General Information
- 2012 'Raising the Bar' innovation award winners announced
- Medica Foundation announces provider grant recipients
- Process modified for MHCP Restricted Recipient PCA services
- Annual Medicare compliance training required by year-end

Clinical Information
- Medica makes coverage policy changes, effective Oct. 22
- Medica to implement new coverage policies, eff. January 1
- Medica to make coverage policy change, eff. January 1
- Medical policies and clinical guidelines to be updated

Pharmacy Information
- Medica updates standard commercial and MHCP formularies
- Medica updates drug management policies, effective Nov. 1
- Medica to update standard commercial and MHCP formularies
- Diabetes medication Victoza to be removed from formularies
- Medica Pharmacy Services surveying providers for feedback
- Medica to add safety edits for certain Part D drugs

Network Information
- Medica to update Medicare physician fee schedule
- Medica to revise fee schedule for MHCP products

Administrative Information
- Medica updates reimbursement/claims policies, eff. Oct. 1

PPO Information
- Latest UHC provider bulletin available online
2012 'Raising the Bar' innovation award winners announced

Medica is pleased to announce the winners of its fifth-annual "Raising the Bar" innovation awards for providers. Award winners received $25,000 and an award plaque to recognize their achievement.

With "Raising the Bar: Rewarding Innovation in Redesigning Roles and Relationships in Health Care Delivery" this year, Medica highlights the work of provider organizations that are improving quality, increasing patient satisfaction, and ultimately decreasing the cost of health care — by design, advancing the Triple Aim. The following providers are this year's winners for the innovation award from Medica.

**Fairview Partners**, a family practice in Edina, Minn., developed a model of care that integrated "NetClinic," a Skype-like program for virtual visits that allows remote face-to-face interaction between primary care providers and their elderly patients at home or in assisted living facilities. Care coordinators were actively involved in making the unique outreach successful. Virtual visits enabled medication therapy management (MTM), interpreter services, behavioral consults and physician consults — achieving not only high patient satisfaction but reduced ER use, interpreter use, and hospitalizations. MTM alone resulted in savings of $75,000 per year for a group of assisted living residents.

**St. Mary's Care Center**, a nursing home in Winsted, Minn., created a bariatric care recovery program to serve obese patients, focusing on rehabilitation for them before they return safely home, and a safe environment for those requiring long-term complex skilled care. This purpose-driven, condition-specific rehab program helped prevent re-hospitalization by providing safety for patients needing complex skilled care, adding 5 days in short-term unit stays year over year that saved nearly $14,000 more per patient (vs. hospital stays).

**South Lake Pediatrics** of Minnetonka, Minn., designed a depression care management program for children in its pediatric medical clinics, fostering collaboration between primary care and mental health providers to achieve timely, appropriate mental health care. Standardized care coordination, a new Director of Mental Health Services position, integrated
With its "Raising the Bar" innovation awards, Medica seeks to recognize the work of provider groups — from single-site practices to healthcare systems — that are undergoing unique changes to improve patient care, with proven results. Medica established its provider innovation awards in 2008 to recognize the provider community’s work in defining healthcare excellence.

**Medica Foundation announces provider grant recipients**

*First-round 2012 grants awarded, totaling $653,000*

The Medica Foundation has concluded its first round of grant-making in 2012, awarding program grants totaling $516,986 to 12 nonprofit agencies. Program grants were awarded to several provider groups and healthcare foundations:

