

## GENERAL NEWS

### Medica responds to social unrest with community grants, other efforts *Foundation donates \$750,000 to Twin Cities organizations*

As a community health plan, Medica is an organization dedicated to helping communities stay healthy, thrive and grow. The challenges of COVID-19 were compounded for many in these communities with the tragic death of George Floyd and the social unrest that followed. Medica responded with support for communities directly impacted by long-standing racial inequities. The efforts range from actions by employees to grant-making and providing funding for low-interest loans.

Minority-focused organizations and community health centers in the Twin Cities are receiving \$750,000 from the Medica Foundation. These crisis relief grants, awarded to more than 20 organizations, focus on health and mental health needs, youth and family support, food security and other issues of concern in minority communities. Community needs are exacerbated by the impact from the COVID-19 pandemic. Through these grants, organizations are providing critical support to their friends and neighbors during a time of crisis.

Organizations that received funding include the following provider recipients:

- Avivo – \$25,000
- Community University Health Care Center – \$50,000
- JustUs Health – \$10,000
- Native American Community Clinic – \$50,000
- NorthPoint Health & Wellness Center – \$50,000
- Open Cities Health Center – \$50,000
- Pillsbury United Communities – \$10,000

**See more details about these community grants.** Additional relief efforts by Medica include employee donation drives, [a Target registry](#) for food and basic needs items, increased volunteerism and \$1 million in earmarked deposits for local banks in communities affected by the unrest.

Effective August 20, 2020:

## Mailing address for claim appeals changing for IFB, NE Farm Bureau

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

As part of Medica's upcoming transition for claims and related services for certain Medica members, Medica will begin using a new mailing address for Individual and Family Business (IFB) and Nebraska Farm Bureau claim appeals beginning August 20, 2020. Claim adjustment or appeal requests as well as paper correspondence, other than paper checks such as provider-initiated refunds, will need to be sent to the new address as of that effective date. This will apply to all Medica membership administered using payer ID 12422.

Current address for IFB claim appeals:

Medica  
CW299  
PO Box 9310  
Minneapolis, MN 55440-9310

New address for IFB claim appeals effective August 20:

Medica Individual & Family Business  
PO Box 21051  
Eagan, MN 55121-0051

(Update to "Medica transitions to new claim, EFT, EDI vendors for MHPS, IFB membership" article in the **July 2020 edition** of *Medica Connections*, on pages 1-2.)

## CLINICAL NEWS

Effective September 14, 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 September 14, 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](https://www.medicacom.com)** prior to their effective date. The medical policy update notification for changes effective September 14, 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](https://www.medicacom.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](https://www.medicacom.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 August 2020 for policies that will be changing effective October 19, 2020. These upcoming policy changes will be effective as of that October date unless otherwise noted.

## Opioid prescribing, treatment classes available online for CE

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

The National Committee for Quality Assurance (NCQA), in partnership with the Boston University School of Medicine, is offering continuing education (CE) for online classes on safe opioid prescribing and treating opioid use disorder in a primary care setting. Sessions are free, and attendees do not have to be NCQA-accredited to take part. [Learn more.](#)

“We feel it’s valuable to promote such educational opportunities to help address the opioid epidemic,” said Jody Nelson, MD, lead medical director at Medica. “Practitioners should feel free to share this with those who may be interested.”

## Annual notice: Medica monitors QI program goals for 2020

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

Medica prepares an annual Quality Improvement Work Plan to outline key quality improvement (QI) activities for the year. The work plan encompasses projects addressing clinical quality, service quality, provider quality and patient safety, as well as ongoing quality monitoring activities. As of second quarter, the 2020 QI Work Plan features 20 individual quality improvement activities and 19 ongoing quality monitors. More QI activities may be added throughout the year.

Some Work Plan initiatives that may interest medical groups include activities to:

- Reduce chronic opioid use in high-risk member populations
- Improve dental visit rates for select populations
- Improve performance on HEDIS measures including preventive care, chronic conditions, women’s health and antidepressant management

The Medica QI program supports the Medica mission to meet its customers’ needs for health plan products and services. The QI program’s purpose is to identify and implement activities that will improve:

- Member care, service, access and/or safety;
- Service to providers, employers, brokers and other customers and partners; and
- Medica internal operations.

This program encompasses a wide range of clinical and service quality initiatives affecting Medica members, providers, employers and brokers, as well as internal stakeholders throughout Medica.

Medica evaluates its QI program annually, reviewing the year’s QI activities and assessing progress toward goals. Medica also looks at its QI committee structure, program resources, and key challenges and barriers encountered during the year. Each year’s program evaluation forms the basis of the next year’s work plan.

The Medica Quality Improvement Subcommittee (QIS) of the Medical Committee of the Medica Board of Directors directs and oversees QI program implementation. QIS serves as a peer-review body, receiving and reviewing aggregate data on all aspects of clinical and service quality. QIS approves program activities, recommends policy changes and follows up on improvement opportunities.

For more details about the Medica QI program:

- [Visit medica.com.](http://www.medica.com)
- Call the Medica Provider Literature Request Line for printed copies of documents.

