

To view this email as a web page, go [here](#).

MEDICA®

May 2020

 MEDICA CONNECTIONS®

For Medica network providers

[General](#) | [Clinical](#) | [Pharmacy](#) | [Network](#) | [Administrative](#)

[See next month's training >](#)

GENERAL NEWS

Medica makes administrative, coverage, payment changes due to COVID-19

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

Medica has recently made several changes to adjust its provider payment, administrative processes, and member coverage due to the COVID-19 crisis. These changes include:

- Expanded coverage and payment for telehealth services
- Temporarily waiving prior authorization for post-acute care settings
- A new emergency reimbursement policy on COVID-19 lab testing
- Waiving member cost-sharing for COVID-19 lab testing, office visits and hospital stays

For the latest about ongoing COVID-19 changes, refer to the following news and resources:

- [Medica's Provider Alerts](#)
- [Provider COVID-19 FAQ](#)
- [Reimbursement Policies](#)
- [Coverage Policies](#)

Also, starting next week, Medica will offer webinars about this evolving situation. [See below](#).

Medica Foundation funds urgently needed community grants *\$1 million allocated to Minnesota nonprofits in March*

The Medica Foundation recently responded to the COVID-19 crisis by allocating \$1 million in emergency donations among 18 Minnesota nonprofit organizations that play important roles in addressing health needs of the most

vulnerable people in communities statewide. The funding supports key focus areas of child and family support; clinics and shelters; food security; mental health/telehealth services; and general disaster relief.

The following providers were among the organizations to receive emergency funding of \$100,000 apiece:

- Fraser – for telemental/online health care, to provide therapy and family support including childcare and parenting resources
- Hennepin Healthcare Foundation – to support the transition of obstetric visits to virtual prenatal visits to provide monitoring and education for patients
- Mental Health Resources – to provide continuity of therapy services and counseling via telehealth, to help offset the impact of the health crisis on Minnesotans who already face significant mental and physical health challenges
- St. David's Center for Child & Family Development – for added telemental health in early-intervention services, including mental health, pediatric therapy and family support
- Washburn Center for Children – to support the rapid launch of teletherapy services

Other nonprofit organizations to receive funding included Healthfinders Collaborative, Inc., Greater Twin Cities United Way, People Serving People, and YMCA of the Greater Twin Cities, as well as several other social service organizations in the Twin Cities area and greater Minnesota. [See the news release.](#)

Reminder: Annual 'Disclosure of Ownership' forms needed

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

Any providers who have not yet completed and returned their "**Disclosure of Ownership Statement**" should do so as soon as possible. *It is past due.* It can be [returned to Medica by e-mail](#). Providers also received this annual request by U.S. mail earlier this month. Each year, providers must complete and submit an updated disclosure form in accordance with regulatory agency requirements.

As a reminder, providers who see patients covered under Medica products for government programs need to complete and return the Disclosure of Ownership Statement to Medica annually. This step is necessary for Medica to comply with contracts it holds with both the Centers for Medicare and Medicaid Services (CMS) and the Minnesota Department of Human Services (DHS).

Medica wishes to thank providers for their time, especially those who promptly responded to this obligation. More details about this compliance requirement are available in the [Medica Provider Administrative Manual](#).

CLINICAL NEWS

Effective June 15, 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 June 15, 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 June 15,

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 May 2020 for policies that will be changing effective July 20, 2020. These upcoming policy changes will be effective as of that July date unless otherwise noted.

PHARMACY NEWS

Effective July 1, 2020:

Medica plans to update member formularies

(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 drug formularies (drug lists) effective July 1, 2020. These upcoming changes apply to the following drug formularies:

- 2020 Medica Commercial Drug List
- 2020 Medica Preferred Drug Lists for Individual and Family Business (IFB) and NE Farm Bureau
- 2020 Medica List of Covered Drugs for Minnesota Health Care Programs (MHCP)

The Medica MHCP drug list applies to the following products: Medica Choice CareSM (for Minnesota Senior Care Plus program, or MSC+), Medica AccessAbility Solution[®] (for Special Needs Basic Care program, or SNBC) and both Medica DUAL Solution[®] (for Minnesota Senior Health Options program, or MSHO) and Medica AccessAbility Solution Enhanced, for non-Part D drugs. These changes will *not* apply to Medica Medicare Part D drug formularies.