- Altru Health Foundation (Grand Forks, N.D.) — to provide staff mental health education and to expand the telemedicine program in the region
- CentraCare Health Foundation (St. Cloud, Minn.) — to expand their program system-wide to reduce hospital admission rates for patients with congestive heart failure
- Hennepin Health Foundation, part of HCMC (Minneapolis) — to implement a telephone-based maternal and infant mental health and triage service and to support the psychiatric partial hospital program for pregnant women, new mothers and their infants
- Knute Nelson Foundation (Alexandria, Minn.) — to support their chronic disease management clinical care coordinator program
- LB Homes (Fergus Falls, Minn.) — to implement a telehealth program for their patients with congestive heart failure and chronic obstructive pulmonary disease
- Mississippi Headwaters Area Dental Health Center (Bemidji, Minn.) — to expand their appointment system to accommodate urgent-care patients and to implement efforts to reduce barriers to increase patient return rate for follow-up services
- University of Minnesota Medical School (Duluth, Minn.) — a collaborative program between the Center for Rural Mental Health Studies and the Raiter Clinic (part of the Integrity Network) to provide integrative telemental health services for persons experiencing acute or chronic depression-care treatment protocols, and an expanded mental health registry helped effect this collaborative integration of care. As a result, the hospitalization rate for depression was 61% lower than outside the program, with a rate of 3.4% vs. 8.8% in a control group.
physical illnesses with significant psychological components

This cycle of grant-making focused on two priorities: filling the gaps in behavioral health services and reducing inappropriate ER utilization, hospital admissions and readmissions. In addition, the foundation awarded 20 general community grants totaling $136,500 in the first half of 2012. The sum of all first-round grants was $653,486.

Details about grant recipients, funding opportunities, giving guidelines and application deadlines are available online at medicafoundation.org. Information on Medica Foundation funding priorities and grant application periods for 2013 will be available early next year.

Process modified for MHCP Restricted Recipient PCA services

PCP order no longer required

Medica has changed its administration of the Restricted Recipient Program with respect to personal care assistance (PCA) services for Medica Minnesota Health Care Programs (MHCP) enrollees. This change better aligns with administration of the program by the Minnesota Department of Human Services (DHS).

Medica no longer requires an order from a Restricted Recipient's designated primary care provider (PCP) for PCA services. This includes both the assessment for PCA services as well as the PCA services provided by a personal care assistant. This change does not, however, affect the restriction on PCA choice and flexible-use options — These options remain unavailable to MHCP Restricted Recipients.

Only Medica MHCP-enrolled members are affected by this change — i.e., those enrolled in Medica Choice CareSM (including MSC+), Medica MinnesotaCare, Medica AccessAbility Solution®, and Medica DUAL Solution®. There are no changes to the Restricted Recipient Program for Medica commercial members or Medica members enrolled in Medicare plans other than Medica DUAL Solution.

Updated referral guidelines for the Medica Restricted Recipient Program are available online for provider use. See referral guidelines.

(Update to “Medica to Only Pay Claims When Restricted Recipient MHCP Patients Receive Services From Designated Providers” article in the October 2008 edition of Medica Connections. See October 2008 edition.)

Due December 31, 2012:

Annual Medicare compliance training required by year-end
As a reminder, the Centers for Medicare and Medicaid Services (CMS) requires that Medicare providers complete annual compliance training. The training requirement applies to all organizations that provide healthcare services or administrative services for Medicare-eligible individuals under the Medicare Advantage or Medicare Part D program. This compliance training is required by December 31 each year.

**Learn more and complete the compliance training.**

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**CLINICAL INFORMATION**

**Effective October 22, 2012:**

**Medica makes coverage policy changes**

The following benefit determinations were effective beginning with October 22, 2012, dates of service. These changes apply to all Medica products including government products unless a particular health plan (whether commercial, Medicare or Medicaid) requires different coverage.

**Posterior tibial nerve stimulation**
Medica has reviewed posterior tibial nerve stimulation (PTNS) for urinary voiding dysfunction. Beginning with October 22, 2012, dates of service, PTNS is now covered. PTNS, also referred to as posterior (or percutaneous) tibial neuromodulation, is a minimally invasive, office-based treatment for urinary voiding dysfunction in patients who have failed behavioral and/or pharmacologic therapies.

