MEDICA

December 2020

MEDICA CONNECTIONS®

For Medica network providers

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GENERAL NEWS

Medica Foundation announces provider grant recipients

2020 behavioral health grants totaled $450,000

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

The Medica Foundation has concluded its behavioral health grant-making, awarding program grants totaling $450,000 to nine nonprofit agencies. This cycle of grant-making focused on programs that help people with serious mental illness and addictions recover and lead productive lives in their communities. Program grants were awarded to several provider groups:

- Comunidades Latinas Unidas en Servicio, or CLUES (St. Paul, Minn.) – to integrate and expand the use of telehealth services in response to COVID-19 and significant behavioral health service gaps for Minnesota's Latino community
- CornerHouse Interagency Child Abuse Evaluation and Training (Minneapolis, Minn.) – to establish a mental health clinic with telehealth capabilities that addresses gaps in children's sexual abuse therapeutic services
- Tasks Unlimited (Minneapolis, Minn.) – to expand access for adults with mental illness by addressing barriers to utilizing technology to access services and improving organizational capacity to provide telehealth services

For more about grant recipients, funding opportunities, giving guidelines and application deadlines, **refer to MedicaFoundation.org**.

Effective January 1, 2021:
Medica makes MHCP benefit changes for next year

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

Medica is making several updates to benefits and services for the following Minnesota Health Care Programs (MHCP) enrollees in 2021.

Medica DUAL Solution® – Minnesota Senior Health Options (MSHO)

- Condition-based health education, in partnership with CHW Solutions, will provide these members with six monthly visits that are tailored to the member, their health condition, self-management skill developments and social determinants of health.
- These members will also be able to receive an electric toothbrush upon completing the telephonic dental outreach and oral health education with Delta Dental of Minnesota.

Medica AccessAbility Solution® Enhanced – Special Needs BasicCare (SNBC) Special Needs Plan (SNP)
In addition to a crown, these members will be able to access the following dental services:

- One additional dental exam each year, in addition to the one covered by Medical Assistance
- One full mouth X-ray once every five years
- One molar root canal per tooth per lifetime
- One molar root canal retreatment per tooth per lifetime; only covered if completed at least 24 months after the original root canal
- Root scaling and planning; one service every 24 months that includes a service for 1-3 teeth as well as for a full quadrant, as required; this is in addition to the once-per-lifetime service covered by Medical Assistance
- Periodontal maintenance covered up to 4 times per year; includes removing any new plaque and calculus and polishing the teeth; only covered following previous root scaling and planning

Medica's SNBC SNP service area also has expanded for 2021 to include two more Minnesota counties, Sherburne and Wright, for a total of nine counties where this plan will be available next year.

Both Medica DUAL Solution and Medica AccessAbility Solution Enhanced
The Second Harvest Heartland "FOODRx" program will offer both Medica DUAL Solution and Medica AccessAbility Solution Enhanced members medically tailored, culturally relevant staple foods, education about food to improve health, community referrals to food resources, and coaching sessions. This supplemental benefit for the chronically ill (SSBCI) will be available to Medica's MSHO and SNBC SNP members if Medica identifies them as eligible.

See fact sheets for more details on Medica's MHCP products.

Effective January 1, 2021:
New Provide-A-Ride tools support patient rides to appointments

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

A new ride-tracking tool and member portal will soon help Medica's Medicaid and some Medicare members know and keep their scheduled no-cost rides to medical, pharmacy, and other eligible health-related appointments. Starting January 1, 2021, the Medica Provide-A-Ride℠ service will be enhanced with a new QRyde app, available free of charge. This app will help members easily track ride appointments. It allows for a better ride-booking experience by helping to reduce user errors; lower costs; trim fraud, waste and abuse in the rides system; and increase self-service for patients.

This same rides information also will be available January 1 on a new **Medica.com/Ride** site known as the Medica Provide-A-Ride/QRyde portal. Members can visit the page and register to use it.

There's no change at this time to Provide-A-Ride. It continues to be Medica's ride-scheduling service for eligible members needing rides to medical, pharmacy, dental, mental health, substance use disorder and durable medical equipment visits. Public transit will continue to be provided to members who live on a transit line. Members will still call the Medica call center for transportation requests. Or they rely on their care coordinator, if they have one, to set up a ride.

