MEDICA

MEDICA CONNECTIONS®

a monthly publication for Medica network providers

March 2015

GENERAL INFORMATION

Reminder:

Medica to expand existing concurrent review program

Claims impact delayed until April 1, 2015

As previously published, Medica plans to expand its existing concurrent review program to all facilities

beginning with March 1, 2015, dates of service. Medica began concurrent review of inpatient stays (i.e., "bed days") at selected Minnesota facilities in fall 2014.

Through this program, nurse case reviewers monitor appropriateness of care, the setting, and the progress of discharge plans for Medica members who are inpatients. These nurses use MCG Care Guidelines®, which are national standardized evidence-based criteria, along with individual patient circumstances and clinical information to determine appropriateness of care. MCG guidelines may be used to review medical criteria for all Medica members.

As an update to what was previously published, Medica has delayed the date for claims impact relative to concurrent review. Beginning with April 1, 2015, dates of service, Medica will no longer cover hospital-based services that do not meet medical criteria. As a result, claims for inpatient services *may be denied as provider liability* as of April 1, unless the member has signed an acknowledgment of member liability. Medica will inform providers soon about this process for members to assume liability for payment.

Notification of inpatient admission *is required* but prior authorization for inpatient admission is not. Medica may review health services concurrently or retrospectively to determine if medical necessity criteria were met. In either case, after a review of inpatient services, claims may be denied as provider liability if medical criteria were not met.

Upon request by Medica, facilities are required to submit inpatient clinical records within one business day. Notification of admissions and timely responses to requests for medical records help ensure a timely review and communication of determinations.

More details about concurrent review will be outlined in the "Inpatient (Hospital) Level of Care" utilization management (UM) policy, which will be updated and online effective April 1, 2015. Or providers can request a printed copy of this policy by calling the Medica Provider Literature Request Line toll-free at 1-800-458-5512, option 1, then option 5, ext. 2-2355.

(Update to "Medica to expand concurrent review with network facilities" article in the January 2015 edition of *Medica Connections*. **See January 2015 edition**.)

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MCHA requests that providers submit MCHA claims soon

The Minnesota Comprehensive Health Association (MCHA) continues to wind down as MCHA enrollees transition to other coverage. MCHA plans to formally shut down effective December 31, 2015. Due to this plan to wind down, it is particularly important that providers *submit claims for MCHA enrollees in a timely manner* for full adjudication.

While many other state high-risk pools closed their doors on January 1, 2014, MCHA and the Minnesota Department of Commerce delayed closure for a year, giving enrollees more time to find new coverage and carefully transition into the private market. "Our goal was to help ensure that there are no gaps in care or covered services as this change takes place," said Marvin Segal, MCHA medical advisor. "We have been dedicated to handling the transition of our unique MCHA population to other health plans."

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Medica Foundation announces 2014 provider grant recipients

Annual grants totaled $1.4 million

The Medica Foundation has concluded its grant-making for 2014, awarding grants totaling $1.4 million to 99 nonprofit agencies throughout the year. Program grants were awarded to several provider groups and health care foundations for the following projects:

- Amherst H. Wilder Foundation (St. Paul) — to deliver the Incredible Years program for Hmong and African American early childhood-age children and their families living in the St. Paul Promise Neighborhood
- Canvas Health (Oakdale, Minn.) — to provide bridge funding to support Crisis Connection, which provides crisis intervention and suicide prevention services, while Canvas Health develops a long-term funding strategy
- Community Dental Care (St. Paul) — to expand prevention and education services for children and pregnant mothers by providing in-clinic evening and Saturday hours and supporting additional community-based outreach and school-based events
- Face to Face Health and Counseling Service, Inc. (St. Paul) — to launch a new collaboration to increase access to mental health services for young adults experiencing homelessness in Ramsey County
- Hennepin Health Foundation (Minneapolis) — to initiate a planning study to develop crisis housing and intensive residential treatment for Hennepin County Medical Center patients with severe and persistent mental illness
- Lifetrack Resources (St. Paul) — to pilot a 12-week Fetal Alcohol Syndrome Disorder Social Skills Training Program for children and their families
- Minnesota Visiting Nurse Agency (Minneapolis) — to expand their home health program to provide both physical and behavioral health services within a community setting
- Range Mental Health Center, Inc. (Virginia, Minn.) — to create a Mobile Crisis Team to provide crisis stabilization services and to connect individuals with needed support services in Northeast Minnesota
- Zumbro Valley Mental Health Center (Rochester, Minn.) — to expand a new treatment model to integrate on-site primary care and behavioral health services for under-served populations with co-morbid conditions

Details about grant recipients, funding opportunities, giving guidelines and application deadlines are available online at **medicafoundation.org**. Information on Medica Foundation funding priorities and 2015 grant application periods will be available by March 1, 2015.