(Drug lists are available at medica.com under For Providers, “Pharmacy,” then respective member types along left side.)

Effective July 1, 2020:

Medica biosimilar strategy to focus on 2 preferred infliximab products

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

Effective July 1, 2020, to provide its members and prescribers with opportunities to embrace cost-effective, clinically appropriate medications, Medica will change its management strategy for infliximab products to focus on two preferred products: Remicade and Inflectra. Infliximab products are managed under a member’s medical drug benefit.

A step-therapy requirement will be included on the two other FDA-approved biosimilar infliximab products, Renflexis and Avsola. Members currently utilizing Renflexis or Avsola, however, will be allowed to remain on these products. Prior authorization to ensure medical necessity for any infliximab product will continue to be required and administered by Magellan Rx Management. Utilization management (UM) drug policies for infliximab products **are available online**.

This biosimilar strategy change will apply to Medica’s commercial, Individual and Family Business (IFB), Medica Health Plan SolutionsSM (MHPS) and Minnesota Health Care Programs (MHCP) members. It will not apply to Medica’s Medicare (including Medica DUAL Solution[®]) or Mayo Medical Plan members.

(Update to “Medica expands coverage for 2 biosimilar drug products” article in the **March 2019 edition** of *Medica*)

Effective July 1, 2020:

Infusion drug program to expand in requiring lower-cost sites of service

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

Medica commercial and Individual and Family Business (IFB) members who receive infusion of specialty drugs on Medica's targeted drug list at a hospital outpatient center are required to move to a more cost-effective site unless medical necessity criteria are met to remain in a hospital outpatient center. Effective July 1, 2020, Medica will expand its target drug list to include the following drugs as in-scope for this "Site of Service" program.

Drug brand name	Drug generic name	HCPCS code
Avsola	infliximab-axxq	Q5102
Carimune NF	immune globulin (IV)	J1566
Cinqair	reslizumab	J2786
Crysvita	burosumab-twza	J0584
Exondys 51	eteplirsen	J1428
Firazyr	icatibant	J1744
Kalbitor	ecallantide	J1290
Kanuma	sebelipase alfa	J2840
Krystexxa	pegloticase	J2507
Lemtrada	alemtuzumab	J0202
Mepsevii	vestronidase alfa-vjbj	J3397
Ocrevus	ocrelizumab	J2350
Radicava	edaravone	J1301

Ruconest	c-1 esterase inhibitor (recombinant)	J0596
Trogarzo	ibalizumab-uiyk	J1746
Tysabri	natalizumab	J2323
Ultomiris	ravulizumab-cwvz	J1303
Vimizim	elosufase alfa	J1322
Xolair	omalizumab	J2357

The infusion drugs included in the expanded program require prior authorization through Magellan Rx. If affected members have an existing prior authorization beyond July 1, they will be able to continue their current course of treatment through the end of the existing authorization timeline. Providers who do not make a recommended adjustment for eligible Medica members may see an impact to related claims, including denial.

This program applies to Medica’s commercial and Individual and Family Business (IFB) members. It does *not* apply to Medica’s Medicare (including Medica DUAL Solution), Minnesota Health Care Programs (MHCP), Mayo Medical Plan or Medica Health Plan Solutions (MHPS) members.

Medica will also be including pediatric patients in a voluntary Site of Service program. Pediatric patients on any of the Site of Service drugs will be asked to voluntarily switch to a more convenient and cost-effective site. Providers who have questions about this program or would like to begin transitioning members to a preferred site can call Magellan Rx at 1-800-424-1845.

The **current Site of Service drug-infusion policy** will be updated to reflect these program changes as of July 1, 2020.

(Update to “Site-of-service program for specialty infusion drugs to expand” article in the **August 2018 edition** of *Medica Connections*, on page 4.)

Effective July 1, 2020:

Medica to add new drug UM policy 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) policy for Mayo Medical Plan members. This change will be effective with July 1, 2019, 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 drug.

Medical pharmacy drug UM policies — New
Prior authorization will be required.

Drug code	Drug brand name	Drug generic name
J0638	Ilaris	canakinumab

This drug 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, 2020:

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 July 1, 2020. Medica also notifies affected Medica members in their Medicare Part D Explanation of Benefits (EOB) statements mailed out monthly.

