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Medica Foundation announces provider grant recipients
Second-round 2012 grants awarded, totaling $726,000

The Medica Foundation has concluded its second round of grant-making in 2012, awarding program grants totaling $548,000 to 44 nonprofit agencies. Program grants were provided to several provider groups and healthcare foundations:

- Appletree Dental (Minneapolis) — to provide on-site dental care for people with disabilities in long-term care facilities in the Rochester, Minn., area, utilizing a new prevention and staff-focused program
- CentraCare Health Foundation (St. Cloud, Minn.) — collaborative program with Light the Legacy to promote the Honoring Choices Minnesota program in central Minnesota
- Community-University Health Care Center (Minneapolis) — to provide integrated mental health services for pregnant women and mothers with mental illness to support healthy social and emotional development for their young children
- Courage Center (Minneapolis) — to expand access to primary care and preventive services for people with disabilities through an innovative skilled volunteer-driven telemedicine program
- Family Tree Clinic (St. Paul) — to support the Deaf, DeafBlind and Hard of Hearing childbirth and parenting program
- Hennepin County Mental Health Center (Minneapolis) — to enhance the wellness program for people with serious mental illness to include wellness assessments, care coordination and support for healthy lifestyles
- Just Kids Dental, Inc. (Two Harbors, Minn.) — to provide school-based preventive and restorative dental care
- LifeCare Medical Center (Roseau, Minn.) — to support public health outreach and expand the early memory program, car seat education and safety checks program
- Red River Valley Dental Access Project (Moorhead, Minn.) — to support urgent care and walk-in dental services
- RESOURCE, Inc. (Minneapolis) — to assist people with serious mental illness increase access to primary care and to manage or prevent chronic health conditions
- Washburn Center for Children (Minneapolis) — to expand the intensive in-home services program for children up to 12 years of age
- Women's Health Center of Duluth, PA (Duluth, Minn.) — to provide reproductive health screening and services

This cycle of grant-making focused on primary care and preventive health for people with disabilities, early childhood health, and providing organizational core-mission support in the regional and rural areas of the Medica service area. The foundation also awarded 17 general community grants totaling $178,500 in the second half of 2012.

In all, the foundation awarded nearly $1.4 million in 2012 to 88 nonprofit and governmental agencies. Information on the Medica Foundation’s 2013 funding priorities and grant application periods will be available on March 1, 2013. Details about grant recipients, funding opportunities, giving guidelines and application deadlines are available online at www.medicafoundation.org in the Grant Information section.
Medica enhances incentive program for MHCP enrollees

Medica has made several changes to its incentive program available to Minnesota Health Care Programs (MHCP) enrollees. The program, called The Way to Better Health, has a new name: My Health Rewards by Medica\textsuperscript{SM}. The new name appears on vouchers and other program materials for eligible patients.

This program offers many benefits for patients including gift cards for preventive care, free car seats, and health handbooks. Recent program enhancements include:

- Medica AccessAbility Solution\textsuperscript{®} members (those in Special Needs Basic Care, or SNBC) are now eligible for My Health Rewards in addition to Medica Choice Care\textsuperscript{SM} and Medica MinnesotaCare members, who continue to be eligible for this program.
- MHCP enrollees now have a choice between Target and Walmart gift cards.
- A new $15 incentive has been added for those who complete a qualified colorectal cancer screening.

See full program details at medica.com.

Nominations open for annual 'Lifestyle Change Award'

Heart Association award locally sponsored by Medica

To promote healthy lifestyles and personal wellness, Medica is sponsoring the 2013 Twin Cities Lifestyle Change Award, presented by the American Heart Association. The Lifestyle Change Award recognizes individuals who have made positive changes to improve their quality of life and health over the past year, such as losing weight, becoming active, eating healthier or managing chronic conditions such as diabetes or cholesterol. Nominations for the award can be self-submitted or submitted by friends, colleagues or relatives. The deadline for nominations is March 15, 2013. See the nomination form.