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Providers encouraged to prepare for ICD-10 transition

231 days to go ... and counting!

As a reminder, health care providers, payers, clearinghouses, and billing services need to comply with the transition to ICD-10 codes effective with October 1, 2015, dates of service. This means ICD-10 diagnosis codes will be required for all health care services, and ICD-10 procedure codes will be required for all hospital inpatient procedures.

Medica will be ready to accept claims with ICD-10 codes on October 1, 2015, while ICD-9 codes will be accepted on claims with dates of service through September 30, 2015. *Medica will only accept claims with ICD-10 diagnosis and inpatient procedure codes for dates of service (or dates of discharge) on or after October 1, 2015*. Medica will reject and return claims received with incorrect codes based on date of service or discharge.

To help with this major transition, Medica has several **resources available on medica.com**.

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CLINICAL INFORMATION

Effective January 21, 2015:

Medica makes coverage policy change

The following benefit determination was effective beginning with January 21, 2015, dates of service. This change applies to all Medica products including government products unless a particular health plan (whether commercial, Medicare or Medicaid) requires different coverage.

Continuous glucose monitoring systems for managing diabetes
Medica has reviewed continuous glucose monitoring (CGM) systems for managing diabetes and determined that real-time CGM using U.S. Food and Drug Administration (FDA)-approved sensor-augmented insulin pump therapy and low-glucose threshold suspend capability (e.g., MiniMed® 530G with Enlite® sensor low-glucose suspend insulin delivery) *are now covered* for the management of Type 1 diabetes mellitus in select individuals. These individuals have not achieved adequate metabolic control despite frequent self-monitoring, as evidenced by:

- Hemoglobin A1C above goal and inconsistent with fingerstick patterns,
- Unexplained wide fluctuations in blood sugar patterns over time,
- Sudden onset hypoglycemic sign/symptoms lending to safety concerns (e.g., otherwise unexplained seizures, loss of consciousness, extreme hypoglycemia, etc.), or
- Nocturnal hypoglycemia.

All other real-time CGM devices using complete closed-loop insulin delivery systems *remain investigative and therefore not covered*.

Real-time CGM systems incorporating sensor-augmented insulin pump therapy with low glucose threshold suspend continuously monitor glucose levels within interstitial fluid using specialized subcutaneous sensors. The sensors monitor glucose values over time and permit automatic suspension of insulin delivery for up to two hours when glucose levels fall to a preset value (e.g., between 60 and 90 milligrams per deciliter) and the individual is unable to respond to the audible alarm. This is intended to prevent the individual from exposure to long periods of hypoglycemia. These systems still require the individual to perform self-monitoring blood glucose (SMBG) testing and to self-administer insulin or eat, as indicated. The MiniMed 530G with Enlite sensor low-glucose insulin delivery suspend is currently the only device FDA approved for this application.

In comparison, real-time CGM using complete closed-loop insulin delivery systems are purported to measure blood glucose levels and automatically adjust insulin dosages up or down as needed based upon algorithms embedded in the device. Unlike the low threshold suspend systems described above, it is purported that closed-loop systems would eliminate the need for the individual to perform SMBG testing, thus eliminating the need for self-adjustments to insulin dosage. Currently, no complete and fully-integrated closed-loop CGM and insulin delivery system has received FDA approval.

Medica previously notified providers about this benefit change with a Provider Alert in late January 2015.

The complete text of the policy that applies to the determination above is available online or on hard copy:

- **See coverage policies at medica.com**; or
- Call the Medica Provider Literature Request Line for printed copies of documents, toll-free at 1-800-458-5512, option 1, then option 5, ext. 2-2355.

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Effective April 1, 2015:

Medica to make coverage policy change

The following benefit determination will be effective beginning with April 1, 2015, dates of service. This change applies to all Medica products including government products unless a particular health plan (whether commercial, Medicare or Medicaid) requires different coverage.

