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GENERAL NEWS

Effective January 1, 2019:

Medica launches 3 new IFB products in 4 states

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

Medica is introducing three new products for individual and family business (IFB) members in four states. These products will be effective for coverage beginning January 1, 2019.

‘Elevate by Medica’ - Nebraska, Iowa

The new Elevate by MedicaSM health plan option is available for individuals and families in the greater Omaha/Council Bluffs area. The Elevate network of more than 1,900 primary and specialty care doctors and six hospitals includes Methodist Health System and Nebraska Medicine. Enrollment in this new plan is available both on- and off-exchange in Nebraska and Iowa for 2019 coverage.

‘Select by Medica’ - Missouri, Kansas

Select by MedicaSM is available in the Topeka, Kansas, area for 2019 coverage, featuring the following key providers in its localized care network: Stormont Vail Health, Cotton O’Neil Clinics, Saint Luke’s Health System, Children’s Mercy and Holton Community Hospital. The network includes more than 1,100 primary and specialty care doctors, 25 hospitals and about 20 convenience care clinics. Select by Medica continues to be available in Kansas City, Kansas, for 2019 coverage as well, featuring Saint Luke’s Health System and Children’s Mercy. There it has been offered since 2017. Enrollment is new for Kansas City, Missouri, and is available both on- and off-exchange in Kansas and Missouri.

‘Harmony by Medica’ - Oklahoma

The new Harmony by MedicaSM plan is a localized care system product for the state of Oklahoma built around key providers such as INTEGRIS Health System and the St. John Health System. The network includes more than 1,000 primary and specialty care doctors and more than 20 hospitals. Harmony was recently launched as a new health plan option for the 2019 coverage year. Enrollment in this plan is available both on- and off-exchange in Oklahoma.

Key features of all three of these new products include access to convenience care, a 24/7 nurse line, fitness deals and programs and Health Advocate. A Health Advocate helps members address health care concerns and can do the legwork to help identify appropriate providers and find answers to questions about claims, costs, procedures and other health matters.

Network providers for each IFB product can be found at medica.com/IndividualPlans. Fact sheets for new IFB products will be available at medica.com (under Individual and Family Products).

Timeline for filing, appealing Medica PMAP, MinnesotaCare claims has ended

This applies to Medica direct-contracted providers only.

As a reminder, Medica's contract with the Minnesota Department of Human Services (DHS) for participation in the Minnesota Families and Children program expired on April 30, 2017. This change specifically applied to populations enrolled in Medica products for MinnesotaCare and Medical Assistance (MA), also known as Prepaid Medical Assistance Plan (PMAP). As a result of this change last year, the standard claims runout period has ended for Medica's former MinnesotaCare and PMAP enrollees. *Providers should no longer submit claims, claim adjustments or appeals to Medica if they are for services for MinnesotaCare or PMAP enrollees. Such claims will be denied as provider liability.*

Note: The change in Medica's Medicaid business last year *did not affect* the following Minnesota Health Care Programs (MHCP) member populations, which continue to have coverage through Medica: Medica AccessAbility Solution® (for Special Needs Basic Care, or SNBC), Medica DUAL Solution® (for Minnesota Senior Health Options, or MSHO) and Medica Choice Care MSC+ (for Minnesota Senior Care Plus).

(Update to "Medica withdraws from Minnesota PMAP, MinnesotaCare programs" article in the **February 2017 edition** of *Medica Connections*.)

Medica Foundation announces provider grant recipients 2018 early childhood health grants total \$300,000

In 2018, the Medica Foundation awarded early childhood health program grants totaling \$295,295 to 12 nonprofit organizations. Grants were awarded to the following provider groups:

- A Chance to Grow (Minneapolis) - to expand the Strong Beginnings early childhood centers delivering critical vision screening, eye exams and glasses.
- Children's Dental Services (Minneapolis) - to reduce health disparities among Duluth regional Native American children through the integration of dental, medical and community services.
- Lifetrack Resources (St. Paul) - to enhance a home visiting program providing services to families involved with Ramsey County Child Protection Services by moving to an evidence-based model and increasing capacity.
- Northern Dental Access Center (Bemidji, Minn.) - to add a satellite access clinic to an underserved region in the state to provide low income children with access to dental care in Norman, Mahanomen, Pennington, Polk and Red Lake Counties.