As of May 1, 2020, **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, 2020:

Medica to make quarterly update to Medicare fee schedules

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

Beginning with July 1, 2020, dates of service, Medica will implement the quarterly update to its Medicare 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 the following provider types: home infusion therapy, home health care and public health agency providers, as well as physicians.

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 further questions may contact their Medica contract manager.

Effective July 1, 2020:

Medica to make quarterly update to reference lab fee schedule

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

Effective with July 1, 2020, 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, 2020. 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 further questions may contact their Medica contract manager.

Fourth-quarter PCR checks to be mailed in May 2020

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

By the end of May 2020, Medica plans to mail to eligible providers the physician contingency reserve (PCR) payment for the fourth quarter of 2019. This represents a 100-percent return of the fourth-quarter 2019 PCR withhold, plus interest, for the Medica Prime Solution[®] (Medicare Cost) product. Checks will cover PCR withheld for claims with dates of service of October 1, 2019, through December 31, 2019, and dates paid of October 1, 2019, through March 31, 2020.

ADMINISTRATIVE NEWS

Provider training topic for late April, May

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

Medica offers educational sessions on various administrative topics. The following classes are available by webinar for all Medica network providers, at no charge.

Training class topics

"Medica's Response to COVID-19"

This webinar will focus on process, policy and payment changes that are being implemented at Medica due to the COVID-19 pandemic. Learn more about telehealth/virtual care policies, reimbursement, prior authorization, and other processes and procedures that have been updated to accommodate evolving needs during this time of crisis.

Class schedule

Topic	Date	Time
Medica's Response to COVID-19	April 28	Noon-1 p.m. CST
Medica's Response to COVID-19	May 13	1-2 p.m. CST

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 a session above.](#)

Effective July 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 July 1, 2020, dates of service. Such policies define when specific services are reimbursable based on the reported codes.

Maximum frequency per day

The “Maximum Frequency per Day (Units)” reimbursement policy will be renamed “Maximum Units of Service (MUS)” as of July 1. This policy will be updated to support the maximum unit-of-service values that have been established, which are the highest number of units automatically allowed for services on a single date of service or date range.

The Maximum Units of Service policy is derived from several sources: the Centers for Medicare and Medicaid Services (CMS), Current Procedural Terminology (CPT®) from the American Medical Association (AMA), knowledge of anatomy, standards of medical practice, the U.S. Food and Drug Administration (FDA) and other nationally recognized drug references, and outlier claims data from provider billing patterns. This policy has been reviewed by a panel of physicians with extensive clinical and coding experience.

This policy will continue to apply to Medica’s commercial, Individual and Family Business (IFB), Medicare and Minnesota Health Care Programs (MHCP) members.

The updated Medica policy will be available online or on hard copy:

- [View reimbursement policies](#) at medica.com as of July 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

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
Added Montana state-specific requirements	“Additional Contracting Requirements” section, under State-Specific Contract Requirements	March 2020

For the current version, providers may [view the Medica Provider Administrative Manual online.](#)

Do you receive *Connections*?

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

Looking for past issues?

You can access the archive on our website.

[Subscribe](#)

[View archive](#)

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*

Stacy Ballard, MD, MBA, *Senior Medical Director*

John Piatkowski, MD, MBA, *Senior Medical Director*

Medica Connections editor

Hugh Curtler III, *Corporate Communications*

Phone: (952) 992-3354

Fax: (952) 992-3377

Email: hugh.curtler@medica.com

[See Medica points of contact for providers >](#)

Distributed: 4/22/20

LET'S STAY CONNECTED! FOLLOW US ON SOCIAL MEDIA



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

©2020 Medica. Medica® is a registered service mark of Medica Health Plans. "Medica" refers to the family of health services companies that includes Medica Health Plans, Medica Community Health Plan, Medica Insurance Company, Medica Self-Insured, MMSI, Inc., d/b/a Medica Health Plan Solutions, Medica Health Management, LLC and the Medica Foundation.

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® is a registered trademark of Medica Health Plans. Medica DUAL Solution®, Medica AccessAbility Solution® and Medica Prime Solution® are registered service marks of Medica Health Plans. Medica Choice CareSM and Medica Health Plan SolutionsSM are service marks of Medica Health Plans.

All other marks are the property of their respective owners.