2013 Twin Cities Lifestyle Change Award winners will be chosen by a volunteer committee and honored at the Twin Cities Heart Walk on May 4, 2013, at Target Field in Minneapolis. Dr. Jim Guyn, vice president and senior medical officer for Medica, serves this year on the Heart Walk Executive Leadership Team and is executive sponsor at Medica for the annual event.
High-tech imaging TDS encouraged but no longer required

Effective immediately, although ordering physicians are still encouraged to complete treatment decision support (TDS) for high-tech imaging services, Medica no longer requires this step. Since high-tech imaging trend data has remained stable throughout the past several years, Medica has determined it is time to take this different approach with its high-tech imaging program. To this end, Medica maintains its longstanding relationship with Medicalis to ensure proper imaging TDS and continues to financially support partnerships between Medicalis and providers. Going forward, Medica will continue to monitor high-tech imaging trend data and will revisit this decision in one year. See more details on the Medica high-tech imaging program.

Medica to roll out 'Spine Care' member-outreach program

In an effort to improve the quality of care and experience for its members as well as focus on efficient and effective care, Medica will soon implement a new "Spine Care" program.

Through the new program, Medica health coaches will identify and reach out to Medica members who are experiencing health issues related to the spine, such as low-back pain. The health coaches will provide treatment decision support (TDS), assisting Medica members in navigating the healthcare system and supporting them in making decisions based on their personal circumstances. As the program develops, health coaches will empower Medica members to explore spine-treatment options such as physical therapy, chiropractic care, pain injections, and surgery, as appropriate. This customized attention to assist patients with care options available to them is intended to supplement the care they receive and help them take an active role in their own health. Learn more about the Medica coaching program.

CLINICAL INFORMATION

Effective April 1, 2013:

Medica to implement new coverage policies
The following benefit determinations will be effective beginning with April 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.

**Long-term ambulatory cardiac rhythm monitor**

Medica has reviewed long-term ambulatory cardiac rhythm monitors (Zio® Patch, Zio® Event Card) and has determined that these technologies are investigative and therefore will not be covered.

Zio Patch is a new form of ambulatory cardiac monitoring using a small, lightweight, water-resistant patch that is placed in the left side of upper chest and can store up to 14 days of continuous single-lead electrocardiograph (ECG) data. An additional form of ambulatory cardiac monitoring (Zio Event Card) is a single-use, disposable, looping ECG monitor that may be worn up to 30 days. Both devices provide a button for a patient to depress and record when symptoms occur.

**Low-level laser light therapy for peripheral neuropathy**

Medica has reviewed low-level laser light therapy (LLLT) for peripheral neuropathy and has determined that this technology is investigative and therefore will not be covered.

LLLT (also referred to as monochromatic infrared energy or MIRE) uses monochromatic, non-thermal, infrared or near-infrared lasers to treat various conditions. LLLT has been suggested for use in a wide range of medical conditions, including peripheral neuropathy arising from various medical conditions (e.g., diabetic neuropathy). Outcomes under study in patients with peripheral neuropathy are pain reduction and/or partial reversal of the neuropathy.

Pads embedded with diodes emitting the low intensity, pulsed laser beam are placed on the skin. The exact mechanism of action is unknown. However, it is theorized that the light penetrates the tissues where it is purported to increase circulation by stimulating increased plasma levels of the vasodilator, nitric oxide. Therapy sessions last approximately 30-45 minutes and are administered in a clinic or other outpatient setting by clinicians under physician or chiropractor supervision.

**Minimally invasive lumbar decompression**

Medica has reviewed minimally invasive lumbar decompression (MILD) for lumbar spinal stenosis and has determined that this technology is investigative and therefore will not be covered.

Minimally invasive lumbar decompression (MILD) is a percutaneous decompression technique that is intended to increase the dimensions of the spinal canal, thereby achieving lumbar decompression. The MILD procedure is an image-guided surgery—The surgical site is not directly visualized but rather surgery is guided by fluoroscopy using a posterior approach. The MILD procedure involves limited percutaneous laminotomy and thinning of the ligamentum flavum, an elastic tissue attached to and extending between two adjacent vertebrae. The MILD procedure is not intended for nerve root decompression or for disc procedures. It is performed in hospital outpatient settings or in an ambulatory surgical center by a trained physician.

**Total ankle replacement surgery**

Medica has reviewed total ankle replacement surgery and has determined that this technology is covered as an alternative to ankle arthrodesis for patients with moderate or severe pain related to osteoarthritis, post-traumatic arthritis or rheumatoid arthritis, who have failed conservative treatment, when there are no contraindications and a device approved by the U.S. Food and Drug Administration (FDA) is used.

