MEDICA

August 2018

MEDICA CONNECTIONS®

For Medica network providers

GENERAL NEWS

New program coming:

Members offered in-home health visits to supplement their care

Medica will soon offer comprehensive in-home health assessments to its members as part of a new, voluntary program administered by Matrix Medical Network. This service will be offered at no cost to Medica's Medicare members but will expand to all Medica members in the future. It is not meant to replace services patients receive from their primary care providers. The in-home assessment will *not* replace the annual wellness visit in the doctor's office.

Matrix health assessments are performed by licensed nurse practitioners in the comfort of the member's residence. The practitioner performing the assessment—who will not be providing treatment and should not interfere with any treatment plan already established for a patient—will be available to speak with the patient's primary care provider as needed. A few weeks after the assessment is complete, Matrix sends a summary of the patient's assessment to the member and by fax to the patient's doctor. A copy of the complete health risk assessment is also available upon request by contacting Matrix.

Assessment information should help support primary care providers in the care they provide: The assessment results are meant to give the member and primary care doctor more information, leading to improved health and wellness. Matrix assessments may include:

- Environmental considerations
- Possible cognitive impairment
- Complete medication lists
- Diagnosis history
- Health screens for depression, nutrition, fall risk, etc.
- Body mass index (BMI)
- Vital signs
- Lab tests
- Other quality measures

Physicians can review and incorporate this information into medical records as desired. Key patient action items appear

at the end of the assessment summary, which could signal a needed call to the patient. Patients are also more likely to follow up with their doctor after an in-home visit.

The Centers for Medicare and Medicaid Services (CMS) requires Medicare Advantage plans to submit detailed documentation on the health status of Medicare Advantage members. Matrix in-home health assessments will help fulfill this need. For more information about Matrix, visit **MatrixMedicalNetwork.com** or call 1-877-561-7413.

Reminder:

Premium program reconsideration requests due by late August

The annual mailing for the 2018 Premium Designation program is due out to Medica network physicians soon. UnitedHealthcare (UHC) plans to send this year's notice by late July, notifying physicians of their latest Premium evaluation, program changes for this year, and registration instructions to view designation details.

As usual, provider offices are able to request a change to designation results prior to public display. To do so, they need to submit a reconsideration request for their 2018 Premium designation *by August 27, 2018*. The new Premium designations will be displayed online this fall, tentatively planned for late September 2018. See more about the 2018 program at **UHCprovider.com/Premium**.

(Update to "Annual Premium Designation notifications mailing in late July" article in the **July 2018 edition** of *Medica Connections*.)

CLINICAL NEWS

Effective September 17, 2018:

Medical policies and clinical guidelines to be updated

Medica will soon update one or more utilization management (UM) policies, coverage policies and clinical guidelines. These upcoming policy changes will be effective September 17, 2018, unless otherwise noted.

These policies apply to all Medica products including commercial, government, and individual and family business (IFB) products unless other requirements apply due to state or federal mandated coverage, for example, or coverage criteria from the Centers for Medicare and Medicaid Services (CMS).

Monthly update notifications for Medica's policies are available on an ongoing basis. **Update notifications are posted on medica.com** prior to their effective date. The medical policy update notification for changes effective September 17, 2018, is already posted. Changes to policies are effective as of that date unless otherwise noted.

The medical policies themselves will be available online or as a hard copy:

- **View medical policies and clinical guidelines at medica.com** as of their effective date; or
- Call the Medica Provider Literature Request Line for printed copies of documents, toll-free at 1-800-458-5512, option 1, then option 8, ext. 2-2355.

Note: The next policy update notification will be posted in August 2018 for policies that will be changing effective October 15, 2018. These upcoming policy changes will be effective as of that October date unless otherwise noted.

August to mid-December:

Upcoming timeline for review of Medicare medical records

Medica undertakes a yearly review of medical records to evaluate risk adjustment of patients. As required by the Centers for Medicare and Medicaid Services (CMS), Medica submits complete diagnostic data for its Medicare members enrolled in specific plans. To this end, Medica asks for providers' help in facilitating a Medicare risk-adjustment chart review for patients enrolled in the Medica DUAL Solution® product.

To support this CMS requirement, Medica performs annual chart reviews in addition to the risk-adjustment data validation ("RADv") reviews discussed previously. Beginning in August 2018, Medica will begin requesting Medica DUAL Solution member records. Medica has engaged Optum and CiOX Health to conduct these risk-adjustment chart reviews. CiOX representatives will work with provider offices to provide retrieval options and a list of the requested members' medical records for services rendered from January 1, 2017, to present. Chart collection will run through December 14, 2018.

Medica appreciates providers' assistance in responding to these periodic record requests.

(Update to "Reviewing medical records for risk-adjustment data validation" article in the **July 2018 edition** of *Medica Connections*.)

Annual notice:

Medica monitors Quality Improvement program goals for 2018

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 2018 QI Work Plan features 15 individual quality improvement activities and 18 ongoing quality monitors. More QI activities may be added throughout the year.

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

- Improve depression management and antidepressant medication adherence
- Reduce chronic opioid use in high-risk populations
- Execute action plans to improve performance on Medicare Stars clinical measures
- Implement process improvements to improve the member experience

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**.
- Call the Medica Provider Literature Request Line for printed copies of documents.

PHARMACY NEWS

Effective October 1, 2018:

Medica plans to update member formularies

Medica is reviewing several medications and will be making changes in coverage status to drug formularies (or drug lists) effective October 1, 2018. For certain Medica members, as noted below, these changes would be effective October 1, 2018, for *new* prescriptions, but not effective until November 1, 2018, for *existing* prescriptions.

