

GENERAL NEWS

Effective January 1, 2020:

ovia Health to provide support for fertility, pregnancy and parenting

Starting January 1, 2020, Medica members who are female and 18-46 years of age will have access to a new, customized digital app experience, for no additional cost, to support their journey to parenthood. Medica is collaborating with Ovia Health to offer this new program to Medica's commercial, individual and family business (IFB) and Minnesota Health Care Programs (MHCP) members.

Young families often enjoy using a number of generic digital apps to better understand the many changes they might be experiencing — from changes to their body to changes in developmental milestones of their children. These tools may help provide parameters around what's considered "normal," and may even help guide conversations they have with their health care provider. By collaborating with Ovia Health, Medica is able to provide its members with a customized parenting journey tool that is more robust than a generic app they can find.

Ovia Health will offer Medica members three customized apps to choose from: Ovia Fertility, Ovia Pregnancy and Ovia Parenting. Medica members can simply download the app that's right for them to receive personalized guidance, support and coaching to help them achieve health goals, ranging from fertility health tracking to getting pregnant to navigating pregnancy, postpartum and parental wellness. Members receive exclusive access to enhanced features not available to all generic app users.

Objectives of this collaboration with Ovia include:

- Drive daily member engagement
- Impact behavior change
- Deliver clinical programs
- Identify high-risk pregnancies
- Prevent avoidable preterm births

Ovia Health has a proven track record of 78% enrollee engagement within the first trimester and a 30% reduction in preterm births.

Focus on opioids:

Follow-up needed soon after hospitalization for substance use

There's a need for follow-up care soon after discharge for behavioral health hospitalizations, which can include substance-use disorders. "Help your patients transition after behavioral health hospitalizations, including stays for a substance-use disorder," said Stacy Ballard, MD, MBA, senior medical director at Medica. "Practitioners should arrange for an outpatient visit within seven days of discharge."



After hospitalization, follow-up care for mental illness helps improve health outcomes and prevent readmission. Recommended post-discharge treatment includes a visit with a mental health provider within one week of discharge, ideally. [See more about this best practice.](#)

Reminder:

Medicare providers need to take compliance, FWA trainings

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

As noted last month, Medica requires that providers complete a Medicare general compliance training and a fraud, waste, and abuse (FWA) training each year. Providers who have not yet returned an attestation for taking these trainings should do so *as soon as possible*. A provider group's compliance officer or equivalent person should complete and sign a compliance program attestation and return it to Medica. [Learn more and take the trainings.](#)

Medica appreciates providers' attention to this requirement.

Reminder:

Medica's insulin cost relief coming to four states, effective Jan. 1

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

As announced previously, Medica is addressing the rising cost of insulin by introducing a cap on the maximum out-of-pocket amount commercial and individual market members will pay for their insulin in Minnesota, North Dakota, South Dakota and Wisconsin, starting January 1, 2020. This will apply to all members of fully insured commercial groups headquartered in these four states as well as individual and family business (IFB) members in Minnesota, North Dakota and Wisconsin, who will pay no more than \$25 for each monthly supply of insulin. This enhancement will apply to all insulin covered by their plan.

CLINICAL NEWS

Effective January 20, 2020:

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 20, 2020, 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** prior to their effective date. The medical policy update notification for changes effective January 20, 2020, is already posted. Changes to policies are effective as of that date unless otherwise noted. ("Medical policy updates" notifications are available at medica.com under For Providers, "Policies and Guidelines," then "Updates to Medical Policies.")

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 2019 for policies that will be changing effective February 17, 2020. These upcoming policy changes will be effective as of that February date unless otherwise noted.

Advance directives: An important part of health care

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

Medica requires medical records to include documentation regarding the status of a member's advance directive, either the actual completed document or a discussion of the importance of completing one for anyone 18 years of age or older.

According to Medica's "**Medical Records: Provider Responsibilities**" policy located on medica.com:

"For all adult patients, there is a notation in the medical record that the patient has or has not executed an advance directive. If the member has an advance directive, a copy needs to be in the medical record. If the member (age 65 and older) does not have an advance directive, there needs to be documentation by the provider of a discussion annually along with the date it occurred."

Wellness visits are the perfect time to start having these discussions with adult patients. The laws governing advance directives vary from state to state, so it is important to complete and sign advance directives that comply with the applicable law for each patient's state of residence.

Upcoming outreach:

Medica undertakes annual ACA chart review for coding integrity

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

Each year, Medica undertakes medical record reviews for various types of members, and in December 2019 plans to begin reaching out to provider offices regarding Affordable Care Act (ACA) 2019 dates of service for office visits and hospital admissions by Medica commercial members. Medica is committed to improving the quality of care provided to our members and is required by the U.S. Department of Health and Human Services (HHS) to submit complete diagnostic data regarding members enrolled in certain ACA-covered health plans.

On Medica's behalf, Optum and CiOX Health are conducting the medical record reviews, coordinating record retrieval and reviewing clinical coding. CiOX representatives will contact providers directly to provide retrieval options and a list of the requested member records for services they received in calendar year 2019. Patient records being requested include medical records, notes and reports. This outreach is expected to begin by mid-December 2019. Chart collection *must be completed by March 27, 2020*.