Total ankle replacement surgery for all other indications is investigative and therefore will not be covered.
In cases of severe arthritis, when conservative measures fail, surgery may be recommended. Total ankle arthroplasty, or total ankle replacement, involves the replacement of a diseased or injured ankle joint with a prosthetic device and offers the theoretical advantages of gait preservation and conservation of the joints of the lower extremities. Total ankle replacement surgery is contraindicated in patients with active infection, compromised bone stock or soft tissue, avascular necrosis of the talus dome, peripheral neuropathy, peripheral vascular disease, or Charcot neuroarthropathy.

As of April 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: 952-992-2355 or toll-free at 1-800-458-5512, option 1, then option 5, ext. 2-2355.

Effective April 1, 2013:

**Medica to make coverage policy changes**

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

**Tissue-engineered skin substitutes for wound and surgical care**

Medica has reviewed acellular allografts for surgical applications and human cell derived skin substitutes for chronic wound healing and incorporated their components into one comprehensive policy, "Tissue-Engineered Skin Substitutes for Wound and Surgical Care." The policy addresses two groups of products: biosynthetic and biological. The following related coverage determinations, as indicated in this new policy, are not changing.

**Biosynthetic tissue-engineered products for wound care:**

- Dermagraft® for patients with full thickness diabetic ulcers of the lower extremities remains covered.
- Apligraf® for patients with non-infected, partial or full-thickness, chronic venous ulcers or full-thickness diabetic ulcers of the lower extremities remains covered.
- Apligraf for the treatment of acute wounds remains investigative and therefore not covered.
- All other biosynthetic tissue-engineered products, including but not limited to Biobrane, Integra, OrCel, Suprathel, and TransCyte/Dermagraft-TC, remain investigative and therefore not covered.

**Biological tissue-engineered products for wound care:**

- Acellular allograft tissue matrix products for postmastectomy breast reconstruction remain covered.
- Acellular allografts for all other surgical indications, including, but not limited to, hemia repair and rotator cuff repair remain investigative and therefore not covered.
- Biological tissue-engineered products for wound management, including but not limited to
Epicel®, Oasis® Wound Matrix, Promogran® and Primatrix™, remain investigative and therefore not covered.

The new combined policy will replace the existing coverage policies “Acellular Allografts for Surgical Applications” and “Human Cell-Derived Skin Substitutes for Chronic Wound Healing.”

Endoscopic balloon sinuplasty for treatment of chronic sinusitis
Medica has reviewed endoscopic balloon sinuplasty for treatment of chronic sinusitis and determined that:

- Balloon sinuplasty as a stand-alone procedure for the treatment of chronic sinusitis in adults and children remains investigative and therefore not covered, and
- Catheter-based balloon dilation devices used as assistive instrumentation to gain access to sinuses during standard functional endoscopic sinus surgery (FESS) are considered incidental to the primary FESS procedure and are not separately reimbursable.

Balloon sinuplasty (also known as functional endoscopic dilation of the sinuses) is a minimally invasive dilation procedure intended to widen sinus passages to restore normal sinus drainage and function to individuals with chronic sinusitis associated with inflammatory obstruction of the sinus passages. Individuals are sedated, and a surgeon inserts a sinus guide catheter into the targeted area using fluoroscopic guidance. Next, a flexible sinus guidewire is inserted through the catheter and advanced into the targeted sinus, followed by insertion of the balloon catheter. Once in place, the balloon is gradually inflated and the nasal passage is dilated. Dilation of several nasal passages can be done during one session. Balloon dilation has been suggested as alternative to or adjunctive to conventional functional endoscopic sinus surgery (FESS), which often requires resection of periosteal bone and tissue. Purported benefits of balloon sinuplasty are shorter and less traumatic recovery periods, less bleeding, and less postoperative pain than that experienced with conventional FESS.

As of April 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 April 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 April 1, 2013, unless otherwise noted.

Coverage policies — New

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Long Term Ambulatory Cardiac Rhythm Monitors (Zio® Patch, Zio® Event Card)</td>
</tr>
<tr>
<td>Low Level Laser Light Therapy for Peripheral Neuropathy</td>
</tr>
<tr>
<td>Coverage policies — Revised</td>
</tr>
<tr>
<td>-----------------------------</td>
</tr>
<tr>
<td>These versions replace all previous versions.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autologous Blood-Derived Injections (Platelet-Rich Plasma, Autologous Conditioned Serum, Autologous Whole Blood)</td>
</tr>
<tr>
<td>Endoscopic Balloon Sinuplasty for Treatment of Chronic Sinusitis</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Coverage policies — Inactivated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
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<tr>
<td>Hysteroscopic Tubal Sterilization</td>
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</tbody>
</table>

As of April 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.

