

GENERAL NEWS

New website:

[Medica highlights 'The Power of Community'](#)

Last year, under the leadership of CEO John Naylor, Medica united around a new mission to be the trusted health plan of choice for its customers, members, partners and employees. Now, Medica is pleased to announce the release of a new annual report highlighting Medica's efforts under the theme "The Power of Community," sharing some inspiring stories of the organizations Medica serves through corporate contributions, employee generosity and impactful volunteering.

Providers are invited to take a few minutes to review the report: [View 'The Power of Community.'](#) Medica is delighted that its network providers are part of #medicainthecommunity.

Updated timeline:

[Annual Premium Designation notifications mailing in late July](#)

As a reminder, Medica network physicians included in the 2018 Premium Designation program will receive a letter soon notifying them of their latest Premium evaluation, program changes for this year, and registration instructions to view designation details. This year's program timeline was recently updated, so this annual mailing has been delayed from late June to late July 2018.

To request a change to designation results prior to public display, provider offices will need to submit a reconsideration request for their 2018 Premium designation by August 27. The new Premium designations will be displayed online, tentatively planned for late September 2018. The Medica provider-search tool on [medica.com](#) will be updated to reflect the new designations.

Through the Premium program, individual physicians in certain specialties receive an evaluation based on quality of care and cost efficiency. UnitedHealthcare (UHC) administers all program activities of the Premium program on Medica's behalf. See more about the 2018 program at [UHCprovider.com/Premium](#).

(Update to “Upcoming timeline, changes for 2018 Premium Designation program” article in the **May 2018 edition** of *Medica Connections*.)

Reminder:

Annual ‘Disclosure of Ownership’ forms needed

Any providers who have not yet completed and returned their “**Disclosure of Ownership Statement**” should do so as soon as possible. It is past due. It can be **returned to Medica by e-mail**. Providers also received this annual request by U.S. mail last month. Each year, providers must complete and submit an updated disclosure form in accordance with regulatory agency requirements.

As a reminder, providers who see patients covered under Medica products for government programs need to complete and return the Disclosure of Ownership Statement to Medica annually. This step is necessary for Medica to comply with contracts it holds with both the Centers for Medicare and Medicaid Services (CMS) and the Minnesota Department of Human Services (DHS).

Medica wishes to thank providers for their time, especially those who promptly responded to this obligation. More details about this compliance requirement are available in the **Medica Provider Administrative Manual**.

(Update to “Annual ‘Disclosure of Ownership’ forms needed soon” article in the **May 2018 edition** of *Medica Connections*.)

CLINICAL NEWS

Effective August 20, 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 August 20, 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 August 20, 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 July 2018 for policies that will be changing effective September 17, 2018. These upcoming policy changes will be effective as of that September date unless otherwise noted.

Reminder:

Reviewing medical records for risk-adjustment data validation

As previously published, Medica undertakes a yearly review of medical records to evaluate risk adjustment of patients based on data validation (“RADv”). The Centers for Medicare and Medicaid Services (CMS) requires that health plans validate the ICD-10 diagnosis codes that are submitted for payment, through claims, by conducting a medical record review for documentation that supports these codes. Medica notifies provider offices when the records are needed, and appreciates providers’ prompt assistance in response to these data requests.

There are two timelines each year for these CMS-required RADv record reviews:

- Medica’s *Medicare* record review runs from March-June each year.
- Medica’s *commercial/IFB* record review runs from June-November each year.

Medica also has additional chart-review periods during the year that are *not* RADv-driven. All of these retrospective medical record reviews apply to claims for Medica’s Medicare, commercial, and individual and family business (IFB) members.

New electronic option for chart submission

Recently, Medica implemented a new web-based program called “ShareFile” to allow providers to efficiently and securely share medical records or other protected health information (PHI) with Medica. This online option can help replace fax, postal delivery, and mailed-by-CD options, reducing concerns related to transmission errors as well as the work involved in preparing and sending documents using these other methods.

ShareFile provides convenient and limitless storage for documents, which providers can encrypt to ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) and then send directly to Medica in a consistent manner. To get set up for ShareFile access for the upcoming RADV review, providers can contact Maria Ng, program manager for clinical analysis, at Maria.Ng@Medica.com.

Due by July 15, 2018:

Quality complaint reports required by State of Minnesota

Medica requires its Minnesota-based network providers to submit second-quarter 2018 quality-of-care complaint reports to Medica *by July 15, 2018*.

The State of Minnesota requires that providers report quality complaints received at the clinic to the enrollee’s health plan. All Minnesota-based providers should submit a quarterly report form, even if no Medica members filed quality complaints in the quarter (in which case, providers should note “No complaints in quarter” on the form).

Providers can now send reports by e-mail to QualityComplaints@medica.com. Otherwise, reports can still be sent by fax to 952-992-3880 or by mail to:

Medica Quality Improvement
Mail Route CP405
PO Box 9310
Minneapolis, MN 55440-9310

Report forms are available by:

- [Downloading from medica.com](#), or
- Calling the Medica Provider Literature Request Line, to obtain paper copies.

Note: Providers submitting a report for multiple clinics should list all the clinics included in the report.

Providers who have questions about the complaint reporting process may:

- [Refer to further reporting details online](#), or
- Call the Medica Provider Service Center at 1-800-458-5512.

