

GENERAL NEWS

Medica commits to its growing service area with new key positions in Omaha

Although Medica is a non-profit health plan headquartered in Minnesota, the company serves communities in the heart of America by providing health care coverage and related services in the employer, individual, Medicaid and Medicare markets. Medica currently operates in nine states: Minnesota, Iowa, Kansas, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota and Wisconsin. As part of its commitment to new communities in its expanding service area, Medica recently added two new key positions to its office in Omaha, Nebraska.

Medica has announced the hire of Patrick Bourne as Market Leader for the state of Nebraska. In this new role, Bourne will work with Medica leadership in the individual, Medicare and commercial group market segments to set strategic direction and execute the organization's growth and customer satisfaction strategies. In addition, he will be responsible for strengthening Medica's brand presence through relationships with providers, community leaders, brokers, regulators, policymakers and other business partners. Bourne previously was a senior vice president/local practice leader for Aon Risk Solutions in Omaha, and before that, held executive leadership roles at Blue Cross Blue Shield of Nebraska.

Medica also has hired Jason Yoo as director of field sales. Yoo, also located in Omaha, is responsible for sales performance management, broker recruitment and other business development activities in Medica's Medicare and Individual and Family Business market segments. Before joining Medica, he worked at Mutual of Omaha as national sales director for its Medicare Advantage and prescription drug plan business.

"Medica is growing in Nebraska," said John Naylor, Medica president and chief executive officer. "We expect to continue our momentum as we look for additional opportunities. We believe that in order to do that effectively, it is essential that we have leaders on the ground who are well-established in the community and who understand the market as well as our business."

Medica's focus on opioids:

[Alternative treatment options for chronic pain](#)

“Patients with pain should receive treatment that provides the greatest relief,” said Stacy Ballard, MD, MBA, senior medical director at Medica. Evidence suggests that non-opioid treatments can provide relief and are safer. Many patients turn to complementary health methods as part of their pain management.



“Help your patients choose wisely with the following articles that review the clinical evidence,” said Dr. Ballard:

- “**Nonopioid Treatments for Chronic Pain**” from the Centers for Disease Control and Prevention (CDC).
- An “**Evaluation of Complementary Health Approaches for Pain Management**” published by the Mayo Clinic.

As the backlash grows against the prescribing of opioids, it’s good to consider all options for pain management. Physicians are writing an estimated 240 million opioid prescriptions each year so the potential for addiction is enormous. Roughly one out of four patients who are prescribed opioids for chronic pain misuse them. And in the Midwest alone during a 14-month period, opioid overdoses increased 70 percent, from July 2016 through September 2017.

CLINICAL NEWS

Effective September 16, 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 September 16, 2019, unless otherwise noted.

These policies apply to all Medica products including commercial, government, and individual and family plan (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](https://www.medicacom.com)** prior to their effective date. The medical policy update notification for changes effective September 16, 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](https://www.medicacom.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 2019 for policies that will be changing effective October 21, 2019. These upcoming policy changes will be effective as of that October date unless otherwise noted.

Quality programs:

In 2018-2019, Medica undertakes multiple activities to combat opioid crisis

Medica is committed to addressing the growing opioid epidemic across Midwestern communities. To do so, Medica has partnered with internal and external stakeholders, including Optum Behavioral Health, on initiatives such as the following:

- Working on identifying and increasing both the usage of Medication-Assisted Treatment (MAT)-certified providers and those taking on new patients, increasing member utilization and access
- Pre-purchasing appointments with providers who are certified for Suboxone therapy to increase access and availability to these specialized providers
- Dr. Stacy Ballard, senior medical director for Medica, presenting on “Opioids and Pain” to the Managed Care Organization

(MCO) Opioid Performance Improvement Project (PIP) Collaborative, viewed by more than 400 attendees through 29 different county hubs across Minnesota

- Supporting the Opioid Performance Improvement Projects for Minnesota Senior Health Options (MSHO) and Special Needs BasicCare (SNBC) enrollees, using “Meeting the Opioid Challenge” tools and information developed for care coordinators by Dr. Ballard
- Supporting the launch of the **Provider Opioid Toolkit**, developed collaboratively by Minnesota health plans and coordinated by Stratis Health
- Working with Medica’s Health Care Economics team on data innovation to create a dashboard that improves data collection on member use and provider prescribing practices
- Medica pharmacists participating in the Institute for Clinical Systems Improvement (ICSI) Opioid Oversight Steering Committee, which is currently working on standards for chronic pain management
- Creating a list of pain clinics as a resource guide for Medica’s case managers and care coordinators to use when working with Medica members
- Promoting a social media strategy that focuses on the **Live and Work Well website** for all Medica members along with a substance abuse hotline
- Conducting targeted and as-needed clinical quality reviews of high-volume opioid prescribers