**PHARMACY INFORMATION**

**Safety edits added for generic and brand-name Part D drugs**

As previously indicated, and in alignment with the Centers for Medicare and Medicaid Services (CMS) efforts to promote safe use of Part D medications, Medica has implemented safety edits to its Part D drug formularies for both brand-name and generic 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 antidepressants, hypnotics, oral estrogens, sulfonylureas, generic hormone replacement products, and Digoxin. Safety edits for affected drugs include prior authorization and quantity limits.

**Note:** The Medica Medicare Part D drug formularies have a large number of drugs that are on the list of Potentially Harmful Medications in the Elderly (HRM) for which Medica has added a prior authorization requirement. Part D formularies indicate these HRM drugs under “Requirements/Limits.”

CMS encourages health plans to ensure that covered drugs are used appropriately and as safely as possible. As of January 1, 2013, the new safety edits are 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.
**NETWORK INFORMATION**

Effective April 1, 2013:

**Medica to update Medicare physician fee schedule**

Beginning with April 1, 2013, dates of service, Medica will implement the quarterly update to its Medicare physician fee schedule for applicable Medica products. This fee schedule change will reflect the April 2013 Centers for Medicare and Medicaid Services (CMS) update applicable to reimbursement for injectable drugs and immunizations. The reimbursement impact of this quarterly update will vary based on specialty and mix of services provided. Updates for durable medical equipment (DME) and orthotics and prosthetics (O&P) will not be implemented at this time.

Details on Medicare changes to drug fees are available online from CMS. Providers who have further questions may contact their Medica contract manager.

**ADMINISTRATIVE INFORMATION**

**Provider College administrative training topic for March**

The Medica Provider College offers educational sessions on various administrative topics. The following class is available by webinar for all Medica network providers, at no charge.

**Training class topic**

"SelectCare/LaborCare Life of a Claim" (session code: SCLC-WM)

This training focuses on Medica SelectCareSM and LaborCare® products and their unique features. Information will be provided regarding product structure, provider networks, payer information, claims processes and available tools and resources. This session would be helpful to any provider.
participating with the SelectCare or LaborCare products.

Class schedule

<table>
<thead>
<tr>
<th>Class code</th>
<th>Topic</th>
<th>Date</th>
<th>Time</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCLC-WM</td>
<td>SelectCare/LaborCare Life of a Claim</td>
<td>Mar. 19</td>
<td>10-11 am</td>
<td>Class code with &quot;WM&quot; means offered via webinar in March</td>
</tr>
</tbody>
</table>

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 time reflected above allows for questions and group discussion. Session times may vary based on the number of participants and depth of group involvement.

Registration

*The registration deadline for all classes is one week prior to the class date.* To register for the session listed, providers may do either of the following:

- **Fill out the Provider College registration form** (available online at medica.com under "Events and Training") and e-mail it to providercollege@medica.com.
- Send an e-mail with the same details as listed on the registration form to providercollege@medica.com.

**Effective in April 2013:**

**Medica to enhance overpayment detection, recovery program**

In April 2013, Medica will be enhancing its overpayment detection and recovery program. The program is intended to help achieve accurate and equitable reimbursement for providers by reviewing claims retroactively, leading to improved claims-submission processes and provider education, as needed. As a result of this enhancement, claims will be adjusted on a post-payment basis.

Fraud, waste and abuse prevention and detection procedures—such as those of the enhanced Medica overpayment detection and recovery program—are required by the Centers for Medicare and Medicaid Services (CMS) as well as the Minnesota Department of Human Services (DHS) for contracted health plans such as Medica.

[See more details about the Medica overpayment recovery process.](#)
MHCP claims to require NDC number

Consistent with a requirement by the Minnesota Department of Human Services (DHS), Medica will require that claims for Minnesota Health Care Programs (MHCP) enrollees include the national drug code (NDC) number for certain HCPCS codes beginning with March 1, 2013, dates of processing. *Claims may be denied for lack of an NDC number after that date.*

This MHCP claims requirement will apply for physician-dispensed drugs billed on both institutional and professional claims, and will apply for the following MHCP products: Medica Choice Care℠, Medica MinnesotaCare, Medica AccessAbility Solution®, and Medica DUAL Solution®. Providers will need to submit NDC codes on claims, as appropriate, beginning March 1, 2013.

