



## NEWS FOR MEDICA NETWORK PROVIDERS

### General News

- **Medica makes Medicare product, benefit changes for next year, eff. Jan. 1**
- **Medica to introduce new Medicare D-SNP plan in North Dakota, eff. Jan. 1**
- **Carelon update: Carelon offers live + recorded trainings for further guidance**
- **Reminder: Annual SNP 'Model of Care' training required for providers**

### Clinical News

- **Medical policies and clinical guidelines to be updated, eff. Nov. 18**
- **Annual survey: Requesting provider perspectives on patient access to care**
- **Quality complaint reports required by State of Minnesota, due by Oct. 15**

### Pharmacy News

- **Medica to add new UM policies for 2 new medical pharmacy drugs, eff. Dec. 1**
- **Medica to add 2 new drug UM policies for Mayo Medical Plan, eff. Dec. 1**
- **Upcoming changes to Medica Part D drug formularies, eff. Oct. 1**

### Administrative News

- **Reminder: Up-to-date directories help members find providers**
- **Reminder: Providers need to keep national Medicare demographics data current**

### Tips & Training

- **Self-service resources, featuring: Timely filing, late claim guidelines**
- **Provider administrative training webinar for October**



## General News

Effective January 1, 2025:

### Medica makes Medicare product, benefit changes for next year

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

Medica's Medicare product offering continues to expand, and Medica is making changes to its Medicare Cost and Medicare Advantage plan benefits for next year as well.

#### Medicare Cost plans

Effective January 1, 2025, the service area for Medica Prime Solution<sup>®</sup> (Medicare Cost) will grow by 5 counties. States with county expansions are North Dakota and Nebraska. In Iowa, Kansas, Missouri, Nebraska, Oklahoma and South

Dakota, Medica Prime Solution will have its service area reduced by 56 counties. Members affected by the service area reduction will receive a non-renewal notice, along with information on other Medica plans available to them in their county.

There will be no service area changes in Minnesota, Wisconsin and Wyoming for Medica's Cost plans in 2025.

Medica's Cost plans continue to focus on the health and well-being of our members. Many Cost plans cover an annual full physical exam as well as annual reimbursement allowances for dental, hearing and vision. Cost plans will also include a semi-annual allowance for over-the-counter (OTC) health and wellness products through CVS OTC Health Solutions.

### **Medicare Advantage plans**

Medica will continue to offer multiple plan options in our Medicare Advantage (MA) service area for 2025. Our service area in South Dakota will expand by 9 counties for a total of 12. There will be a service area reduction of 7 counties in the Peoria/Bloomington area of Illinois. The remaining service areas in Minnesota, North Dakota, Nebraska, Iowa, Missouri and Illinois (St. Louis market) will remain unchanged.

Medica will continue to offer \$0 premium Medicare Advantage Part D (MAPD) plans in *most* of our service areas and MA-only plans in *all* of our service areas. All preferred provider organization (PPO) plans now have combined maximum out-of-pocket (MOOP) amounts — i.e., in-network and out-of-network expenses count toward a single amount. The Health+ by Medica card continues to be offered with dental, eyewear and OTC allowances so MA members can access their supplemental benefit amounts at a wide array of retail locations. Cost sharing for diabetic supplies for continuous glucose monitors (CGMs) will be reduced to \$0 at retail pharmacy locations.

**Fact sheets for Medica's Medicare products** will be updated soon for 2025.

### **Effective January 1, 2025:**

## **Medica to introduce new Medicare D-SNP plan in North Dakota**

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

Effective January 1, 2025, Medica will introduce a new Dual Eligible Special Needs Plan (D-SNP) called Medica Advantage<sup>®</sup> Dual (PPO D-SNP) in 5 North Dakota counties: Burleigh, Cass, Grand Forks, Morton and Stutsman. Medica Advantage Dual is a coordination-only D-SNP designed for Medicare beneficiaries who are enrolled in North Dakota Medicaid and who are a Qualified Medicare Beneficiary Plus (QMB+), Specified Low-Income Medicare Beneficiary Plus (SLMB+), or Full Benefit Dual Eligible (FBDE) beneficiary. These members will have their Medicare coinsurance, deductibles and copays for eligible medical services paid by **North Dakota Health & Human Services** (NDHHS), Medical Services Division (Medicaid).

