



## NEWS FOR MEDICA NETWORK PROVIDERS

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## General News

### Annual notice:

## Medica encourages its members to get flu vaccinations

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

Each year, Medica encourages its members to get seasonal influenza vaccinations, and will do so again by promoting them through direct member outreach and worksite flu-shot clinics this fall.

## Vaccine priorities

According to the Centers for Disease Control and Prevention (CDC), annual influenza vaccination is recommended for everyone 6 months of age and older. Health care personnel should consult current influenza vaccine recommendations for guidance around the timing of administration and use of specific vaccines, using every opportunity during the influenza season to administer influenza vaccines to all eligible people, including:

- *Essential workers*: Health care personnel, including staff in post-acute and long-term care facilities, as well as pharmacy staff, and other critical infrastructure workforce
- *Those at high risk for influenza complications*: Including infants 6 months of age and older and young children less than 5 years of age, children with neurologic conditions, pregnant people, adults 65 years of age and older, and other people with certain underlying medical conditions

## Pharmacist-administered vaccination

Medica members may be able to receive their flu vaccination through a Medica network pharmacy. Inquiries can be directed to a member's local pharmacy.

## Billing for vaccinations

Clinics should use their regular billing methods for flu vaccinations. To ensure full coverage, Medica members must receive them from a Medica network provider. When submitting claims for flu vaccinations, providers should use applicable codes of the International Classification of Diseases (ICD-10-CM), Common Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS). Medica will accept codes for reimbursement as outlined by the CDC.

## More information

More details on the seasonal flu vaccine are available online:

- [Visit the CDC website.](#)
- [See Medicare flu resources.](#)
- In the event of a vaccine shortage, providers are encouraged to [refer to the CDC.](#)

**Effective starting September 1, 2024:**

## New employer ACO product to be available soon in Nebraska, Iowa

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

Medica will soon introduce its newest accountable care organization (ACO) offering for employer groups in eastern Nebraska and southwest Iowa, called Elevate by Medica<sup>SM</sup>. A partnership with Nebraska Health Network and Bryan Health, this collaborative network includes more than 20 hospitals and over 3,600 primary and specialty care providers. Elevate by Medica will be available in six Nebraska counties starting September 1, 2024. Availability expands to an additional 10 Nebraska counties, and five Iowa counties, starting January 1, 2025.



Elevate by Medica members can utilize Medica's Travel Program Network, when they're traveling outside the Medica service area of Nebraska and southwestern Iowa, to receive coverage at the in-network benefit level. Elevate by

Medica is Medica's second ACO network for Nebraska and Iowa, joining the Medica with CHI Health<sup>SM</sup> ACO. Medica also offers a broad network, Medica Choice<sup>®</sup> National, in that service area. To learn more about Elevate by Medica, [refer to the product fact sheet](#).

**Effective starting September 1, 2024:**

## Commercial ID card changes coming to Nebraska, Iowa

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

Medica will soon be making changes to member ID cards for commercial groups in Nebraska and Iowa. *All affected commercial members will be receiving a new member ID card and a new member ID number upon their renewal effective date.* Member ID numbers will continue to be 12 digits long, but they will start with the number 21. This ID card change will be automatic upon renewal beginning September 1, 2024, for Medica's Nebraska employer groups and January 1, 2025, for Medica's Iowa employer groups. Providers should be sure to ask patients with Medica health insurance for their new member ID card at their next appointment.

Also beginning this fall, Medica will transition to synthetic member ID cards. The new card material is more durable and flexible and allows for better print quality.

To see a sample of the new member ID card for the Medica Choice<sup>®</sup> National product in Nebraska and Iowa, [refer to the product fact sheet](#).

**Carelon update:**

## MSK low-back procedure to start requiring prior authorization through Carelon, effective Oct. 20

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

As a clarification, a Medica policy for a musculoskeletal (MSK) low-back procedure recently indicated it required prior authorization, which was incorrect. The procedure — intraosseous ablation of basivertebral nerve for treating low-back pain (e.g., Intracept<sup>®</sup>) — is currently investigative and therefore not covered, as reflected in the coverage policy for this procedure on Medica's website. Effective with October 20, 2024, dates of service, however, this coverage will change, as the Carelon policy applying prior authorization for this procedure will be implemented. At that time, members who meet the medical necessity criteria will be eligible for this service after approval from Carelon.



**Reminder:** If a request is for MSK, cardiovascular or radiology services managed through Carelon, [submit the request directly to Carelon](#). Medica is partnering with Carelon, a utilization management (UM) program third-party vendor, to support the provider submission and medical necessity review process for this new prior authorization program. To learn more, see Carelon's [MSK policies](#), [cardiology policies](#) and [radiology policies](#).