The QRyde app and portal can be used by the following Medica members:

- Medica DUAL Solution® – Minnesota Senior Health Options (MSHO)
- Medica Choice Care℠ MSC+ – Minnesota Senior Care Plus (MSC+)

- Medica AccessAbility Solution® – Special Needs BasicCare (SNBC)
- Medica AccessAbility Solution Enhanced – SNBC Special Needs Plan (SNBC SNP)
- Medica Advantage Solution® – Medicare Advantage HMO, HMO-POS and PPO plans (for eligible members)
- Medica Advantage Solution PartnerCare – Institutional Special Needs Plan (I-SNP)

Effective January 1, 2021:

Details on Medica's Medicare Advantage PHS plan designations

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

Effective January 1, 2021, Medica will implement Primary Health System (PHS) selection for Medicare Advantage (MA) members. This applies to all Medicare Advantage individual and group retiree plans. Here are additional details:

- The PHS model improves members' health outcomes, increases quality and reduces costs, which can translate into lower premiums.
- New MA members select from a list of available PHS options (except the MA HMO plan, which will automatically designate CHI Health Partners).
- Provider directories and online provider searches will show which providers belong to which PHS.
- If a member's provider is not part of a PHS or does not wish to choose one, they may choose "Other."
- Renewing members will be assigned a PHS based on historical utilization.
- This is not a gatekeeper model:
    - Members choose their PHS at time of enrollment and may change the PHS at any time.
    - Selecting a PHS does *not* limit members from receiving care from other network providers.
    - Members will *not* require a referral to seek care outside of their PHS.
    - Benefits and cost sharing do *not* vary among in-network providers.

(Update to "Medica makes Medicare product, benefit changes for next year" article in the **November 2020 edition** of *Medica Connections*, on page 4.)

Due by December 15, 2020:

ADA, cultural competency demographic responses needed soon

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

Medica recently mailed Minnesota network providers a questionnaire about two demographic elements for health plans to include in provider directories, as required by the Minnesota Department of Human Services (DHS). *Responses are due by December 15, 2020*. These demographic questions are about:

- Cultural Competency Training – Additional instructions for health care providers help them better understand patient backgrounds, values and beliefs to adapt services to meet social, cultural, and language needs. DHS requires that each provider listing in a provider directory must indicate at the facility or site level for all providers listed in the directory whether the provider has completed cultural competency training in the past 12 months.
- ADA Accessibility – The Americans with Disabilities Act (ADA) prohibits discrimination against individuals with disabilities in all areas of public life. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as everyone else. DHS requires that each provider listing in a provider directory indicate, at the facility level, what specific accommodations for individuals with physical disabilities are available. Health plans must then indicate whether office, exam room and equipment are accessible for plan members.

Providers are encouraged to respond using the **Provider Demographic-update Online Tool (PDOT)** secure electronic transaction at Medica.com.

See more about demographic requirements at Medica.com.

Reminder:

Medicare providers need to take compliance, FWA trainings

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

As noted last month, Medica requires that providers complete a Medicare general compliance training and a fraud, waste, and abuse (FWA) training each year. Providers who have not yet taken these trainings should do so *as soon as possible*. **Learn more and take the trainings**.

Medica appreciates providers' attention to this requirement.

Additional information may be required for IFB members' claims

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

As a reminder, when Medica believes that an Individual and Family Business (IFB) member may be Medicare-eligible, the claim will be processed as if Medica is the secondary payer. In certain instances, however, providers may be required to provide additional data elements to ensure that Medica can adjudicate the claim appropriately using Medicare payment methodologies. Any remaining balance would be considered member liability.

(Update to "IFB claims to be paid after benefit coordination with Medicare" article in the **January 2017 edition** of *Medica Connections*.)

CLINICAL NEWS

Effective January 18, 2021:
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 January 18, 2021, 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 January 18, 2021, 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 December 2020 for policies that will be changing effective February 15, 2021. These upcoming policy changes will be effective as of that February 2021 date unless otherwise noted.

Upcoming outreach:
Medica undertakes annual ACA chart review for coding integrity

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

Each year, Medica undertakes medical record reviews for various types of members, and in December 2020 plans to begin reaching out to provider offices regarding Affordable Care Act (ACA) 2020 dates of service for office visits and hospital admissions by Medica commercial members. Medica is committed to improving the quality of care provided to our members and is required by the U.S. Department of Health and Human Services (HHS) to submit complete diagnostic data regarding members enrolled in certain ACA-covered health plans.

On Medica's behalf, Optum and CiOX Health are conducting the medical record reviews, coordinating record retrieval and reviewing clinical coding. CiOX representatives will contact providers directly to provide retrieval options and a list of the requested member records for services they received in calendar year 2019. Patient records being requested include medical records, notes and reports. This outreach is expected to begin by mid-December 2020. Chart collection *must be completed by March 2021*.

This industry-standard commercial chart retrieval request is intended to identify any gaps in coding that are supported in the documentation. Reviewing medical chart documentation will enable Medica to identify conditions that may exist for plan members, but may not have been coded or previously captured. This enables the health plan to assess the health conditions of their members for effective care interventions and to improve health outcomes.

Providers who have questions may contact CiOX at 1-877-445-9293 or **chartreview@cioxhealth.com**. Or call Medica's Provider Service Center toll-free at 1-800-458-5512.