**Home sleep studies**
Medica has reviewed home sleep studies for initial diagnosis of obstructive sleep apnea/hypopnea syndrome (OSAHS) (outlined in the former coverage policy "Home Sleep Studies for Diagnosis of Obstructive Sleep Apnea/Hypopnea Syndrome (OSAHS) in Adults"). Beginning with October 22, 2012, dates of service, home sleep studies are covered for the initial diagnosis of OSAHS for adult members (18 years or older) meeting specified indications as defined in the related Medica coverage policy. Refer to the revised coverage policy.

Home sleep studies are investigative and therefore not covered in children and adolescents under 18 years of age.

A home (unattended/unsupervised) sleep study, also referred to as portable monitoring, utilizes equipment that monitors and records multiple parameters. However, no device measures the complete number of parameters used in a full-channel polysomnography (PSG). Generally, a technologist is not in attendance during actual performance of the home sleep study. Results are recorded for subsequent professional interpretation and reporting.

The complete text of the policies that apply to these determinations are available online or on hard copy:

- See coverage policies at medica.com.
Effective January 1, 2013:

Medica to implement new coverage policies

The following benefit determinations will be effective beginning with January 1, 2013, dates of service. These new policies will apply to all Medica products including government products unless a particular health plan (whether commercial, Medicare or Medicaid) requires different coverage.

Stem cell infusion for orthopedic applications
Medica has reviewed autologous/allogeneic stem cell infusion for orthopedic applications and has determined that this technology is investigative and therefore will not be covered.

Uses of mesenchymal stem cells (MSC) are purported to include the treatment of arthritic joints, osteonecrosis, degenerative vertebral discs, and ligaments or tendons. The use of autologous MSCs has been proposed as a way to provide osteogenic growth factors to promote the generation of new bone growth following core decompression.

Treatment of chronic cerebrospinal venous insufficiency
Medica has reviewed treatment of chronic cerebrospinal venous insufficiency (CCSVI) in multiple sclerosis (MS) and has determined that this technology is investigative and therefore will not be covered.

Some researchers hypothesize that stenosis of specific veins in the neck and chest — the internal jugular and azygos veins — may cause MS or contribute to its progression by impairing blood drainage from the brain and upper spinal cord. This stenosis has been termed chronic cerebrospinal venous insufficiency (CCSVI). Studies exploring a link between MS and CCSVI are inconclusive. A treatment purported to relieve this stenosis is venous angioplasty. The procedure involves using balloon angioplasty devices or stents to widen narrowed veins in the chest and neck, supposedly to improve the symptoms and MS and reduce relapses.

Facility-based polysomnography
Medica has reviewed facility-based polysomnography (PSG) for initial diagnosis of obstructive sleep apnea/hypopnea syndrome (OSAHS) and has determined that full- or split-night PSG will be covered for adult members (18 years of age or older) and pediatric members (less than 18 years of age) meeting specified indications as defined in current reputable guidelines such as:

- Clinical Guideline for the Evaluation, Management and Long-Term Care of Obstructive Sleep Apnea in Adults (AASM, Epstein et al, 2009)
- Practice Parameters for the Respiratory Indications for Polysomnography in Children (AASM, Aurora et al, 2011)

These and other applicable guidelines can be accessed online from PubMed.

Full- or split-night PSG is performed to aid in the diagnosis of OSAHS. PSG is typically a facility-
based procedure attended by a technologist. The individual sleeps while connected to multiple measurement devices, while the technologist monitors and/or records the multiple respiratory-related physiologic variables. During a split-night PSG, respiratory-related variables are measured, followed by continuous positive airway pressure (CPAP) titration to establish the amount of positive airway pressure required to prevent upper airway collapse during sleep.

As of January 1, 2013, the complete text of the policies that apply to these determinations will be available online or on hard copy:

- See coverage policies at medica.com.
- Call the Medica Provider Literature Request Line for printed copies of documents.