### Upcoming Q&A sessions

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Service type/topic	Date	Time (CT)	Registration
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Radiology/Cardiology (Q&A only)	Sept. 4	2-3 p.m.	<a href="#">Click to register.</a>
MSK (Q&A only)	Sept. 12	2:30-3:30 p.m.	<a href="#">Click to register.</a>
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>

**Effective October 1, 2024:**

## MHCP's PCA transition to CFSS program begins soon

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

Beginning October 1, 2024, Minnesota Health Care Programs (MHCP) will transition people who use personal care assistance (PCA) services to the Community First Service and Supports (CFSS) program. After October 1, when a Medica care coordinator conducts a member's reassessment, they will give people who now use PCA services information on how to transition to CFSS. Medica will transition network PCA agencies to become CFSS agencies contingent on their completion of CFSS transition training — The Minnesota Department of Human Services (DHS) **offers CFSS transition training**. Agencies that serve people using PCA services and people accessing CFSS must comply with the requirements for both PCA and CFSS programs. [Learn more about CFSS from DHS.](#)



## Clinical News

**Effective October 21, 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 October 21, 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 October 21, 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 September 2024 for policies that will be changing effective November 18, 2024. These upcoming policy changes will be effective as of that November 2024 date unless otherwise noted. The affected policies will then be available as noted above.



## Pharmacy News

**Effective November 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 November 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	Kisunla	donanemab-azbt
J3590	Piasky	crovalimab-akkz
J9999	Tecelra	afamitresgene autoleucel

#### 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 Advantage Solution<sup>®</sup> 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 November 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

**Clinical best practices:**

## Intended use, safety considerations for GLP-1 medications

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

Glucagon-like peptide-1 (GLP-1) medications are becoming of interest to patients as many are seeing advertisements via social media, television, etc., that report GLP-1 products may assist with weight loss. Some advertisements encourage consumers to visit their website to speak to a medical provider to receive GLP-1 products. The medication is provided after just a few questions, with no medical exam.

It is important for patients to understand that GLP-1 medications are one component of a comprehensive weight-loss strategy. GLP-1 medications have multiple well-characterized side effects that necessitate provider evaluation. Patients often need medication, nutrition and exercise support from primary care providers or weight-loss specialists to maximize safety and results.

U.S. Food and Drug Administration (FDA)-approved GLP-1 formulations may or may not be covered under a Medica member's health plan. Members who have coverage for GLP-1 agents for weight loss will require a prior authorization through Medica to ensure that medical necessity criteria are met. Members without health plan coverage for these agents may be offered compounded semaglutide (the active ingredient in Ozempic and Wegovy) as a more affordable option. *Medica recommends against the use of compounded GLP-1 medications* as they are not reviewed by the FDA for safety, effectiveness or quality, and may not contain the same ingredients as the FDA-approved formulation.

Learn more about GLP-1 safety concerns and proper use [from the FDA](#).

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

As of September 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 December 31, 2024:

### SelectCare, LaborCare PPO network agreements to be terminated

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

Previously, Medica stopped offering Medica products supported by the Medica SelectCare<sup>SM</sup> and LaborCare<sup>®</sup> preferred provider organization (PPO) networks. While these two leased networks and their respective products haven't been active for several years, Medica did not terminate the respective PPO provider agreements. Medica will now be going through the administrative process to terminate all SelectCare and LaborCare provider agreements effective December 31, 2024. No action is needed.

Providers who have questions may contact their Medica contract manager.



## Administrative News

Effective October 1, 2024:

### Medica postpones new post-payment claims recovery program

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

Medica has postponed its new claims recovery program to help identify and recover overpayments through a data-mining solution. This program will begin with October 1, 2024, dates of processing. The vendor, Carelon, will notify providers on behalf of Medica when overpayments are identified. This program will apply to all types of Medica claims (including physician/professional, facility, behavioral health) other than those submitted under payer ID 94265.

Questions regarding Carelon's reviews and appeals should be directed to Carelon, which has a new e-mailbox:

[CarelonDMdisputes@Carelon.com](mailto:CarelonDMdisputes@Carelon.com).

**See more on Medica's Payment Integrity program.**

(Update to “Medica to implement new post-payment claims recovery program” article in **June 2024 edition** of *Medica Connections*.)

**Effective November 1, 2024:**

## **Medica introduces claims extrapolation as part of post-payment claim reviews**

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

Medica uses statistical sampling for payment integrity post-payment reviews. Effective November 1, 2024, Medica will implement the use of extrapolation as well to determine amounts owed by providers (due to Medica overpayment) during Medica’s standard review of paid claims. Extrapolation is the statistical sampling error rate projected across an entire volume of claims submitted by a provider during a specified period. The result is an estimate of the total dollars paid in error in that timeframe, which would be the total estimated amount owed by the provider. Extrapolation will apply to all types of Medica claims, including physician/professional and facility.

Providers who have questions regarding an extrapolated overpayment request or any extrapolation appeals can inquire by calling the Medica Provider Service Center at 1 (800) 458-5512. **See more on Medica’s Payment Integrity program.**



## **Tips & Training**



### **SELF-SERVICE RESOURCES**

#### **Featured this month: Medical pharmacy guidelines**

When billing for medical pharmacy drugs, it’s helpful to review the appropriate guidelines in advance. Magellan Rx manages Medica’s program for drugs that are administered under the medical pharmacy benefit. Such services follow policies on the Magellan Rx website. In addition to drug coverage criteria, there may be prior authorization needed for some medications, or claims edit policies that apply. **See more from Magellan Rx** or call Medica’s Provider Service Center with any questions: 1 (800) 458-5512.

## **Provider administrative training webinar for September**

*(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	September 11	11 a.m.- noon 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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