MEDICA®

July 2020

MEDICA CONNECTIONS®

For Medica network providers

General | Clinical | Pharmacy | Network | Administrative

See next month's training >

GENERAL NEWS

Effective by year-end 2020:

Medica transitions to new claim, EFT, EDI vendors for MHPS, IFB membership

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

Medica is committed to improving service and efficiency with its claim processing and other transactions, and strives for high-quality service for providers. With this goal, Medica will soon transition to new vendors to handle claims and other related services for Medica Health Plan Solutions℠ (MHPS), Individual and Family Business (IFB) and Nebraska Farm Bureau members — This is Medica membership administered using payer IDs 12422 and 71890. (Membership administered using payer ID 94265 is *not* affected by this transition.)

There will be three vendors to administer services currently handled for Medica by Change Healthcare (CHC), with their tentative transition timeframes as indicated:

- **Paper-to-electronic claims service** will transition to Smart Data Solutions (SDS) beginning in August 2020. Paper claims will be routed to SDS so providers do not need to take any action.
- **Payment and PRA services** — including provider remittance advices (PRAs), paper and electronic Explanations of Benefits (EOBs), electronic funds transfer (EFT) and paper check claims payments to providers — will transition to InstaMed beginning in October 2020.
- **Electronic data interchange (EDI) transactions** — including electronic claims submission, eligibility status verification, claim status verification — will transition to Availity beginning in November 2020.

With these selections, Medica will rely on best-in-class vendors to serve network providers while being cost-effective in delivering these important services.

Medica and Availity are working with clearinghouses and leased networks on the transition to support EDI transactions through Availity. InstaMed will also be reaching out to Medica's network providers in the coming weeks to make sure they are ready to switch over to InstaMed for EFT/PRA services. To avoid possible disruption, however, Medica

providers are encouraged to work with their claims clearinghouse to ensure they are connected with both InstaMed and Availity prior to September 2020. See more from **InstaMed** and **Availity** to get started, as needed.

Providers will *not* need to submit electronic claims to a different payer ID to go to Availity instead of CHC. Payer IDs will stay the same. Providers can continue to submit claims as they do today. The mailing address for paper claims will not change until 2021, when it will be reflected on new member ID cards.

Medica will address more about these changes in the coming months, including through upcoming provider trainings.

Medica's committed response to COVID-19

Within days of the declaration of a public health emergency prompted by COVID-19, Medica was taking steps to help, and has continued to respond to the needs of its health care partners, members, customers and communities since then. Medica also remains committed to the safety and well-being of its employees. Through several efforts —by donating PCs, funding telehealth projects and donating masks—Medica is helping to keep infection at bay and lower pressures on the health system overall.

Learn about Medica's recent response activities.

Annual reminder:
Reviewing medical records for proper diagnosis codes
Outreach needed for Medicare plan data validation

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

Each year, the Centers for Medicare and Medicaid Services (CMS) requires that health plans validate the diagnosis codes that are submitted for payment, through claims, by conducting a medical record review for documentation that supports these codes. Medica has recently begun conducting its annual Medicare chart review, which focuses on 2019 dates of service for Medica Advantage Solution® and Medica DUAL Solution® plan members. This effort, which will run through the fall, is administered for Medica by Optum and CiOX Health.

CiOX Health notifies provider offices when records are needed, providing a list of requested Medicare members' medical records as well as remote retrieval options that are available. To prevent the spread of COVID-19, CiOX can retrieve charts while practicing social distancing. Medica appreciates providers' prompt assistance with this annual project for CMS.

CLINICAL NEWS

Effective August 17, 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 August 17, 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 August 17,

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 July 2020 for policies that will be changing effective September 14, 2020. These upcoming policy changes will be effective as of that September date unless otherwise noted.

Due by July 15, 2020:

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 July 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

Outreach to prescribers aims to help patients save money on medications

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

Medica has recently implemented a new pharmacy program that aims to help Medica members save money on their prescription medications. This program, administered by Medica’s pharmacy benefit manager (PBM), Express Scripts®, targets prescribers in Medica’s provider network with information about medication costs from an Express Scripts pharmacist. Patients directly benefit from switching to recommended lower-cost alternatives as many of them

have high-deductible plans and pay more of the cost for medications.

Medica is working closely with its PBM to ensure that network providers receive this useful medication information for prescribing decisions when they treat members covered by Medica pharmacy benefit plans. Where lower-cost alternatives are available, medication category-specific education in the form of a “Drug Cost Alert” will be shared with the provider. The pharmacist will also share member-specific reports via fax with prescribers for patients identified as potential candidates for switching to an identified lower-cost drug option.