Single-use negative pressure wound therapy systems
Medica has reviewed single-use negative pressure wound therapy systems and has determined that they *are investigative and therefore will not be covered*. Single-use systems are devices that are battery-operated, intended for single use, and disposable. Examples include the PICO system and the V.A.C. Via™ Therapy System. These devices will be addressed in the coverage policy "Non-Powered or Single Use Negative Pressure Wound Therapy Systems" (formerly titled "Non-Powered Negative Pressure Wound Therapy").

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** as of April 1, 2015; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

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Screening to help prevent bone fractures and falls

Osteoporosis, a progressive bone disease characterized by an increased risk of bone fracture, is often called "the silent disease" because it can be present without any symptoms for decades until a bone fracture occurs. Women 65 years of age and older should be screened for osteoporosis. Beyond this guideline, providers may want to consider the following risk factors to determine whether or not a patient may need to be screened for osteoporosis:

- alcohol use of three or more drinks per day
- long-term use of steroids or anti-seizure drugs
- low intake of calcium
- vitamin D deficiency
- the presence of diseases such as rheumatoid arthritis, thyroid or parathyroid disorders, celiac disease, or adrenal hyperactivity

To help lower the risk of osteoporosis and potential falls that may lead to fractures, providers can:

- ask about falls on a yearly basis
- test the patient's gait and balance
- refer for vision or foot problems, as needed
- manage hypotension
- review the patient's medications that could cause falls and adjust if possible
- encourage or prescribe use of calcium and vitamin D
- encourage good nutrition that includes calcium and vitamin D
- refer to an established fall-prevention clinic or program
- refer to a weight-bearing exercise program that promotes balance training and strengthening
- encourage the patient to walk in a penguin-type movement on slippery surfaces or take short, shuffle steps with shoes that have good traction
- encourage the patient to avoid walking with heavy bags
- consider ordering a home visit for a safety evaluation
- limit alcohol to 2 drinks a day for men and 1 drink for women
- encourage the patient to stop smoking
- treat appropriately if the patient already has osteoporosis

By appropriately screening patients for fracture risk and bone mass density, as well as other risk factors, providers can implement effective interventions before a fracture occurs and ultimately improve patients' quality of life as well as help curb the costs of osteoporosis.

In 2011, it was estimated that osteoporosis was responsible for approximately 2 million fractures annually, including hip, vertebral, wrist and other fractures. With the aging population, it is estimated that by 2025, annual direct costs from osteoporosis are expected to reach approximately $13.7 billion

to $25.3 billion.* As Baby Boomers age, the likelihood of osteoporosis increases for both women and men, with significant physical, emotional and financial consequences.

* *American Journal of Managed Care*, May 2011: "Osteoporosis and the Burden of Osteoporosis-Related Fractures" by David W. Dempster, PhD.

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Providers encouraged to attend annual colorectal cancer event

The Minnesota Cancer Alliance is partnering with the American Cancer Society and the Minnesota Department of Health to convene a state action-planning meeting to help accelerate Minnesota's colon screening rates. This open meeting will include a general session and individual breakouts to charter collaborative action around provider education, patient engagement and follow-up care for the uninsured. Providers are highly encouraged to attend and participate.

This Colorectal Cancer Action-Planning Meeting will be held March 4, 2015, 8 a.m. to noon, at the Minneapolis Airport Marriott (in Bloomington, Minn.). The keynote speaker will be Dr. Richard Wender, chief cancer control officer, American Cancer Society, and chair, National Colorectal Cancer Roundtable. **Registration is due by February 20, 2015**.

Colorectal cancer screening is a **key quality-of-care priority for Medica in 2015**. Medica also supports the National Colorectal Cancer Roundtable pledge to increase colon cancer screening rates to 80 percent by 2018.

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Effective April 1, 2015:

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, 2015, unless otherwise noted.

Note: Medica use of MCG Care Guidelines® was previously limited to Medica individual and family business (IFB) members. However, Medica will apply MCG guidelines for other Medica members as well. Medica will announce updates to its policies whenever such a change is made. For instance, Medica will revise the "Inpatient (Hospital) Level of Care" policy listed below to reflect the use of MCG guidelines.

UM policies — Revised

These versions replace all previous versions.

Name	Policy number

Inpatient (Hospital) Level of Care	III-INP.01

Coverage policies — Revised

These versions replace all previous versions.