**Effective January 1, 2013:**

**Medica to make coverage policy change**

The following benefit determination will be effective beginning with January 1, 2013, dates of service. This change will apply to all Medica products including government products unless a particular health plan (whether commercial, Medicare or Medicaid) requires different coverage.

**Continuous positive airway pressure**

Medica has reviewed home use of continuous positive airway pressure (CPAP) and will amend coverage of the allowable rental period to two months in order to demonstrate suitability of CPAP as the member’s treatment modality, and member compliance with recommended usage.

In month three it will be required that the CPAP device be either purchased (i.e., a final claim submission made for remainder of the purchase price) or returned to the supplier (i.e., claims submission terminated). For members currently within an established 12-month rental cycle, begun on or after March 1, 2012, rental may continue into January and February 2013. Then in March 2013, the CPAP device should either be submitted for purchase or returned to the supplier.

This revision will apply to members covered under an applicable Medica commercial or Minnesota Health Care Programs (MHCP) plan. There will be no change in the current 12-month rental period for members covered under a Medicare product. Also, a non-heated or a heated humidifier remains covered when ordered by the treating physician for use with a covered CPAP machine. Coverage for repair, replacement, or revision of a device and/or associated accessories and supplies will be made in accordance with the terms of the member’s coverage document.

As of January 1, 2013, the complete text of the policy that applies to this determination will be available online or on hard copy:

- See coverage policies at medica.com.
- Call the Medica Provider Literature Request Line for printed copies of documents.
Effective January 1, 2013:

**Medical policies and clinical guidelines to be updated**

Medica will soon update one or more utilization management (UM) policies, coverage policies, Institute for Clinical Systems Improvement (ICSI) guidelines, and Medica clinical guidelines, as indicated below. These policies will be effective January 1, 2013, unless otherwise noted.

**UM Policies — Revised**
*These versions replace all previous versions.*

<table>
<thead>
<tr>
<th>Name</th>
<th>Policy Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genetic Testing for Susceptibility to Colorectal Cancer (CRC)</td>
<td>III-DIA.06</td>
</tr>
<tr>
<td>Colorectal Cancer (CRC) — Hereditary Non-Polyposis Colorectal Cancer/Lynch Syndrome, APC-Associated Polyposis and MYH-Associated Polyposis</td>
<td></td>
</tr>
</tbody>
</table>

**Coverage Policies — New**

- Autologous/Allogeneic Stem Cell Infusion for Orthopedic Applications
- Sleep Studies for Initial Diagnosis of Sleep Disorders: Facility Based Polysomnography (PSG)
- Treatment of Chronic Cerebrospinal Venous Insufficiency (CCSVI) in Multiple Sclerosis

**Coverage Policies — Revised**
*These versions replace all previous versions.*

<table>
<thead>
<tr>
<th>Name</th>
<th>Policy Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cytochrome P450 (CYP450) Genotyping</td>
<td></td>
</tr>
<tr>
<td>Home Use of Bilevel Positive Airway Pressure (BiPAP)</td>
<td></td>
</tr>
<tr>
<td>Home Use of Continuous Positive Airway Pressure (CPAP)</td>
<td></td>
</tr>
<tr>
<td>Posterior Tibial Nerve Stimulation for Urinary Voiding Dysfunction</td>
<td></td>
</tr>
<tr>
<td>(effective 10/22/12)</td>
<td></td>
</tr>
<tr>
<td>Sleep Studies for Initial Diagnosis of Sleep Disorders: Home Sleep</td>
<td></td>
</tr>
<tr>
<td>Studies (effective 10/22/12; formerly Home Sleep Studies for</td>
<td></td>
</tr>
<tr>
<td>Diagnosis of Obstructive Sleep Apnea [OSA] in Adults)</td>
<td></td>
</tr>
</tbody>
</table>

**ICSI Policies — Revised**
*These guidelines are available on medica.com.*

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Services for Adults (released September 2012)</td>
</tr>
<tr>
<td>Preventive Services for Children and Adolescents (released September</td>
</tr>
</tbody>
</table>