These upcoming changes may apply to one or more of the following drug formularies:

- 2018 Medica Commercial Large Group Drug List — effective 10/1 for new prescriptions, 11/1 for existing
- 2018 Medica Commercial Small Group Drug List
- 2018 Medica Preferred Drug Lists for individual and family business (IFB)
- 2018 Medica List of Covered Drugs for Minnesota Health Care Programs (MHCP) — effective 10/1 for new prescriptions, 11/1 for existing

The Medica MHCP drug list applies to the following products: Medica Choice Care℠ (for Minnesota Senior Care Plus program, or MSC+), Medica AccessAbility Solution® (for Special Needs Basic Care program, or SNBC), and Medica DUAL Solution® (for Minnesota Senior Health Options program, or MSHO), for non-Part D drugs. These changes will not apply to Medica Medicare Part D drug formularies.

Medica will post changes to its drug formularies on medica.com prior to their effective date. To see the latest Medica drug list changes as well as full drug formularies for each member type, **refer to medica.com**.

Medication request forms
A 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 submit an exception form or call CVS Caremark.

Effective September 1, 2018:

Site-of-service program for specialty infusion drugs to expand

Medica is partnering with Magellan Rx Management to expand its site-of-service program for specialty infusion drugs. This program, currently offered to Medica commercial members, will expand to include individual and family plan (IFB) members effective September 1, 2018. The voluntary program identifies members receiving hospital-based infusion therapies from a list of drugs that are considered safe to administer at an alternate site, such as those used to treat autoimmune diseases or immunodeficiencies. The Magellan Rx clinical team works with providers and patients to coordinate infusions at these more-convenient, lower-cost, alternate treatment sites, such as the member's home or physician's office.

Effective January 1, 2019, Medica commercial and IFB members receiving infusion of drugs on the Magellan Rx targeted drug list in a hospital outpatient center *will be required* to move to a more cost-effective site unless medical necessity criteria are met to remain in a hospital outpatient center. Providers who do not make a recommended adjustment for eligible Medica members *may see an impact to related claims*, including denial.

More information about this program will be coming later this year.

Effective October 1, 2018:

Upcoming changes to Medica Part D drug formularies

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, 2018. Medica also notifies affected Medica members in their Medicare Part D Explanation of Benefits (EOB) statements mailed out monthly.

As of August 1, 2018, **view the latest Medicare Part D drug formulary changes**.

Medica periodically makes changes to its Medicare Part D formularies: the Medica Prime Solution® Part D closed formulary (4-tier + specialty tier) and the Medica DUAL Solution® Part D closed formulary. 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 CVS Caremark.

NETWORK NEWS

Effective October 1, 2018:

Medica to update Medicare physician fee schedule

Beginning with October 1, 2018 dates of service, Medica will implement the quarterly update to its Medicare physician fee schedule for applicable Medica products. This fee schedule change will implement updates from the Centers for Medicare and Medicaid Services (CMS).

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 schedule 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 **are available online from CMS**. Providers who have further questions may contact their Medica contract manager.

Effective October 1, 2018:

Medica to make quarterly update to reference lab fee schedule

Effective with October 1, 2018, 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, 2018. 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 July, August

Medica plans to mail final 2017 physician contingency reserve (PCR) distribution checks, or "lag" checks, to providers in late July 2018. Medica returned 100 percent of the PCR withhold for the Medica Prime Solution® Medicare product for 2017, including the lag return. The final 2017 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. The July 2018 distribution will include PCR for claims payments processed through June 30, 2018, plus interest.

In addition, the PCR payment for the first quarter of 2018 for the Medica Prime Solution product is expected to be mailed by the end of August 2018. This represents a 100-percent return of the first-quarter 2018 PCR withhold, plus interest. Checks will cover PCR withheld for claims with dates of service of January 1, 2018, through March 31, 2018, and dates paid of January 1, 2018, through June 30, 2018.

ADMINISTRATIVE NEWS

Provider College administrative training topic for August

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
"Life of a Claim" (class code: LC)
This class translates the life of a claim into three components: submission policies, process and output. Participants will review Medica submission policies for claims, then learn how Medica processes a claim and examine what information is produced when a claim has finished processing. Submission requirements will be identified for CMS-1500 and UB-04 claim forms as well as 837P and 837I electronic transactions, including information on national provider identifier (NPI) numbers. Participants will learn about the referral workflow process, provider remittance advices (PRAs), and claim adjustments and appeals. This class will also cover details on timely-filing timeframes as well as claims-processing platforms used by Medica, including the platform used for individual and family business (IFB).

Class schedule

Class code	Topic	Date	Time	Notes
LC-WAug	Life of a Claim	August 21	10-11:30 a.m.	Class code with "WAug" means offered via webinar in August

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 is one week prior to the class date. **Register online for the session above**.

Do you receive *Connections*?
Sign up for regular updates, if you haven't already.

Subscribe

Looking for past issues?
You can access the archive on our website.

View archive

Health Services and Provider Network Leadership

Lori Nelson, *Senior Vice President of Provider Strategy and Network Management*
John Mach, MD, *Chief Medical Officer and Senior Vice President*
Nichole White, RPh, MBA, *Vice President of Health Services*
Stacy Ballard, MD, *Senior Medical Director*

Medica Connections editor

Hugh Curtler III, *Medica, Marketing and Communications*
Phone: (952) 992-3354
Fax: (952) 992-3377
Email: **hugh.curtler@medica.com**

See Medica points of contact for providers >

Distributed: 7/25/18