MEDICA

June 2020

MEDICA CONNECTIONS®

For Medica network providers

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GENERAL NEWS

Medica Foundation funds more urgently needed community grants

$200,000 allocated to Nebraska nonprofits in April

Recently the Medica Foundation allocated $200,000 in emergency grants to nine Nebraska nonprofit organizations and community health centers that play important roles in addressing needs of the most vulnerable people during the coronavirus pandemic. 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:

- Charles Drew Health Center (Omaha) – to provide continuity of services and counseling via telehealth, to help offset the impact of the health crisis
- Community Action Partnership of Western Nebraska (Scottsbluff) – to support the rapid launch of telethealth services
- HopeSpoke (Lincoln) – to support the rapid launch of telethealth services to support Lincoln's most vulnerable children
- OneWorld Community Health Center (Omaha) – to provide continuity of services and counseling

Other organizations that received emergency funding: Community Action Partnership of Mid-Nebraska, Foodbank for the Heartland, Nebraska Farm Bureau, Project Harmony and United Way of the Midlands. **See more details at MedicaFoundation.org**. This crisis relief effort in Nebraska is similar to a COVID-19 relief effort **the Medica Foundation undertook in March** for Minnesota community nonprofits.

Annual notice:
Provider appeals on behalf of Medica members

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

Medica members have the right to appoint representatives, such as their providers, to initiate member appeals. When an adverse medical necessity determination results in member liability, providers may initiate an appeal on behalf of a Medica member by calling the Medica Provider Service Center. At the request of the member or provider, the appeals staff will conduct a case review of previously denied services to ensure accurate review, and coverage of eligible services according to the member's benefit document.

For more details about appeals:

- **See Benefit Appeals** in the Provider Administrative Manual.
- **See Member Care** in the Provider Administrative Manual.

Annual notice:
Member rights and responsibilities, for providers to know

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

Medica recognizes the importance of a three-way relationship among members, their providers and their health plan. Medica believes that educating members about their health care responsibilities is important because it helps members get the greatest benefit from their health plan. Medica outlines member rights and responsibilities for the Medica physician and provider community in order to improve the health of the members Medica serves.

As a reminder, information about member rights and responsibilities is posted online. Providers are encouraged to review and understand these details. **See more under Regulatory Reporting** in Medica's Provider Administrative Manual.

Annual notice:
Medica reaffirms its policy regarding utilization management

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

Utilization management (UM) is a process Medica uses to evaluate health care services for appropriateness and efficacy. Medica UM decisions are based on national and local standards that support the provision of evidence-based care. All decisions also incorporate a member's benefits and Medica coverage policies. Medica does not specifically reward providers, practitioners, staff members or their supervisors who conduct utilization reviews on the behalf of Medica for issuing denials of coverage or service. It is important to note that UM decision-makers do not receive financial incentives from Medica as a means of encouraging them to make decisions that result in the underutilization of services.

See more online about Medica's UM process as well as UM policies.

Effective June 1, 2020:
Service area for Medica's SNBC plan to expand by 3 counties

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

Medica will soon add to its service area for its Special Needs BasicCare (SNBC) plan. Effective June 1, 2020, Medica AccessAbility Solution® will be available in three more counties: Todd, Morrison and Wadena counties, all in central Minnesota. This change expands the SNBC service area to 14 counties.

Medica AccessAbility Solution provides health care at no cost for people who are 18 to 64 years of age with a certified physical, mental health or developmental disability; who are eligible for Medical Assistance; and who live in the plan's 14-county service area. The plan combines all member health care into one comprehensive plan that includes doctor, hospital, nursing home, behavioral health, rehabilitative and other health care. Medica assigns all members a personal Medica care coordinator who is a nurse, social worker or other professional specializing in working with people with disabilities.

The Minnesota Department of Human Services (DHS) designed SNBC as a care-coordinated, voluntary program to provide health care for people with disabilities. For more details on Medica's SNBC plan:

- **See an overview of SNBC plan features**.
- **See the SNBC fact sheet for providers**.

CLINICAL NEWS

Effective July 20, 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 July 20, 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 July 20, 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 June 2020 for policies that will be changing effective August 17, 2020. These upcoming policy changes will be effective as of that August date unless otherwise noted.

PHARMACY NEWS

Effective July 1, 2020:
Medica outlines upcoming changes to drug lists

(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 July 1, 2020. The changes to these formularies are now posted online.

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

("Summary of Changes" notifications for drug lists are available at medica.com under For Providers, "Pharmacy," then respective member types along left side.)

Effective June 1, 2020:

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 June 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
J3590	Sarclisa	isatuximab-irfc
J3590	Vyepti	eptinezumab-jjmr

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

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

As of June 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.

ADMINISTRATIVE NEWS

Provider training topic for June

(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"
Having quick and easy resources available is a great way to save time. Medica routinely updates resources available to providers. This webinar will walk providers through Medica's self-service options, including resources on medica.com. It will focus on accessing and utilizing the tools available on Medica's secure provider portal; verifying if utilization management and reimbursement policies apply to services being billed; and processing details along with next steps for claims (e.g., appeals or adjustments).

Class schedule

Topic	Date	Time
Self-Service Resources for Providers	June 10	Noon-1:30 p.m.

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**.

Effective August 1, 2020:
New post-payment claim-review steps to be implemented

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

Effective August 1, 2020, Medica will add a new post-payment process as part of its claim-review capabilities. Following medical record review, Medica's Payment Integrity program will request refunds on claims when overpayments are identified. Claims identified as an overpayment may also be extrapolated at a provider group's entity level based on error rates of a medical record review — Payment Integrity bases medical record reviews off a 12-month lookback period for claims based on date paid. The new process for post-payment claims review will apply to claims for all Medica members.

As of August 1, Medica's **Provider Administrative Manual will be updated**, in the Billing and Reimbursement section, to reflect these post-payment claim-review changes.

Medica's Payment Integrity program focuses on ensuring claims are paid accurately. Medica reviews provider claims and claims data on a pre- and post-payment basis to detect, prevent and mitigate fraud, waste, abuse and error.

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