As of January 1, 2013, these documents will be available online or on hard copy:

- [View medical policies and clinical guidelines at medica.com](#);
- Call the Medica Provider Literature Request Line for printed copies of documents.
Effective November 1, 2012:
Medica updates standard commercial and MHCP formularies

Medica has reviewed the following products, with their respective coverage status effective November 1, 2012. These changes apply to both the Medica standard commercial drug formulary and the Medica Minnesota Health Care Programs (MHCP) drug formulary as indicated in the table below. The Medica MHCP formulary applies to the following products: Medica Choice CareSM (including Minnesota Senior Care Plus program, or MSC+), Medica MinnesotaCare, Medica AccessAbility Solution® (Special Needs Basic Care program, or SNBC), and Medica DUAL Solution® (Minnesota Senior Health Options program, or MSHO), for non-Part D drugs. These changes do not apply to the Medica Medicare Part D formulary.

<table>
<thead>
<tr>
<th>Generic name (brand name)</th>
<th>Commercial formulary status</th>
<th>Medica MHCP formulary status</th>
<th>Current preferred alternatives</th>
<th>Restrictions and comments</th>
<th>Approved therapeutic indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>zolpidem tartrate SL (Intermezzo®)</td>
<td>Tier 3</td>
<td>Non-formulary</td>
<td>zolpidem, zolpidem ER, zaleplon</td>
<td>Step therapy; quantity limit</td>
<td>Treatment of insomnia</td>
</tr>
<tr>
<td>beclomethasone dipropionate HFA (Qnasi®)</td>
<td>Tier 2</td>
<td>Non-formulary</td>
<td>fluticasone propionate, triamcinolone acetate, flunisolide, Nasonex®</td>
<td></td>
<td>Treatment of nasal symptoms associated with seasonal and perennial allergic rhinitis</td>
</tr>
<tr>
<td>tafluprost ophthalmic solution (Zioptan®)</td>
<td>Tier 3</td>
<td>Non-formulary</td>
<td>latanoprost, Travatan Z®</td>
<td>Quantity limit</td>
<td>Treatment of elevated intraocular pressure in patients with open-angle glaucoma or ocular hypertension</td>
</tr>
<tr>
<td>ingenol mebutate gel</td>
<td>Tier 3</td>
<td>Non-formulary</td>
<td>imiquimod</td>
<td></td>
<td>Topical</td>
</tr>
<tr>
<td>(Picato®)</td>
<td>formulary</td>
<td>5%, fluorouracil</td>
<td>treatment of actinic keratosis</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>dorzolamide/timolol ophthalmic drops (Cosopt PF®)</td>
<td>Tier 3 Non-formulary</td>
<td>dorzolamide hcl/ timolol maleate ophthalmic drops</td>
<td>Treatment of elevated intraocular pressure in patients with open-angle glaucoma or ocular hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hydroxyprogesterone caproate injection (Makena®)</td>
<td>Specialty Tier 1 Formulary specialty</td>
<td>Prior authorization; specialty drug</td>
<td>To reduce the risk of preterm labor in women who are pregnant with one baby who have previously delivered a preterm baby</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ivacaftor (Kalydeco®)</td>
<td>Specialty tier 1 Formulary specialty</td>
<td>Prior authorization; quantity limit; specialty drug</td>
<td>Treatment of cystic fibrosis in patients 6 years of age and older who have a G551D mutation in the CFTR gene</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ustekinumab (Stelara®)</td>
<td>Specialty tier 1 Formulary specialty</td>
<td>Prior authorization; specialty drug</td>
<td>Treatment of moderate to severe plaque psoriasis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medica drug formularies are available online or on paper:

- **View Medica drug formularies on medica.com.**
- To request a printed copy, providers may call the Medica Provider Literature Request Line.

**Medication request forms**
A uniform formulary exception 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:

- Download an exception form at medica.com.
- Call MedImpact at 1-800-788-2949.