DHS has outlined the HCPCS codes that will require corresponding NDC codes. See DHS list of codes for which NDC reporting is required.

This information was previously published in a Provider Alert released in mid-January 2013.

Effective January 1, 2013:

### Medica updates reimbursement/claims policies

Medica has updated the reimbursement/claims policies indicated below, effective with January 1, 2013, 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.*

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Laboratory Rebundling <em>(updated code list)</em></td>
</tr>
<tr>
<td>Unlisted Procedure Code <em>(updated code list)</em></td>
</tr>
</tbody>
</table>

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.

Effective April 7, 2013:

### Medica to update reimbursement/claims policy
Medica will soon update the reimbursement/claims policy indicated below, effective with April 7, 2013, dates of processing. Such policies define when specific services are reimbursable based on the reported codes.

**Time span codes**

The Time Span Codes reimbursement policy addresses Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes that, by their description, should only be submitted weekly, monthly, annually, or any specified time period other than daily. Medica will reimburse time span codes submitted by the same provider only once per the timeframe specified in the code.

The policy will be expanded to include additional sourcing to determine what constitutes a time span code. This includes definitive information included in the CPT book parentheticals or coding guidance, in other American Medical Association (AMA) publications, or in coding guidance from the Centers for Medicare and Medicaid Services (CMS). New CPT and HCPCS codes will be added to the policy based on code description or definitive expanded sourcing.

As of April 7, 2013, this new policy will be 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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**Update 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 the updated information and when the updates were (or will be) posted online in the Medica Provider Administrative Manual.

<table>
<thead>
<tr>
<th>Location in manual</th>
<th>Information updated</th>
<th>When posted online in manual</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Special Contracting Requirements&quot; section, in &quot;Government Program Requirements&quot; subsection (under &quot;Provider Requirements for Medicare, Medicaid and Government Programs&quot;)</td>
<td>Added or made changes to the following provisions: Disclosure of Ownership Information, Excluded Individuals and Entities, Compliance Training, Disclosure of Business Transactions, Offshore Services, Business Continuity/Disaster Recovery Plans, and the Deficit Reduction Act</td>
<td>February 2013</td>
</tr>
<tr>
<td>&quot;Administrative Policies and Procedures&quot; section, in &quot;High-&quot;</td>
<td>Updated to reflect program process change</td>
<td>February 2013</td>
</tr>
</tbody>
</table>
For the current version, providers may view the Medica Provider Administrative Manual online.

| Tech Imaging Program" subsection | "Billing and Reimbursement" section, in "Claims Analysis and Recovery" subsection | Updated details on overpayment recovery | February 2013 |

PPO INFORMATION

Latest UHC provider bulletin available online

UnitedHealthcare (UHC) has published the latest edition of its Network Bulletin (January 2013). Highlights that may be of interest to LaborCare® network providers include:

- DME reimbursement policy clarification — effective as of February 2013
- UHC provider administrative guide update for 2013 — scheduled for April 2013
- Prior authorization change for skilled nursing and private duty nursing — scheduled for April 2013
- Prior authorization change for home health care nutritional services — scheduled for April 2013
- Time Span Codes reimbursement policy revision — scheduled for second quarter 2013
- CCI Editing reimbursement policy revision — scheduled for second quarter 2013
- New Inappropriate Primary Diagnosis reimbursement policy — scheduled for June 2013

Note: The UHC bulletin also indicates requirements such as prior authorization or limitation to specialty pharmacy purchase for medications such as H.P. Acthar Gel, Orthovisc, Supartz and Hyalgan. Medica has different considerations for these medications, and LaborCare providers should refer to relevant Medica drug policies as appropriate. See Medica drug policies.

View the January 2013 UHC provider newsletter.

Know of colleagues who should get this regularly? Have them sign up.

Medica Connections is published monthly by Medica and can be accessed online.
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

Medica Connections editor:
Hugh Curtler III
Medica, Marketing & Communications
Phone: 952-992-3354
Fax: 952-992-3377
E-mail: hugh.curtler@medica.com

For Medica contact and reference information, see Medica Points of Contact for Providers.