Medica Advantage Dual will include both medical and Part D prescription drug coverage, plus several supplemental benefits tailored for people with a low-income socio-economic status. Plan features include:

- \$0 premium plan
- \$0 copay for Part D drugs
- \$0 gym membership via the One Pass gym network
- Activity fitness tracker via Reemo Health
- Personal case manager
- Monthly allowance for healthy food purchases and eligible utility bill payments via the Healthy Savings+ program

- Monthly allowance for eligible over-the-counter (OTC) items and fitness expenses that include sporting equipment, fitness accessories, and expenses at eligible fitness centers via the Healthy Savings+ program

Medica Advantage Dual will not require provider referrals to see any network provider, although certain in-network covered services will require prior authorization. For a complete list of these services, refer to Medica's Prior Authorization List. **See below** for a required Model of Care training that applies to providers in the Medica Advantage Dual (PPO D-SNP) network. A fact sheet for this new 2025 Medicare product **will soon be available** on Medica.com as well.

### Carelon update:

## Carelon offers live + recorded trainings for further guidance

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

Carelon offers ongoing training for providers, in both live Q&A sessions as well as recorded sessions that are posted online.



Medica has partnered with Carelon, a utilization management (UM) program third-party vendor, to support the provider submission and medical necessity review process for a prior authorization program focused on specific health care procedures and services. If a request is for musculoskeletal (MSK), cardiovascular or radiology services managed through Carelon, **submit the request directly to Carelon**.

Reminder on upcoming live Q&A sessions from Carelon:

Service type/topic	Date	Time (CT)	Registration
MSK (Q&A only)	Nov. 7	2:30-3:30 p.m.	<a href="#">Click to register.</a>
Radiology/Cardiology (Q&A only)	Dec. 3	2-3 p.m.	<a href="#">Click to register.</a>

Or view these previously recorded trainings from Carelon, available online 24/7:

Service type/topic	Recording
Radiology/Cardiology (full training)	<a href="#">Click to view.</a> (Password: vNCHJer3)
MSK (full training)	<a href="#">Click to view.</a> (Password: Musculoskeletal1)

**Note:** For the most optimal turnaround time and to avoid request denials, providers should be sure to fill out the Carelon intake form completely and accurately. Also, be sure to submit documentation, as needed, as part of the intake steps for Carelon's program.

### Claim status updates

- Providers *do not need to submit appeals for ER claims* that have been denied as requiring prior authorization.

Medica is reprocessing these claims since emergent services do not require prior authorization.

- If providers have submitted a claim that has been incorrectly denied to require authorization *and* the service is not on the Medica prior authorization lists, Medica is working to reprocess those claims. *We expect this to be completed by the end of October.* Providers holding claims should submit them at this time as our claims system has now been updated.
- As a reminder, refer to [prior authorization lists](#) on Medica.com for services that require authorization.

## Reminder:

# Annual SNP ‘Model of Care’ training required for providers

*(This applies to Medica direct-contracted providers in Minnesota and North Dakota only.)*

As a reminder, each year providers who serve members enrolled in a Special Needs Plan (SNP) — such as Medica DUAL Solution® or Medica AccessAbility Solution® Enhanced in Minnesota or Medica Advantage® Dual in North Dakota, which is new for 2025 — must take the provider Model of Care training. Providers can [find this training and attestation link on Medica.com](#).

This requirement is necessary for Medica to comply with requirements put in place by the Centers for Medicare & Medicaid Services (CMS). More details about this requirement are available [in the Medica Provider Administrative Manual](#).

Each provider organization should maintain documentation of each provider’s completion of training (e.g., dated training attendance list, dated paper or electronic attestation, etc.) that can be provided upon request. One Model of Care training attestation can be completed on behalf of an organization, either by:

- Completing the attestation online using the [Provider Demographic-update Online Tool \(PDOT\)](#); or
- Completing the electronic attestation:
  - Minnesota providers: [Click here](#).
  - North Dakota providers: [Click here](#).

Medica wishes to thank providers for their participation in completing this training.



## Clinical News

**Effective November 18, 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 November 18, 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 November 18, 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](https://www.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](https://www.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 October 2024 for policies that will be changing effective December 16, 2024. These upcoming policy changes will be effective as of that December 2024 date unless otherwise noted. The affected policies will then be available as noted above.