While the reach of this new program will be limited, with the help of prescribers, Medica anticipates successful therapy transitions that support patients’ treatment plans as well as reduce pharmacy expense.

Effective September 1, 2020:
Medica to add step therapy to Avastin for Mayo Medical Plan members

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

Effective with September 1, 2020, dates of service, Medica will add step therapy for new utilizers of Avastin who are members of Mayo Medical Plan. To be exempt from this requirement, members must currently be undergoing therapy with Avastin or have a contraindication or intolerance to at least one dose of a biosimilar. Prior authorization continues to be required for use of Avastin for all Medica members.

Medical pharmacy drug UM policies — Updated
Prior authorization is required.

Drug code	Drug brand name	Drug generic name
J9035	Avastin	bevacizumab

The updated medical pharmacy drug UM policy above will be available online or on hard copy:

- **View drug management policies** as of September 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

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

As of July 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 September 1, 2020:

Medica to update ancillary fee schedule for all products

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

Effective September 1, 2020, Medica will implement standard ancillary fee schedule updates for all Medica products. This fee update will have an impact on the following provider types: durable medical equipment (DME), orthotics and prosthetics (O&P), home health care, home infusion therapy, public health and transportation.

The effect on reimbursement due to this fee schedule update will vary by provider type and the mix of products or services provided. Providers who have questions or would like a copy of their updated fee schedule may contact their Medica contract manager.

ADMINISTRATIVE NEWS

Provider training topic for July

(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
"Life of a Claim"
Understanding all three components of a clean claim—submission, process and output—is important to ensure proper payment. This webinar will review all three in order to help providers understand how they work together to facilitate the proper processing of Medica claims. It will focus on claim submission policies and requirements; 837P and 837I electronic transactions; provider remittance advices (PRAs); common denial reasons; and how to request claim adjustments and appeals.

Class schedule

Topic	Date	Time
Life of a Claim	July 16	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**.

Effective September 1, 2020:
Medica to implement new reimbursement policy

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

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

Acupuncture services
Medica's Acupuncture Services reimbursement policy will follow Centers for Medicare and Medicaid Services (CMS) guidelines for Medica Prime Solution® and all Medica Advantage Solution® plans to provide 12 treatments within 90 days for those who have a diagnosis of chronic low-back pain. An additional 8 sessions will be allowed for those who demonstrate improvement. Minnesota Health Care Programs (MHCP) enrollees will continue to follow current guidelines set forth by the State of Minnesota's Provider Manual (applying to Medica's members in Medica DUAL Solution® and Medica AccessAbility Solution® Enhanced plans, which are dual-eligible Special Needs Plans).

Medica commercial and Medica Health Plan Solutions℠ (MHPS) plans will follow their benefit coverage. Coverage will *not* apply to Medica's Individual and Family Business (IFB) plans. This new Medica policy will be available online or on hard copy:

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

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

Inpatient hospital readmissions
Medica's Inpatient Hospital Readmission reimbursement policy will be updated to apply to all Medica Advantage Solution® plans effective with September 1, 2020 dates of service. This policy addresses the reimbursement of readmissions to the same hospital, billed on a UB-04 claim form or its electronic equivalent or its successor form.

The Inpatient Hospital Readmission policy also applies to Medica commercial, Individual and Family Business (IFB), Medica Health Plan Solutions℠ (MHPS) and Minnesota Health Care Programs (MHCP) products. This updated Medica policy will be available online or on hard copy:

- **View reimbursement policies** at Medica.com as of September 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)

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.

Reminder:
Providers should rely on Medica.com for most up-to-date forms

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

As a reminder, providers should make sure to use the latest forms posted on Medica.com. It's tempting to save a file copy or photocopy a form, especially multi-page forms that take a long time to fill out with repetitive details, since that can save time when it's data that doesn't change day to day.

However, Medica's forms for prior authorization, inpatient notification, referrals, appeals, etc., are reviewed and updated periodically. As a result, providers are discouraged from saving hard copies to reuse or saving a filled-out form file on an office computer. Old forms can include incorrect addresses or fax numbers, so using an outdated form could unwittingly cause delays for patients to receive needed care, due to the extra time it takes to reroute the information — or it could result in the exposure of patients' protected health information (PHI) to unintended recipients.

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