PHARMACY NEWS

Reminder:

CMS requires Medicare enrollment to prescribe Part D drugs

Providers who prescribe Part D drugs for Medicare patients need to enroll in or validly opt out of Medicare so their Medicare patients avoid any delays in obtaining prescribed drugs. As a reminder, this enrollment step is required by the Centers for Medicare and Medicaid Services (CMS).

All prescribers must be enrolled by January 1, 2019, to ensure that Part D enrollees continue to get their prescriptions. CMS encourages all providers who prescribe Part D drugs to enroll in this Medicare program now, if they have not already done so. Effective as of January 1, 2019, Medicare Part D *may no longer cover drugs* that are prescribed by physicians or other eligible professionals who are neither validly enrolled nor opted out of Medicare.

Part D prescribers include physicians, dentists, psychiatrists, residents, nurse practitioners and physician assistants who prescribe drugs for Part D patients, including those in Medicare Advantage plans. For more information, including how to enroll, [visit the CMS Part D Prescriber Enrollment website](#).

Effective September 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 September 1, 2018. Medica also notifies affected Medica members in their Medicare Part D Explanation of Benefits (EOB) statements mailed out monthly.

As of July 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 September 1, 2018:

Medica to implement commercial, PPO fee schedule updates

Effective September 1, 2018, Medica will implement standard fee schedule updates for commercial products in both its metro and regional service areas. The Medica SelectCareSM and LaborCare[®] standard fee schedules will be updated at the same time — i.e., for the Medica preferred provider organizations (PPOs).

These updates will result in an overall estimated increase to physician reimbursement. As always, the effect on reimbursement will vary by specialty and the mix of services provided.

Various fees for services without an assigned Centers for Medicare and Medicaid Services (CMS) relative value unit (RVU) will also be updated. Examples of these services include labs, supplies/durable medical equipment (DME), injectable drugs, and immunizations. This non-RVU update will also have an impact on physician reimbursement that will vary based on specialty and mix of services provided.

Medica will apply CMS-based RVU methodology where applicable. The CMS Medicare physician RVU file (National/Carrier) is available online from CMS.

Providers who have questions may contact their Medica contract manager.

Effective September 1, 2018:

Medica to update ancillary fee schedule for all products

Effective September 1, 2018, Medica will implement standard ancillary fee schedule (reference guide) updates for all Medica products. This fee update will have an impact on the following provider types: durable medical equipment (DME), home health care, home infusion therapy, public health, skilled nursing facility (SNF) and transportation.

The effect on reimbursement due to this fee schedule update will vary by provider type and the mix of products or services provided. Providers who have questions or would like a copy of their updated fee schedule may contact their Medica contract manager.

ADMINISTRATIVE NEWS

Provider College administrative training topic for July

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

"Skilled Nursing Facilities and Care Coordination" (class code: SNFCC)

In this course, providers will learn about the Medica Care System's updated benefit determination process as it relates to skilled nursing facilities (SNFs). Participants will review "trigger events," skilled nursing guidelines, and skilled rehabilitation information, as well as updated communication forms required for the Medica Care System. Time will also be provided for questions and answers as part of this discussion.



Class schedule

Class code	Topic	Date	Time	Notes
SNFCC-WJul	Skilled Nursing Facilities and Care Coordination	July 24	10-11 a.m.	Class code with "WJul" means offered via webinar in July

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.](#)

Reminder:

Up-to-date provider directories help members find providers

It is important that patients and members have access to accurate, up-to-date information when seeking care in their provider network. To ensure that members have the best experience possible when looking for care, health plans need providers' help to ensure provider details and clinic locations are up-to-date. Information in Medica's provider directories can be reviewed and edited through the secure [provider demographic-update online tool \(PDOT\)](#).

Directory information to regularly review and keep current includes:

- Office locations where members can be seen for appointments
- Provider names and credentials
- Specialties
- Location names
- Addresses, including suite numbers
- Phone numbers
- Clinic hours
- Practitioner status for accepting new patients
- Clinic services available

As Medica has previously published, providers need to regularly update their demographic data based on Centers for Medicare and Medicaid Services (CMS) rules. These rules require that provider directories be accurate and updated regularly. As a result, providers need to update their practitioner and site-level demographic data, such as the items listed above, in Medica's directories *as soon as they know of a change* to that data, and to regularly review demographic information for accuracy. [See more about this.](#)

Note: Providers who are part of a *leased* network that contracts with Medica, such as a preferred provider organization (PPO), should work with their network's administrative office to update demographics with Medica, rather than make updates individually using Medica's PDOT tool. Doing so could override corrected data.

SELECTCARE/LABORCARE NEWS

Latest UHC provider bulletin available online

UnitedHealthcare (UHC) has published the latest edition of its *Network Bulletin* (June 2018). Highlights that may be of interest to LaborCare® network providers include:

- Prior authorization for genetic and molecular testing expanding — scheduled for July 2018
- OptumRx Home Delivery Pharmacy limiting opioid prescriptions to 30-day supply — scheduled for July 2018
- NDC details to be required along with HCPCS, CPT codes — scheduled for September 2018
- New Intraoperative Neuromonitoring reimbursement policy — scheduled for September 2018

[View the June 2018 UHC provider bulletin.](#)

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