This cycle of grant-making provided funds to support early intervention programs that focus on healthy families to foster the optimal growth and development of young children.

Details about grant recipients, funding opportunities, giving guidelines and application deadlines are available online at medicafoundation.org.

Due by November 30:

Medicare providers need to take compliance, FWA trainings

This applies to Medica direct-contracted providers only.

As noted last month, an annual Medicare general compliance training and annual fraud, waste, and abuse (FWA) training *are due by November 30, 2018*. The Centers for Medicare and Medicaid Services (CMS) requires that Medicare providers complete these trainings each year. Medica also requires that a compliance officer or equivalent person for a provider group complete and sign a Compliance Program Attestation and return it to Medica. **Learn more and take the trainings.**

Medica would like to thank providers who have already completed these trainings.

CLINICAL NEWS

Effective January 21, 2019:

Medical policies and clinical guidelines to be updated

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

Medica will soon update one or more utilization management (UM) policies, coverage policies and clinical guidelines. These upcoming policy changes will be effective January 21, 2019, 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 January 21, 2019, 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 December 2018 for policies that will be changing effective February 18, 2019. These upcoming policy changes will be effective as of that December date unless otherwise noted.

Survey responses due November 30:

Requesting providers' input on access to care for patients

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

There's still time to respond to a recent provider survey on patient access to care, sent in early November. Medica is asking providers for feedback on activities like care coordination, referrals to specialists and availability of clinic appointments. This survey is intended for primary care, specialty care and behavioral health provider offices. Those who are signed up to receive *Medica Connections* should have received the survey electronically earlier this month. Survey responses will be confidential and grouped with other results. **Providers who haven't yet responded can take the survey** up until the end of November.

Provider surveys like this allow Medica to improve service to providers and members. For instance, Medica asked network providers in September 2017 about satisfaction with its utilization management (UM) services, such as prior authorization. As a result, Medica began adding billing codes to its Prior Authorization List that are relevant for each procedure or service. Medica would like to thank providers for giving their valuable feedback!

Another survey coming:

Providers can soon give input on Medica's UM services

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

In order to improve service to providers and members, Medica periodically surveys network providers about satisfaction with certain programs offered by the health plan. Medica will soon send providers a survey about utilization management (UM) services, including prior authorization requests. Providers will be able to give their feedback on UM *until December 31, 2018*. Survey responses will be confidential and grouped with other results.

This UM survey is valuable for continual process improvement at Medica. Based on previous surveys, Medica has updated processes such as refining prior authorization request forms and UM policies and making them easily accessible at medica.com.

For more about UM surveys, providers may contact Kathryn Kading, director of UM for Medica, at kathryn.kading@medica.com or 952-992-2038.

Flu season underway: Vaccine options and billing codes

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

Only 37 percent of Americans 18 years of age and older received the flu vaccine during the 2017-2018 flu season. The U.S. Centers for Disease Control and Prevention (CDC) said there was a higher incidence of influenza last year than any other season since the 2009 pandemic. In the past 35 years, the peak month of all flu activity is in February, followed by December and then both January and March. Administering the vaccine by the end of October is ideal, although the vaccine can still be offered at every patient visit during the flu season.

For the 2018-2019 season, manufacturers will produce both trivalent and quadrivalent influenza vaccines. More than 80 percent of the vaccine supply produced for the 2018-2019 flu season will be quadrivalent vaccines.