Effective November 1, 2012:

**Medica updates drug management policies**

Medica has updated the following drug utilization management (UM) policies effective with November 1, 2012, dates of service.

**Drug UM Policies — Revised**

*These versions replace all previous versions.*

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>alemtuzumab (Campath®)</td>
</tr>
<tr>
<td>nabilone (Cesamet®)</td>
</tr>
<tr>
<td>tesamorelin (Egrifta®)</td>
</tr>
<tr>
<td>epoetin alfa (Epogen®/Procrit®)</td>
</tr>
<tr>
<td>fentanyl (transmucosal) (Actiq®, Fentora®, Onsolis®, Abstral®, Subsys®, Lazanda®)</td>
</tr>
<tr>
<td>pralatrexate (Folotyn®)</td>
</tr>
<tr>
<td>vemurafenib (Zelboraf®)</td>
</tr>
<tr>
<td>carglumic acid (Carbaglu®)</td>
</tr>
<tr>
<td>centuximab (Erbilux®)</td>
</tr>
<tr>
<td>ustekinumab (Stelara®)</td>
</tr>
</tbody>
</table>

*Current drug coverage and UM policies are available on medica.com.*

Effective January 1, 2013:
Medica to update standard commercial and MHCP formularies

Medica has reviewed the following products, with their respective coverage status to be effective January 1, 2013. These changes will apply to both the Medica standard commercial drug formulary and the Medica Minnesota Health Care Programs (MHCP) drug formulary as indicated in the table below. The Medica MHCP formulary applies to the following products: Medica Choice Care℠ (including Minnesota Senior Care Plus program, or MSC+), Medica MinnesotaCare, Medica AccessAbility Solution® (Special Needs Basic Care program, or SNBC), and Medica DUAL Solution® (Minnesota Senior Health Options program, or MSHO), for non-Part D drugs. These changes do not apply to the Medica Medicare Part D formulary.

<table>
<thead>
<tr>
<th>Generic name (brand name)</th>
<th>Commercial formulary status</th>
<th>Medica MHCP formulary status</th>
<th>Current preferred alternatives</th>
<th>Restrictions and comments</th>
<th>Approved therapeutic indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>etanercept (Enbrel®)</td>
<td>Specialty tier 2</td>
<td>Non-formulary</td>
<td>Humira®, Cimzia®</td>
<td>Prior authorization; specialty drug (current utilizers will be grandfathered at current benefit level until 12/31/13)</td>
<td>Treatment of rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, and plaque psoriasis</td>
</tr>
<tr>
<td>albuterol sulfate</td>
<td>Tier 2</td>
<td>Formulary</td>
<td></td>
<td></td>
<td>Prevention and relief of bronchospasm in patients with reversible obstructive airway disease</td>
</tr>
<tr>
<td>inhalation aerosol (Ventolin HFA®)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Prevention and relief of bronchospasm in patients with reversible obstructive airway disease</td>
</tr>
<tr>
<td>albuterol sulfate</td>
<td>Tier 3</td>
<td>Non-formulary</td>
<td>Ventolin HFA®</td>
<td>Step therapy requires use of Ventolin HFA first</td>
<td>Prevention and relief of bronchospasm in patients with reversible obstructive airway disease</td>
</tr>
<tr>
<td>inhalation aerosol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Prevention and relief of bronchospasm in patients with reversible obstructive airway disease</td>
</tr>
<tr>
<td>somatropin</td>
<td>Specialty tier 2</td>
<td>Non-formulary</td>
<td>Omnitrope®</td>
<td>Prior authorization; specialty drug (current utilizers will be grandfathered)</td>
<td>Treatment of conditions related to growth hormone deficiency</td>
</tr>
<tr>
<td>(Norditropin®, Norditropin FlexPro®, Norditropin NordiFlex®)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>Formulary Tier</td>
<td>Formulary</td>
<td>Step Therapy Requirement</td>
<td>Use</td>
<td>Indication</td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
<td>Rosuvastatin (Crestor®)</td>
<td>Tier 3</td>
<td>Non-formulary</td>
<td>Step therapy requires use of atorvastatin first</td>
<td>Treatment of dyslipidemia</td>
<td></td>
</tr>
<tr>
<td>Ezetimibe/simvastatin (Vytorin®)</td>
<td>Tier 3</td>
<td>Non-formulary</td>
<td>Approval for continued use will be granted for current utilizers</td>
<td>Treatment of dyslipidemia</td>
<td></td>
</tr>
<tr>
<td>Alefacept (Amevive®)</td>
<td>Specialty tier 2</td>
<td>Non-formulary</td>
<td>Prior authorization; specialty drug</td>
<td>Treatment of psoriasis</td>
<td></td>
</tr>
<tr>
<td>Desvenlafaxine (Pristiq®)</td>
<td>Tier 3</td>
<td>Non-formulary</td>
<td>Quantity limit (current utilizers will be grandfathered at current benefit level)</td>
<td>Treatment of major depressive disorder</td>
<td></td>
</tr>
<tr>
<td>Branded oral contraceptives</td>
<td>Tier 3</td>
<td>Non-formulary</td>
<td>Step therapy requires use of two generic products first (does not apply to NuvaRing® or Ortho Evra®); approval for continued use will be granted for current utilizers</td>
<td>Prevention of pregnancy</td>
<td></td>
</tr>
</tbody>
</table>