This industry-standard commercial chart retrieval request is intended to identify any gaps in coding that are supported in the documentation. Reviewing medical chart documentation will enable Medica to identify conditions that may exist for plan members, but may not have been coded or previously captured. This enables the health plan to assess the health conditions of their members for effective care interventions and to improve health outcomes.

Providers who have questions may contact CiOX at 1-877-445-9293 or at chartreview@cioxhealth.com. Or call Medica's Provider Service Center toll-free at 1-800-458-5512.

PHARMACY NEWS

Effective January 1, 2020:

Medica updates drug lists for 2020

(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, 2020. The new formularies are now posted online.

- **See** the 2020 Medica Commercial Drug List.
- **See** the 2020 Medica Preferred Drug Lists for individual and family business (IFB) and NE Farm Bureau.
- **See** the 2020 Medica List of Covered Drugs for Minnesota Health Care Programs (MHCP).

(Drug lists are available at medica.com under For Providers, "Pharmacy," then respective member types; for the new drug lists noted above, click on the "2020" tab.)

Effective January 1, 2020:

Medica introduces programs to address drug adherence, opioids

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

Next year, Medica members as well as prescribers may start seeing evidence of new key clinical pharmacy programs administered by Express Scripts[®], Medica's new pharmacy benefit manager (PBM).

"ScreenRx" provides a personalized member experience delivered by a clinical pharmacist who identifies behavioral, clinical and cost barriers to medication adherence, offering members adherence tips and solutions to address these barriers. This program focuses on medications for the following conditions: diabetes, hypertension, high cholesterol, asthma/chronic obstructive pulmonary disease (COPD), depression, HIV, and hepatitis C. ScreenRx will apply for Medica's commercial, Minnesota Health Care Programs (MHCP) and Medicare Part D members.

"Advanced Opioid Management" uses a three-prong approach to holistically address the opioid epidemic. The program includes formulary controls (initial fill limits, quantity limits), member education (letters, proactive pharmacist outreach, disposal bags) and provider education (point-of-care alerts, physician care alerts, prescriber education, peer-to-peer comparison). Medica will also continue its fraud, waste, and abuse program focused on identifying and investigating unusual prescribing and utilization patterns associated with high-risk medications. Advanced Opioid Management will apply for Medica's commercial, individual and family business (IFB), MHCP and Medicare Part D members.

Effective January 1, 2020:

Medica to add new UM policies for 2 medical pharmacy drugs

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

Medica will soon implement the following new medical pharmacy drug utilization management (UM) policies. These changes will be effective with January 1, 2020, dates of service. Medica implements such policies as soon as possible after conducting a clinical review of these new-to-market drugs and approving them for coverage with UM policies. Prior authorization will be required for the corresponding medical pharmacy drug.

Medical pharmacy drug UM policies — New

Prior authorization will be required.

Drug code

Drug brand name

Drug generic name

J9999	Ruxience	rituximab-pvvr
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Q5118	Zirabev	bevacizumab-bvzr
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These policies will apply to Medica commercial, individual and family business (IFB), Minnesota Health Care Programs (MHCP) and Medica Health Plan SolutionsSM (MHPS) members and to Medica Medicare members in Medica DUAL Solution[®] (Minnesota Senior Health Options, or MSHO), Medica Advantage Solution[®] (HMO-POS) and Medica Advantage Solution (PPO) plans. They will *not* apply to Medica Prime Solution[®] (Medicare Cost) or Mayo Medical Plan members. The drugs will be subject to pre-payment claims edit policies as well.

The new medical pharmacy drug UM policies above will be available online or on hard copy:

- [View drug management policies](#) as of January 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

ADMINISTRATIVE NEWS

Provider College 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

"Pharmacy Benefit Manager Changes"

There will be multiple dates for this training, offered in December and January. This webinar will give providers more detail around Medica's switch to Express Scripts as its new pharmacy benefit manager (PBM). It will include an overview of the transition timeline through January 2020, and what activities are occurring, such as provider and member outreach. This training will outline pharmacy program changes such as prior authorization and billing parameters related to the new PBM, new drug lists coming on January 1, 2020, and contact information for Express Scripts so providers can request medication exceptions and appeals, as needed. The class will also cover the resources available to make this transition as seamless and efficient as possible for both providers and their Medica patients. (Note: More sessions of this PBM training will be offered in January 2020 as well.)

"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 Medica 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.

Class schedule

Topic	Date	Time
PBM Changes	Dec. 4	10-11 a.m.
Life of a Claim	Dec. 10	10-11:30 a.m.
PBM Changes	Dec. 18	Noon-1 p.m.
Claim Appeals, Adjustments and Record Submission	Dec. 23	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 each class date. [Register online for a session above.](#)

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
Under “Medical, Family and Social History” subheading, added language on annual wellness visits and advance directives	“Health Management and Quality Improvement” section, in “Medical Record Review” subsection, under “Provider Responsibility Policy”	November 2019
Updated appeal details for Medica members in Minnesota Health Care Programs	“Regulatory Reporting” section, in “Member Rights and Responsibilities” subsection	November 2019

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

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