What's new this flu season

The CDC recommends yearly flu vaccination for people 6 months of age or older. According to the CDC, there are a few new things this season:

- For the 2018-2019 season, the nasal spray flu vaccine (live attenuated influenza vaccine or “LAIV”) is again a recommended option for influenza vaccination of persons for whom it is appropriate. The nasal spray is approved for use in non-pregnant individuals 2 to 49 years of age. There is a precaution against the use of LAIV for people with certain underlying medical conditions. All LAIV will be quadrivalent (four-component).
- Most regular-dose egg-based flu shots will be quadrivalent.
- No intradermal flu vaccine will be available.
- The age recommendation for “Fluarix Quadrivalent” was changed from 3 years of age and older to 6 months and older after the annual recommendations were published last season to be consistent with labeling approved by the U.S. Food and Drug Administration (FDA).
- The age recommendation for Afluria Quadrivalent was changed from 18 years of age and older to 5 years and older after the annual recommendations were published last season to be consistent with FDA-approved labeling.
- Baloxavir marboxil (Xofluza®) is a new influenza single-dose antiviral drug approved by the FDA in October 2018. It is approved for the treatment of acute uncomplicated flu in people 12 years of age and older who have had flu symptoms for less than 48 hours. [Learn more from the FDA.](#)

Coding for influenza

Situation	ICD-10 code	Use
Influenza due to identified novel influenza A virus with other respiratory manifestations	J09.X2	This billable/specific ICD-10-CM code can be used to indicate a diagnosis for reimbursement purposes.
Influenza due to other identified influenza virus with other respiratory manifestations	J10.1	This billable/specific ICD-10-CM code can be used to indicate a diagnosis for reimbursement purposes.
Encounter for immunization	Z23	Medicare covers both the costs of the influenza

For further details about CPT codes for influenza vaccine during the 2018-2019 season, [refer to the Immunization Action Coalition](#).

(Update to “Medica encourages its members to get flu vaccinations” article in the [September 2018 edition](#) of *Medica Connections*.)

PHARMACY NEWS

Effective January 1, 2019:

Medica outlines upcoming changes to drug lists

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

As noted last month, Medica will be making changes in coverage status to member drug formularies (drug lists) effective January 1, 2019. For certain Medica members, as noted below, these changes would be effective January 1, 2019, for *new* prescriptions, but not effective until February 1, 2019, for *existing* prescriptions. The changes to these formularies are now posted online.

- **See changes** to the Medica Commercial Large Group Drug List — effective 1/1/19 for new prescriptions, 2/1/19 for existing prescriptions.
- **See changes** to the Medica Commercial Small Group Drug List.
- **See changes** to the Medica Preferred Drug List for individual and family business (IFB).
- **See changes** to the Medica List of Covered Drugs for Minnesota Health Care Programs (MHCP) — effective 1/1/19 for new prescriptions, 2/1/19 for existing prescriptions.

ADMINISTRATIVE NEWS

Provider College administrative training topics for December

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

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



Training class topics

“Life of a Claim”

Understanding all three components of a clean claim—submission, process and output—is important to ensure proper payment. This webinar will review all three in order to help providers understand how they work together to facilitate the proper processing of claims. It will focus on claim submission policies and requirements; 837P and 837I electronic transactions; provider remittance advices (PRAs); common denial reasons; and how to request claim adjustments and appeals.

“Claim Appeals, Adjustments and Record Submission”

Claim appeals and adjustments are important options to ensure proper claims payment. This webinar will review the process for submitting appeals, adjustments and supporting documentation to Medica. It will focus on the different avenues for submission,

and when each is appropriate; when appeals and adjustment requests are appropriate; where to find the necessary forms on Medica's website; tips for making sure that an appeal or adjustment request contains the information that supports the desired outcome in an accessible format; and the options available if providers disagree with a decision on an appeal or adjustment request.

"Resources for Providers"

Having quick and easy resources available is a great way to save time. Medica routinely updates resources available to providers. This webinar will walk providers through Medica's self-service options, including resources on medica.com. It will focus on determining member eligibility; verifying if utilization management and reimbursement policies apply to services being billed; verifying how a claim processed; and next steps for claims (e.g., appeals or adjustments).

Class schedule

Topic	Date	Time
Life of a Claim	Dec. 4	10-11:30 a.m.
Claim Appeals, Adjustments and Record Submission	Dec. 11	10-11:30 a.m.
Resources for Providers	Dec. 18	10-11:30 a.m.

For webinar trainings, login information and class materials are e-mailed close to the class date. To ensure that training materials are received prior to a class, providers should sign up as soon as possible.

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

Registration

The registration deadline is one week prior to the class date. [Register online for a session above.](#)

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