health Inc.
- Bio-Reference Laboratories Inc.
- B-TEK
- CareDx Inc.
- Center for Disease Detection LLC
- Cleveland HeartLab Inc.
- Diagnostics Laboratory of Oklahoma LLC
- Dominion Diagnostics LLC
- DX Solutions LLC
- Esoterix Genetic Laboratories LLC
- Exact Sciences Laboratories LLC
- Fertility Lab Sciences of Minneapolis LLC
- Foundation Medicine Inc.
- GeneDx LLC
- Genomic Health Inc.

- Guardant Health Inc.
- Heartland Diagnostic Services
- Internal Medicine Associates
- Kan-Di-Ki LLC
- Laboratory Corporation of America Holdings
- Litholink Corporation
- MDxHealth Inc.
- Medical Diagnostic Laboratories LLC
- Medscan Laboratory Inc.
- Medtox Laboratories
- MetWest Inc.
- Mid America Clinical Laboratories
- Monogram Biosciences Inc.
- Myriad Genetic Laboratories Inc.
- Natera Inc.
- Northern Plains Laboratory LLC
- NSTX Inc.
- PreventionGenetics LLC
- Quest Diagnostics Inc.
- RS Eden
- Sequenom Center for Molecular Medicine LLC
- Specialty Laboratories Inc.
- The Huron Clinic Foundation Ltd.
- Viro-Med Laboratories Inc.

Medica network system-based laboratory providers

- Allina Health System
- Avera McKennan
- CentraCare Health System
- Children's Health Care
- Douglas County Hospital
- Essentia Health
- Fairview Health Services
- HealthPartners Medical Group
- HealthEast Medical Laboratory LLC
- Lake Region Healthcare Corporation
- Marshfield Clinic Inc.
- Mayo Clinic Health System
- North Memorial Health Care
- North Dakota State University
- Park Nicollet Methodist Hospital
- Rapid City Medical Center LLP
- Sanford Health
- St. Francis Regional Medical Center
- Trinity Health
- Wagner Community Memorial Hospital

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 "Personal Care Assistance (PCA) Administrative Requirements" to include additional information regarding care oversight requirements for when supervised visits must be conducted in person or when visits may be conducted remotely for members with a chronic health condition or severely compromised immune system. The PCA Administrative Requirements also includes updated information regarding Community First Services and Supports (CFSS) and requirements to **complete an individual PCA and CFSS training** by June 1, 2024.	"Supplementary Contracting and Regulatory Requirements" section in "Personal Care Assistance" subsection (found **here**)	March 2024

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

Tips & Training

SELF-SERVICE RESOURCES

Featured this month: Relying on reimbursement policies

Providers who have coding questions about a denied claim can find valuable details in **Medica's reimbursement policies** . These policies can help confirm correct coding guidelines in order to allow payment, so make sure to consult them before sending in an appeal. Reimbursement policies provide payment methodology guidelines for medical and surgical services that are submitted for payment, and they often work in conjunction with other Medica policies such as coverage policies and drug management policies, as well as applicable participating provider contract, applicable fee schedules, Medica's Provider Administrative Manual and Medica's Credentialing Plan.

Provider administrative training webinar for May

(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

"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
Navigating Provider Resources	May 9	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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