Medica drug formularies are available online or on paper:

- View Medica drug formularies on medica.com.
- To request a printed copy, providers may call the Medica Provider Literature Request Line.

**Medication request forms**
A uniform formulary exception 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:

- **Download an exception form at medica.com**.
- Call MedImpact at 1-800-788-2949.

**Effective January 1, 2013:**

**Diabetes medication Victoza to be removed from formularies**

As a reminder, Medica will remove Victoza from non-Part D Medica drug formularies as of January 1, 2013. Medica members currently taking Victoza will be able to continue with their current prescription through December 31, 2012. Physicians are encouraged to discuss medication options with their patients. Medica drug formularies will continue to include Byetta and Bydureon as preferred brand medications.

This upcoming formulary change will apply for Medica commercial members and enrollees in these Minnesota Health Care Programs (MHCP) products: Medica Choice CareSM (including Minnesota Senior Care Plus program, or MSC+), Medica MinnesotaCare, and Medica AccessAbility Solution® (Special Needs Basic Care program, or SNBC). This formulary change will *not* apply to the Medica Medicare Part D drug formulary.

**Due December 31, 2012:**

**Medica Pharmacy Services surveying providers for feedback**

As a reminder, Medica is requesting the input of healthcare providers on Medica pharmacy-services practices. Medica is conducting a brief and anonymous survey of physicians and clinic staffs to measure practitioner satisfaction with the prior authorization and formulary exception components of the Medica utilization management process for pharmacy services. The survey asks about topics such as Medica drug formularies and medication request forms.

The purpose of this survey is to identify and implement opportunities for improvement with Medica utilization management processes. The survey will be conducted until the end of the year.

*Take the brief survey located on the Pharmacy home page for providers.*
Effective January 1, 2013:

**Medica to add safety edits for certain Part D drugs**

Beginning January 1, 2013, the Centers for Medicare and Medicaid Services (CMS) will be promoting safe use of Part D medications, encouraging health plans to ensure that covered drugs are used appropriately and as safely as possible. As a result, Medica will implement safety edits for drugs included on the updated Beers List of potentially harmful drugs for use by seniors. Drugs included on the list include antihistamines, sleep aids, tricyclic and MAOI antidepressants.

The new safety edits will be tailored to the specific drug and may limit the quantity filled within a 90-day period or may require additional information regarding diagnosis prior to allowing the requested prescription to be filled. The safety edits will apply to Medicare Part D members 65 years of age and older who present a prescription to a pharmacy for one of the listed harmful drugs.