### Annual survey:

## Requesting provider perspectives on patient access to care

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

Medica recently sent out its annual survey asking providers for their feedback on patient access to care, including activities like care coordination, referrals to specialists and availability of clinic appointments. This annual survey is intended only for primary care offices, behavioral health care offices and the following specialty care offices: cardiology, dermatology, ear/nose/throat (ENT), gastroenterology, general surgery, neurology, obstetrics and gynecology (Ob/Gyn), oncology, ophthalmology and orthopedics. The survey should be completed only by office managers, administrators or practitioners since it will ask about care availability across practice sites. **There's still time to complete the survey!**

*Survey responses are due by the end of September.* They will be confidential and grouped with other results. Provider surveys like this allow Medica to improve service to providers as well as members. Medica would like to thank providers for giving their valuable feedback.

### Due by October 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 third-quarter 2024 quality-of-care complaint reports to Medica by October 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 December 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 December 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	Lymphir	denileukin diftitox-cxdl
J3590	Niktimvo	axatilimab-csfrz

#### 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 Medicare members in

Medica DUAL Solution<sup>®</sup> (Minnesota Senior Health Options, or MSHO) and all Medica Medicare Advantage 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 updated medical pharmacy drug UM policies above will be available online or on hard copy:

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

**Effective December 1, 2024:**

## Medica to add 2 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 December 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	Lenmeldy	atidarsagene autotemcel
J1203	Pombiliti	cipaglicosidase alfa-atga

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

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

As of October 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.



## 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
- 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

\* (Look for an annual update request specific to cultural competency training and compliance with the Americans with Disabilities Act, or ADA, coming soon. Medica plans to mail this out this fall.)



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.

**Reminder:**

## Providers need to keep national Medicare demographics data current

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

Medica wants to remind providers of the importance to review, update and certify existing provider information in the National Plan & Provider Enumeration System (NPPES). *Providers who see Medicare patients are legally required to keep their NPPES data current.* When reviewing provider data in NPPES, providers should update any inaccurate information in modifiable fields — including provider name, specialty, mailing address, telephone and fax numbers.

[Refer to NPPES online.](#)



## Tips & Training



### SELF-SERVICE RESOURCES

## Featured this month: Timely filing, late claim guidelines

Medica has a couple of key provider resources that offer guidelines for timely filing and late claims. Both include an overview of timely filing for claim submissions and exceptions to the rule. They also address claim adjustments, appeals and resubmissions, as well as appeals for late claims.

- The first resource is a self-guided training on Medica.com available 24/7. [See this e-learning on Timely Filing and Late Claims Policies.](#)
- The other key resource is Medica's policy on timely filing and late claims. [See the Medica Timely Filing and Late Claims Policy.](#)

# Provider administrative training webinar for October

*(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

*"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	October 17	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.](#)

### Getting Connections?

Sign up for regular updates, if you haven't already.

[Subscribe](#)

### Looking for past issues?

Access the archive on our website.

[View archive](#)

### Colleagues not receiving Connections?

Forward this month's newsletter.

[Forward to Colleagues](#)

### What do you think of our newsletter?

Let us know!

[Take survey](#)

## Leadership in Provider Support Areas

Jennifer Alm, Vice President of Provider Partnerships and Solutions

Adam Hjerpe, Chief Operations Officer and Senior Vice President

David Webster, MD, MBA, Chief Clinical and Provider Strategy Officer

Nick Rogers, PharmD, Vice President and Chief Pharmacy Officer

John Piatkowski, MD, MBA, Vice President and Deputy Chief Clinical Officer

Ken Schellhase, MD, MPH, Senior Medical Director

Kristen Kopski, MD, Senior Medical Director

## 'Medica Connections' editor

Hugh Curtler III, Communications

Email: [Hugh.Curtler@Medica.com](mailto:Hugh.Curtler@Medica.com)

Distributed: 9/18/24



[Contact Us](#) | [Privacy](#) | [Terms of Use](#) | [Unsubscribe](#) | [Manage Preferences](#)

© 2024 Medica.

This email was sent by: **Medica**  
401 Carlson Pkwy Minnetonka, MN, 55305, USA

The address above is not for mailing records or claims.

*Medica Connections*<sup>®</sup> is a registered trademark of Medica Health Plans. All other marks are the property of their respective owners.