**MEDICA**®

October 2020

## ᐤᔕ MEDICA CONNECTIONS®

For Medica network providers

General | Clinical | Pharmacy | Administrative

**See next month's training >**

# GENERAL NEWS

## Medica publishes 2019 'Power of Community' Annual Report

Medica recently released the 2019 edition of its Annual Report, "The Power of Community." It highlights Medica's business results and community impact as a nonprofit health plan covering nearly 1 million people across nine states last year, including:

- Leadership in addressing the insulin crisis
- A new approach to supporting members through mental health challenges
- Partnerships with health care systems our members know and trust
- Efforts to protect access to affordable coverage for Nebraska farmers and ranchers
- A program to help members avoid being readmitted after a hospitalization
- $1.8 million in charitable giving to improve community health and provide disaster relief

This report also describes a few of the innovative nonprofit organizations that addressed critical community health needs during 2019 with grant support from the Medica Foundation. **See Medica's 2019 Annual Report**.

**Foundation publishes 'Rural Health Report'**
In addition, the Medica Foundation recently published a report looking back at its impact on rural communities. The Medica Foundation has a long history of supporting the unique health needs facing rural communities across Medica's footprint. Over the past 10 years, it has granted $5.5 million to organizations in six states to address local health challenges, and by doing so, partnered with dedicated rural nonprofits and invested in community-led initiatives that advance health equity. **See the 2020 Rural Health Report** on the Medica Foundation website.

Effective January 1, 2021:
## Medica Travel Program for IFB members to be discontinued

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

Medica's Individual and Family Business (IFB) products will no longer offer a Travel Program in 2021. The Travel Program provides access to in-network benefits across a near-national network, for non-emergency services. If Medica members from out-of-state present themselves at a provider's office, the provider will want to be sure to verify their coverage eligibility.

As a result of this change next year, if Medica IFB members receive services from a provider outside of their specific network, and the services are not authorized or considered urgent or emergent, charges will be denied as member liability.

# CLINICAL NEWS

### Effective November 16, 2020:
## 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 16, 2020, unless otherwise noted.

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).

Monthly update notifications for Medica's policies are available on an ongoing basis. **Update notifications are posted on medica.com** prior to their effective date. The medical policy update notification for changes effective November 16, 2020, 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.

**Note:** The next policy update notification will be posted in October 2020 for policies that will be changing effective December 21, 2020. These upcoming policy changes will be effective as of that December date unless otherwise noted.

### Input requested by October 30:
## Requesting provider perspectives on patients' access to care

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

Medica will soon be 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.

This survey will be coming electronically in early October 2020. Survey responses, due by the end of October, 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.

## Quality complaint reports required by State of Minnesota

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

Medica requires its Minnesota-based network providers to submit second-quarter 2020 quality-of-care complaint reports to Medica by October 15, 2020. *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 e-mail to **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

## Medica to add new UM policies for 4 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 October 1, 2020, dates of service. Medica implements such policies as soon as possible after conducting a clinical review of these 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 | Phesgo | pertuzumab, trastuzumab, and hyaluronidase–zzxf |

| J9999 | Tecartus | brexucabtagene autoleucel |
|-------|----------|---------------------------|
| J3590 | Uplizna | inebilizumab-cdon |
| J9999 | Zepzelca | lurbinectedin |

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

# ADMINISTRATIVE NEWS

Self-service resources:
## Featured this month: Medica.com refresh

Provider pages on Medica.com are getting a refresh! Starting with the **Providers home page** and the **Administrative Resources landing page,** note the updated navigation, organization of content and locations of often-used links. More provider webpages will get a new look as part of this ongoing update, so providers should keep an eye out — New bookmarks may be in order!

## Provider administrative training topic 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**
*"Migration to InstaMed and Availity for Electronic Transactions and Services"*
This class will give an overview of Medica's 2020 migration to InstaMed and Availity for electronic claim submission and claim-payment services. Providers can learn about registration with these vendors for transactions such as eligibility and claim-status verification, payments, and Provider Remittance Advice (PRA) statements.

**Class schedule**

| Topic | Date | Time |
|-------|------|------|

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 session above**.

**New e-learning**
Medica has posted a new self-guided training on cultural competency. This e-learning is available 24/7 for providers who wish to learn more about this topic, including: What is culture and why is it important; diversity in Minnesota; when and why does Medica send out cultural competency surveys to providers; and resources for providers on cultural competency. **Check out this training**.

Effective December 1, 2020:
# Medica to update reimbursement policy

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

Medica will soon update the reimbursement policy indicated below, effective with December 1, 2020, dates of service. Such policies define when specific services are reimbursable based on the reported codes.

**Robotic-assisted surgery**
Medica's Robotic-Assisted Surgery reimbursement policy will be revised and re-named as "Technology Assisted Surgical Techniques: Robotic-Assisted Surgery & Computer-Assisted Surgical Navigational Procedures." Changes are being made to incorporate additional Current Procedural Terminology (CPT$^®$) codes for computer-assisted surgical navigational procedures: 20985, 0054T and 0055T.

Similar to robotic-assisted surgery, Medica identifies computer-assisted navigational procedures as part of the primary procedure, and therefore these services *will not be reimbursed separately*. The use of modifier 22, solely for reimbursement of these techniques, is considered inappropriate and will not result in additional reimbursement.

Code definitions:

| | |
|---|---|
| 20985 | Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure) |
| 0054T | Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure) |
| 0055T | Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure) |
| Modifier 22 | Increased procedural services. When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (i.e., increased intensity, time, technical difficulty of procedure, the severity of patient's condition, or physical and mental effort required). |

This policy above continues to apply for all Medica members. The updated Medica policy will be available online or on

hard copy:

- **View reimbursement policies** at Medica.com as of December 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

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:

- Office locations where members can be seen for appointments
- Provider 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*
- ADA-compliant*
- Website URL (optional)

*\* (Look for an annual update request specific to cultural competency training and compliance with the Americans with Disabilities Act, coming soon. Medica is mailing this out to providers in September.)*

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.

# 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 administrative requirements for personal care assistance (PCA) agencies | "Administrative Policies and Procedures" section, "Personal Care Assistance (PCA)" subsection, in "Administrative Requirements" document | September 2020 |

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

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## Leadership in Provider Support Areas
**Lori Nelson**, *Senior Vice President of Provider Strategy and Network Management*
**John Mach, MD**, *Chief Medical Officer and Senior Vice President*
**Rob Geyer**, *Chief Operations Officer*
**Nichole White, RPh, MBA**, *Senior Vice President of Health Services*
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**See Medica points of contact for providers >**

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