Name
Continuous Glucose Monitoring (CGM) Systems for Managing Diabetes *(effective 1/21/2015)*
High Intensity Focused Ultrasound (HIFU) Ablation Therapy
Non-Powered or Single Use Negative Pressure Wound Therapy Systems *(formerly Non-Powered Negative Pressure Wound Therapy)*
Pharmacogenetic Testing of the VKORC1 Gene for Warfarin Response *(formerly Genetic Assay for Warfarin Response)*

These documents will be available online or on hard copy:

- **View medical policies and clinical guidelines at medica.com** as of April 1, 2015; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

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NETWORK INFORMATION

Effective April 1, 2015:

Medica to update Medicare physician fee schedule

Beginning with April 1, 2015, 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 2015 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.

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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

"Prior Authorization Changes for Medical Benefit Drugs"

Medica will soon implement a new process for the review and approval of certain specialty drugs that are administered by providers and fall under the medical benefit. Prior authorization requests for these drugs will be handled by Magellan Rx Management. Magellan Rx will conduct webinar trainings so Medica network providers can learn more about this initiative, through which prior authorization will be required beginning with March 2, 2015, dates of service. Providers are encouraged to attend one of the following hour-long web-based training sessions to become familiar with the new program, such as how and when to make prior authorization requests.

Class schedule

Topic	Date	Time
Prior Authorization Changes for Medical Benefit Drugs	Mar. 24	9-10 am
Prior Authorization Changes for Medical Benefit Drugs	Mar. 24	1-2 pm
Prior Authorization Changes for Medical Benefit Drugs	Mar. 25	9-10 am
Prior Authorization Changes for Medical Benefit Drugs	Mar. 25	1-2 pm
Prior Authorization Changes for Medical Benefit Drugs	Mar. 26	9-10 am
Prior Authorization Changes for Medical Benefit Drugs	Mar. 26	1-2 pm

Registration

To register, providers can send the following details by e-mail to **injectablesolutions@icorehealthcare.com**:

- Webinar date and time (from list above)
- Physician name and/or name of group or hospital
- Tax identification number
- Address
- E-mail and phone contact information
- Number of participants (indicate if attendees are clinical and/or administrative)

After registering, providers will receive an e-mail confirmation with instructions on accessing the webinar.

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Effective March 25, 2015:

More enhanced HIPAA edits scheduled for electronic claims

Effective March 25, 2015, Medica, in coordination with UnitedHealthcare, will apply additional edits to professional (837p) and institutional (837i) claims submitted electronically to payer ID #94265, compliant with the Health Insurance Portability and Accountability Act (HIPAA). **See the list of enhanced claim edits for March 2015**.

Because the new edits will be applied on a pre-adjudication basis, an increase in the number of claim rejections may occur. This will enable providers to identify and correct rejected information prior to the claims acceptance into the Medica adjudication system for processing. Ultimately, the benefit will be fewer denied claims and less interruption to revenue streams.

The primary impact to providers will come from edits that will validate code sets (such as diagnosis, procedure and modifier codes) at a pre-adjudication level. The complete list of enhanced edits has been distributed to clearinghouses and software vendors. It is important to check all claim submission reports regularly. Claims may be rejected by a provider's clearinghouse or by Medica, so providers may receive multiple reports per submission.

Providers are encouraged to contact their electronic data interchange (EDI) vendor or clearinghouse for assistance regarding these upcoming edits or to resolve claim rejections.

Medica previously notified providers about this with a Provider Alert in early February 2015.

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Updates 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 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 online in manual
Replaced 2014 DHS contracts with 2015 versions	"Special Contracting Requirements" section, in "Government Program Requirements" subsection, under "Medica Contracts with Minnesota Department of Human Services (DHS)"	January 2015 (effective 1/1/15)

For the current version, providers may **view the Medica Provider Administrative Manual online**.

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PPO INFORMATION

Latest UHC provider bulletin available online

UnitedHealthcare (UHC) has published the latest edition of its *Network Bulletin* (January 2015). Highlights that may be of interest to LaborCare® network providers include:

- Prior authorization required for immunoglobulin infusion therapy — effective in February 2015
- Prior authorization to be required for hysterectomy — scheduled for April 2015
- Prior authorization to be required for sinuplasty procedures — scheduled for April 2015
- Prior authorization to be required for orthopedic procedures — scheduled for April 2015
- 2015 UHC administrative guide to be available online — scheduled for April 2015

View the January 2015 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.

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Barbara Lynch, *Vice President for Network Management*
Dan Trajano, MD, *Vice President and Medical Director for Population Health*
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