Clinical criteria, coding related to opioid substance use disorder

Substance use disorder combines substance abuse and substance dependency into a single disorder measured on a continuum. Opioid is one of eight types, along with: alcohol; cannabis; sedatives, hypnotics or anxiolytics; hallucinogens; stimulants; inhalants; and tobacco.

There are 11 areas within four behavioral categories.

- Impaired control:
 1. Takes substance in larger amounts or over longer period of time than intended
 2. Has desire to reduce or discontinue use and can’t achieve
 3. Spends a great deal of time seeking to obtain, using or recovering from use
 4. Cravings – an intense urge or desire for substance
- Social impairment:
 5. Recurrent use interferes with obligations at work, home or school
 6. Continued use despite recurrent social or interpersonal problems related to use
 7. Withdrawal from social, recreational or occupational activities
- Risky use:
 8. Recurrent use in situations in which it is a physical hazard
 9. Continued use despite knowing that it can exacerbate a physical or psychological problem
- Tolerance and withdrawal:
 10. Tolerance – need for increasing dose to achieve same effect
 11. Withdrawal – developing symptoms due to reduced blood or tissue concentration, resulting in need to use substance to make symptoms go away

Major warning signs

- Craving for the substance
- Increase in tolerance
- Preoccupation with the substance
- Loss of control
- Patients may resort to denial and rationalization, including blame, excuses and minimization
- Drug and alcohol use should also be considered when patients present with new symptoms, recent physical trauma, mood disorders, weight loss or ongoing unexplained symptoms

Example: A sudden, unexplained exacerbation of previously well-controlled diabetes or hypertension.

Documenting dependency

Consider if substance use disorder applies first. If yes, documentation needs to support the dependency, using the criteria listed above as a guidance.

Opioid dependency codes:

- F11.20 – Opioid dependence
- F11.21 – Opioid dependence, in remission
- F11.23 – Opioid dependence, withdrawal
- F11.29 – Opioid dependence, unspecified
- F11.220 – Opioid dependence, uncomplicated

Maintenance use of opioids

A maintenance use of opioids is not considered dependence if there is no change in the use; if opioids are prescribed and taken while under supervision of a physician; or, if patients have a pain contract. “Opioid use uncomplicated (properly managed client)” would be coded using Z79.891, for the long-term use of an opioid. Providers must document the certainty there is a dependency or that it is supervised maintenance, confirming the determining factors that support the diagnosis.

Annual notice:

Medica monitors Quality Improvement program goals for 2019

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

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 2019 QI Work Plan features 14 individual quality improvement activities and 19 ongoing quality monitors. More QI activities may be added throughout the year.

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

- Reduce chronic opioid use in high-risk member populations
- Improve dental visit rates for select populations
- Conduct targeted member outreach to address key Medicare Stars 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](https://www.medica.com).
- Call the Medica Provider Literature Request Line for printed copies of documents.

Upcoming survey:

Requesting provider 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 is mailing providers a survey about utilization management (UM) services, including prior authorization requests. This survey is intended specifically for physicians and office managers who have had experience with Medica's UM program in 2019. Survey feedback on UM *will be accepted until September 1, 2019*. 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.

PHARMACY NEWS

Effective October 1, 2019:

Medica plans to update member formularies

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

Medica is reviewing several medications and will be making changes in coverage status to drug formularies (or drug lists) effective October 1, 2019. For certain Medica members, as noted below, these changes would be effective October 1, 2019, for *new* prescriptions, but not effective until November 1, 2019, for *existing* prescriptions.

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

- 2019 Medica Commercial Large Group and NE Farm Bureau Drug List — effective 10/1 for new prescriptions, 11/1 for existing
- 2019 Medica Commercial Small Group Drug List
- 2019 Medica Preferred Drug Lists for individual and family business (IFB)
- 2019 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 CareSM (for Minnesota Senior Care Plus program, or MSC+), Medica AccessAbility Solution[®] (for Special Needs Basic Care program, or SNBC) and both Medica DUAL Solution[®] (for Minnesota Senior Health Options program, or MSHO) and Medica AccessAbility Solution Enhanced, for non-Part D drugs. These changes will *not* apply to Medica Medicare Part D drug formularies.