As a reminder, effective January 1, 2013, Medica has made annual decisions on drugs that will either be removed from the Medica Medicare Part D drug formularies or be subject to a change in preferred or tiered cost-sharing status. Changes are posted on medica.com. [See the 2013 Part D formulary changes](#).

Medica Medicare Part D drug formularies are available online or on paper:

- [View the Medica Part D formularies at medica.com](#).
- [Download the Part D formularies for free at epocrates.com](#).
- Call the Medica Provider Literature Request Line to request a printed copy.

(Update to "Medica makes annual update to Part D drug formularies" article in the November 2012 edition of Medica Connections. [See November 2012 edition](#).

### NETWORK INFORMATION

**Effective January 1, 2013:**

**Medica to update Medicare physician fee schedule**

Beginning with January 1, 2013, dates of service, Medica will implement the quarterly update to its Medicare physician fee schedule for applicable Medica products. This Medicare update will coincide with the implementation from the Centers for Medicare and Medicaid Services (CMS).

This fee schedule change incorporates CMS relative value units (RVUs) and the conversion factor for
year 2013 as well as various Medicare non-RVU fee maximums (such as labs, injections, immunizations, etc.). In addition, Medica will also update its Medicare fee schedule with rates for codes without a fee maximum established. Overall reimbursement for providers will depend on specialty and mix of services provided.

Providers who have questions about this may contact their Medica contract manager. Additional information on Medicare fee changes, including rate details, is available online from CMS.

Effective January 1, 2013:

**Medica to revise fee schedule for MHCP products**

Effective January 1, 2013, Medica will implement a revised fee schedule for its enrollees in Minnesota Health Care Programs (MHCP) products, affecting the Medica Choice Care SM, Medica MinnesotaCare and Medica AccessAbility Solution® products. The revised Medica MHCP fee schedule will be increased for defined codes based on the fee schedule used by the Minnesota Department of Human Services (DHS) to pay certain primary care providers (pediatrics, family practice, and internal medicine) for specific services provided to its fee-for-service enrollees. The effect on reimbursement overall for specific clinics will vary by specialty and the mix of services provided.

Provider types not listed above will not experience any changes in reimbursement as part of this update.

Providers who have further questions may contact their Medica contract manager.

**ADMINISTRATIVE INFORMATION**

Effective October 1, 2012:

**Medica updates reimbursement/claims policies**

Medica has updated the reimbursement/claims policies indicated below, effective with October 1, 2012, dates of processing. Such policies define when specific services are reimbursable based on the reported codes.

**Reimbursement/claims policies — Revised**

*These versions replace all previous versions.*
Co-Surgeon/Team Surgeon *(updated code lists)*

Multiple Procedure Reduction *(updated code list)*

These revised policies are available online or on hard copy:

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

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**PPO INFORMATION**

**Latest UHC provider bulletin available online**

UnitedHealthcare (UHC) has published the latest edition of its *Network Bulletin* (September 2012).

Highlights that may be of interest to LaborCare® network providers include:

- Lab Rebundling Policy — revised in third quarter 2012
- Pro/Tech Policy — revised in third quarter 2012
- Modifier Reference Policy — revised in third quarter 2012
- Synagis process — same as 2011-12 season
- Reminder on prior authorization and advance notification requirements for polysomnography
  and portable monitoring for sleep-related breathing disorders — scheduled for November 2012

[View the September 2012 UHC provider newsletter](#).

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Know of colleagues who should get this regularly? [Have them sign up](#).

*Medica Connections* is published monthly by Medica and can be accessed online. [View the Medica Connections archive](#).

**Physician leadership at Medica:**

Jim Guyn, MD, *Vice President and Senior Medical Officer*

Ted Loftness, MD, *Vice President and Medical Director*

Thomas Becker, MD, *Medical Director for Care Management and Reimbursement*