Chart-request schedule for 2021:

RADV review delayed, to overlap with HEDIS, Medicare Cost requests

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

Every year, the U.S. Centers for Medicare and Medicaid Services (CMS) requires that health plans validate the accuracy of risk-adjusted claims data for risk adjustment covered plans in the individual and small group health insurance markets. This process is known as Risk Adjustment Data Validation (RADV). CMS has issued notice that two RADV audits will occur in 2021: the audit for 2019 dates of service that was postponed from 2020 as a result of COVID-19, and the scheduled audit for 2020 dates of service. Both of these efforts will be conducted by Medica's internal staff.

The annual Healthcare Effectiveness Data and Information Set (HEDIS®) 2020 submission will begin in early 2021 as well. The Minnesota Department of Health (MDH), CMS and the National Committee for Quality Assurance (NCQA) require Medica to annually submit certain quality and access measures to them to assess the quality of care received by members enrolled in Medica's health plans. This effort, which will run through May 2021, will be administered for Medica by both its internal staff and Optum/CiOX Health.

Also, every three years CMS audits Medica's Medicare Cost products. CMS will conduct an audit in 2021 for years 2017 through 2019. CMS audits to ensure services for which Medica received reimbursement were appropriate and met Medicare guidelines. To satisfy this audit, Medica requests records that support how the claims were paid. Medica conducts this audit internally.

As a result of these requirements, the HEDIS audit, the RADV 2019 audit and the Medicare Cost audit will all overlap in the first quarter of 2021. The RADV 2020 audit will begin in the second quarter of 2021. Medica recognizes the unique challenges of the upcoming audit season and appreciates providers' assistance with these required CMS regulatory audits.

Whether each audit retrieval process is conducted by internal Medica staff or by CiOX Health, provider offices will be notified when records are needed, sent a list of requested members' medical records, and provided with retrieval options for submitting those records. To make retrieval as easy as possible, Sharefile and remote electronic record access will be available options, and requesters can work with provider offices to set those up.

PHARMACY NEWS

Effective January 1, 2021:
Medica updates drug lists for 2021

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

As noted last month, Medica will be making changes in coverage status to member drug formularies (drug lists) effective January 1, 2021. The new formularies are now posted online.

- **See** the 2021 Medica Commercial Drug List.
- **See** the 2021 Medica Preferred Drug Lists for Individual and Family Business (IFB) and NE Farm Bureau.

The 2021 Medica List of Covered Drugs for Minnesota Health Care Programs (MHCP) **will be posted soon**.

In addition, Medica has posted the 2021 drug formulary for its Medicare Advantage and Medicare Cost plans. **See** the 2021 Medicare Advantage formulary.

(Drug lists are available at Medica.com under For Providers, “Pharmacy,” then respective member types under “Pharmacy Resources by Segment.” For the new drug lists noted above, click on the "2021" tab.)

Effective December 1, 2020:
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 December 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	Blenrep	belantamab mafodotin-blmf
J3590	Enspryng	satralizumab-mwg
J9999	Monjuvi	tafasitamab-cxix
J3490	Viltepso	viltolarsen

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

Effective January 1, 2021:
Medica to add 3 new drug exclusions for Mayo Medical Plan

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

Medica will soon implement the following changes to drug exclusions specifically for Mayo Medical Plan members, effective with January 1, 2021, dates of service. This list of professionally administered drugs that are excluded from coverage applies *only* to Mayo Medical Plan (for Mayo Clinic employees).

Medical pharmacy drugs — Exclusions for Mayo Medical Plan

Drug code	Drug brand name	Drug generic name
J2786	Cinqair	reslizumab
J0517	Fasenra	benralizumab
J9356	Herceptin Hylecta	trastuzumab and hyaluronidase-OYSK

The updated list of these drug exclusions for Mayo Medical Plan members will be available online or on hard copy:

- **View the drug exclusion list** as of January 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents

ADMINISTRATIVE NEWS

Self-service resources:
Featured this month: New claim/product administration webpage

A new webpage on Medica.com has a wealth of plan-administration details for providers. This new “Claim Submission and Product Guidelines” overview presents information based on payer ID, replacing multiple documents with claim mailing addresses and administrative claims platform details. There are six expand/collapse sections on the page listing payer IDs specific to Medica products and membership. **Check it out** on the Claim Tools page, under “Administration of Claims and Products.”

Provider administrative training topic for December

(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 topics
"Self-Service Resources for Providers"
This is a great webinar for new providers or for providers who want a refresher on Medica's self-service options. Having quick and easy resources available is a great way to save time. Medica routinely updates resources available to its provider network. This webinar will walk providers through 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
Self-Service Resources for Providers	Dec. 17	1-2:30 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 session above**.

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