Effective October 1, 2019:

Upcoming changes to Medica Part D drug formularies

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

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, 2019. Medica also notifies affected Medica members in their Medicare Part D Explanation of Benefits (EOB) statements mailed out monthly.

As of August 1, 2019, [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 Combined List of Covered Drugs for Medicare and Minnesota Health Care Programs. 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, 2019:

Medica to make quarterly update to Medicare fee schedules

(This applies to Medica direct-contracted providers only.)

Effective with October 1, 2019, dates of service, Medica will implement the quarterly update to its Medicare physician fee schedules for applicable Medica products. This fee schedule change will implement updates from the Centers for Medicare and Medicaid Services (CMS) and have an impact on home infusion therapy and public health agency providers, as well as physicians. Medica will make these updates within 30 days of the CMS quarterly files becoming publicly available. By day 10 after each effective date, in order to keep these quarterly updates timely, Medica will move ahead and post updated Medicare rates with the files CMS has published at that time.

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 schedules 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, which typically see the greatest impact from these quarterly CMS updates, **are available online from CMS**. Providers who have further questions may contact their Medica contract manager.

Effective October 1, 2019:

Medica to make quarterly update to reference lab fee schedule

(This applies to Medica direct-contracted providers only.)

Effective with October 1, 2019, 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, 2019. 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

(This applies to Medica direct-contracted providers only.)

Medica plans to mail final 2018 physician contingency reserve (PCR) distribution checks, or "lag" checks, to providers in late July 2019. Medica returned 100 percent of the PCR withhold for the Medica Prime Solution® Medicare product for 2018, including the lag return. The final 2018 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 2019 distribution will include PCR for claims payments processed through June 30, 2019, plus interest.

In addition, the PCR payment for the first quarter of 2019 for the Medica Prime Solution product is expected to be mailed by the end of August 2019. This represents a 100-percent return of the first-quarter 2019 PCR withhold, plus interest. Checks will cover PCR withheld for claims with dates of service of January 1, 2019, through March 31, 2019, and dates paid of January 1, 2019, through June 30, 2019.

ADMINISTRATIVE NEWS

Provider College administrative training topic for August

(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 class is available by webinar for all Medica network providers, at no charge.



Training class topics

"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
Resources for Providers	August 13	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 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.](#)

Effective October 1, 2019:

MHCP eyewear benefit to align with DHS ‘medically necessary’ change

(This applies to Medica direct-contracted providers in Minnesota only.)

Medica is making an administrative change to its vision care covered services to align with the Minnesota Health Care Programs (MHCP) provider manual as updated by the Minnesota Department of Human Services (DHS) earlier this year. Effective October 1, 2019, Medica will align with the following change made by DHS:

“For initial eyeglasses to be medically necessary, there must be a correction of .50 diopters or greater in either sphere or cylinder power in either eye. Diopter is the unit of refracting power of the lens.”

The upcoming change will apply to Medica’s MHCP members in the following plans:

- Medica AccessAbility Solution® for Special Needs BasicCare (SNBC) enrollees
- Medica AccessAbility Solution® Enhanced for Special Needs BasicCare (SNBC SNP) enrollees
- Medica Choice CareSM MSC+ for Minnesota Senior Care Plus (MSC+) enrollees
- Medica DUAL Solution® for Minnesota Senior Health Options (MSHO) enrollees

Network eye care providers may submit a benefit exception request for these members through their Medica care coordinator, along with a justification for medical necessity. Medica and its MHCP eyewear provider, Eye-Kraft, follow what is described in the MHCP provider manual for vision care covered services. For more details, [see the MHCP provider manual from DHS](#).

Updates to Medica Provider Administrative Manual

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

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
Added new statement regarding government access to records to align with Medica’s contract with the Minnesota Department of Human Services	“Special Contracting Requirements” section, in “Government Program Requirements” subsection, under “Provider Requirements for Medicare and Minnesota Health Care Programs”	July 2019

For the current version, providers may [view the Medica Provider Administrative Manual online](#).

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