## PHARMACY NEWS

Effective August 1, 2020:

## Medica to add new UM policies for 3 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 August 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	Darzalex Faspro	daratumumab/hyaluronidase-fihj
J9999	Jelmyto	intra-pyelocalyceal mitomycin
J9999	Trodelvy	sacituzumab govitecan-hziy

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<sup>®</sup> (Minnesota Senior Health Options, or MSHO) and all Medica Advantage Solution<sup>®</sup> plans. They will *not* apply to Medica Prime Solution<sup>®</sup> (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 August 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective October 1, 2020:

## Medica to add 4 drug UM policies, step therapy for Mayo Medical Plan

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

Medica will soon implement the following medical pharmacy drug utilization management (UM) policies for Mayo Medical Plan members. These changes will be effective with October 1, 2020, dates of service. Prior authorization will be required for the corresponding medical pharmacy drugs. Prior authorization continues to be required for use of these drugs for all other Medica members.

### Medical pharmacy drug UM policies — New to Mayo Medical Plan

*Prior authorization will be required.*

Drug code	Drug brand name	Drug generic name
J9999	Darzalex Faspro	daratumumab/hyaluronidase-fihj

J9355	Herceptin	trastuzumab
J2507	Krystexxa	pegloticase
J3590	Vyepti	eptinezumab-jjmr

Also effective with October 1, 2020, dates of service, Medica will include step therapy for new utilizers of Herceptin who are members of Mayo Medical Plan. To be exempt from this requirement, members must currently be undergoing therapy with Herceptin or have a contraindication or intolerance to at least one dose of a biosimilar.

The 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.

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

As of August 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<sup>®</sup> and Medica AccessAbility Solution<sup>®</sup> 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 October 1, 2020: Medica to make quarterly update to Medicare fee schedules

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

Effective with October 1, 2020, dates of service, Medica will implement the quarterly update to its Medicare physician 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 home infusion therapy and public health agency providers, as well as physicians. Medica will make these updates within 30 days of the CMS quarterly files becoming publicly available. By day 10 after each effective date, in order to keep these quarterly updates timely, Medica will move ahead and post updated Medicare rates with the files CMS has published at that time.

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 October 1, 2020: Medica to make quarterly update to reference lab fee schedule

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

Effective with October 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 October 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.

## ‘Lag,’ quarterly PCR checks to be mailed in August

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

Medica plans to mail final 2019 physician contingency reserve (PCR) distribution checks, or “lag” checks, to providers in August 2020. Medica returned 100 percent of the PCR withhold for the Medica Prime Solution<sup>®</sup> Medicare product for 2019, including the lag return. The final 2019 distribution will include PCR withheld from claims with dates of service that fell outside the 90-day submission window for each quarter of last year. This final distribution will include PCR for claims payments processed through June 30, 2020, plus interest.

In addition, the PCR payment for the first quarter of 2020 for the Medica Prime Solution product is expected to be mailed by the end of August 2020. This represents a 100-percent return of the first-quarter 2020 PCR withhold, plus interest. Checks will cover PCR withheld for claims with dates of service of January 1, 2020, through March 31, 2020, and dates paid of January 1, 2020, through June 30, 2020.

# ADMINISTRATIVE NEWS

## Provider training topic for August

*(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

### *“Elderly Waiver and Housing Stabilization Providers”*

Elderly waiver (EW) and housing stabilization providers serve an important function in the care of Medica members. The services these providers offer promote community living and independence while giving people the support they need. Since working with a health plan can offer a variety of challenges, this training will walk providers through requirements for them as well as tools and services available to assist them. This class will focus on: an overview of new housing stabilization benefits; getting set up as an EW or housing stabilization provider; role of the care coordinator and role of Medica’s Provider Service Center; how to obtain an authorization; the claims submission process; and what to do if a claim is not processed as expected.

## Class schedule

Topic	Date	Time
Elderly Waiver and Housing Stabilization Providers	August 18	11 a.m.-12:30 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.](#)

## Telehealth benefits verification now available online

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

With COVID-19 changing the way many patients interact with their health care providers, more and more members are turning to telemedicine as an alternative means to receive care. Provider offices encourage it as well! In order to assist providers in verifying a member’s benefits for telehealth services, Medica has made online enhancements to display telehealth benefits for its Individual and Family Business (IFB), Nebraska Farm Bureau and Medica Health Plan Solutions<sup>SM</sup> (MHPS) members (i.e., those Medica members administered under payer IDs 12422 and 71890). This new functionality is now available through Medica’s [secure provider portal](#) as well as through the Health Insurance Portability and Accountability Act (HIPAA) 270/271 electronic data interchange (EDI) transactions. (This new online enhancement is not available for Medica members administered under payer ID 94265.)

Providers using the Medica provider portal will now find a dropdown for “Telehealth.” Providers who verify benefits with an EDI transaction directly through their clearinghouse will need to query service type code (STC) 3 in order to return the telehealth benefits response. The telehealth response includes cost-sharing details for both in- and out-of-network providers, as well as telehealth related to the diagnosis of COVID-19, which may apply different cost-sharing than a standard telehealth visit.

This online benefits enhancement, as well as other changes Medica has made and continues to make in response to COVID-19, can be found in Medica’s [COVID-19 Response Provider FAQ](#).

## Updates to Medica Provider Administrative Manual

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

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 information on Centers of Excellence for Organ Transplant Program	“Health Management and Quality Improvement” section, in the “Centers of Excellence” subsection	June 2020

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

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