

## GENERAL NEWS

### Rob Geyer joins Medica in new chief operations officer role

Rob Geyer recently joined Medica as chief operations officer. In this newly created position, Geyer provides operational leadership across the organization and is responsible for Medica's operational and technology personnel as well as the process and system infrastructure in place to support Medica's growth. He reports to Medica President and Chief Executive Officer John Naylor.

Geyer has more than 20 years of executive leadership experience in the health insurance industry, most recently as CEO of Reta Trust, a California-based nonprofit health care trust that provides access to affordable and quality health care to Catholic organizations throughout the United States. Previously, Geyer held executive leadership positions at California Health and Wellness, a Centene corporation, as well as Blue Shield of California.



#### Annual reminder:

### Verifying eligibility, benefits for patients new to Medica

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

The start of each year is a busy time as many patients switch health plans. Some employer groups customize their health plan to include unique benefit sets. It is therefore important that providers ask for a current member ID card and verify member eligibility and benefits to ensure the correct copayment is collected, when needed, at each visit. Having up-to-date member information also helps to ensure accurate and timely claims processing.

Providers can easily verify eligibility and benefits for Medica members in two ways: Online **through Medica's secure portal** or by calling Medica's Provider Service Center at 1-800-458-5512 and choosing the self-service option.

It is also necessary when calling Medica's Provider Service Center to have each member's current member number for Medica to correctly identify the patient. **And as reported last month**, Medica has made changes to its call-in options, which are now based on group or policy number for members. Member and group numbers are included on the front of every Medica member ID card.

For reference, **Medica's fact sheets include sample member ID cards for all products.**

## Medica Foundation announces provider grant recipients 2018 behavioral health grants total \$350,000

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

The Medica Foundation recently concluded its behavioral health grant-making for 2018, awarding program grants totaling nearly \$350,000 to eight nonprofit agencies. This cycle of grant-making focused on programs that help people with serious mental illness and addictions recover and lead productive lives in their communities. Program grants were awarded to several provider groups:

- Lutheran Social Services of South Dakota (Sioux Falls) - to increase access to substance abuse treatment in rural South Dakota through telehealth group treatment.
- University of Minnesota (Minneapolis) - to integrate behavioral health services (including mental health consultation, services and provider training) within a primary care clinic serving children 0-12 years of age from primarily low-income, minority, and refugee backgrounds.
- Miller-Dwan Foundation (Duluth) - to create a multidisciplinary partnership with Essentia Health that will develop and provide ongoing behavioral health and health care management training in partnership with group homes.
- Minnesota Community HealthCare Network (Minneapolis) - to pilot the delivery of mental health triage and interim care coordination services at the Hennepin County Behavioral Health Care Center.
- Valley Community Health Centers (Grand Forks, N.D.) - to develop integrated addiction treatment services within a primary care setting.
- Native American Community Clinic (Minneapolis) - to integrate a behavioral health-focused community health worker within a Federally Qualified Healthcare Center for Native American adults, children and families.
- HealthFinders Collaborative, Inc. (Northfield, Minn.) - to develop and enhance capacity to provide high-quality, culturally relevant mental health programming that improves mental health care access and outcomes for under-served populations in Rice County.

Details about grant recipients, funding opportunities, giving guidelines and application deadlines are available online at [medicafoundation.org](http://medicafoundation.org). Information on Medica Foundation funding priorities and grant application periods for the upcoming year will be available online beginning February 1, 2019.

## CLINICAL NEWS

Clarification:

### No medical policy and guideline updates eff. in March

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

Medica regularly updates utilization management (UM) policies, coverage policies and clinical guidelines. However, there will be no policy changes effective March 21, 2019, as previously published.

Monthly update notifications for Medica's policies are available on an ongoing basis. **Update notifications are posted on [medica.com](http://medica.com) prior to their effective date.**

The medical policies themselves are then available online or on hard copy:

- **View medical policies and clinical guidelines at [medica.com](http://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:** It's expected that the next policy update notification will be posted in February 2019 for policies that will be changing

effective April 22, 2019. These upcoming policy changes would be effective as of that April date unless otherwise noted.

Ongoing outreach in February-May 2019:

## Medica to conduct annual record review for HEDIS

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

Medica will be engaging providers as part of an upcoming chart review from February to May 2019. Medica reviewers will contact provider offices to set up a date for this purpose or regarding another authorized method of providing the requested information. Medica now uses a secure ShareFile portal and encourages sites to use this method when submitting records (for HEDIS reviews only).

As both state and federal governments move toward a health care industry driven by quality, Healthcare Effectiveness Data and Information Set (HEDIS®) rates are becoming more and more important, not only to health plans but to providers as well. HEDIS is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) which allows for comparison across health plans. Through this program, NCQA holds health plans like Medica accountable for the timeliness and quality of health care services.

State purchasers of health care use aggregated HEDIS rates to evaluate the effectiveness of Medica's preventive outreach efforts. Physician-specific scores are used as evidence of preventive care from primary care office practices. These rates then serve as a basis for physician profiling and incentive programs.

To get set up for the upcoming HEDIS review period, including use of Medica's secure ShareFile portal (for HEDIS reviews only), providers can contact Brittany Rasmussen, Medica's medical records coordinator, at [Brittany.Rasmussen@medica.com](mailto:Brittany.Rasmussen@medica.com).

As a reminder, protected health information (PHI) that is disclosed for purposes of treatment, payment or health care operations is permitted by HIPAA privacy rules and does not require consent or authorization from members or patients. The provider responsibilities regarding medical records requests is explained in Medica's provider manual, which is considered part of the provider contract. [See more.](#)

## PHARMACY NEWS

Effective April 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 April 1, 2019. For certain Medica members, as noted below, these changes would be effective April 1, 2019, for *new* prescriptions, but not effective until May 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 4/1 for new prescriptions, 5/1 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 4/1 for new prescriptions, 5/1 for existing

The Medica MHCP drug list applies to the following products: Medica Choice Care<sup>SM</sup> (for Minnesota Senior Care Plus program, or MSC+), Medica AccessAbility Solution<sup>®</sup> (for Special Needs Basic Care program, or SNBC), and Medica DUAL Solution<sup>®</sup> (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](http://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](http://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 February 22, 2019:

## 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 February 22, 2019, 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 drugs.

### Medical pharmacy drug UM policies — New

*Prior authorization will be required.*

Drug code	Drug brand name	Drug generic name
J3490	Khapzory	levoleucovorin
J3590	Revcovi	elapegademase-lvlr

These policies will apply to Medica commercial, individual and family plan (IFB), Minnesota Health Care Programs (MHCP) and Medica Health Plan Solutions 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 February 22; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective April 1, 2019:

## 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 April 1, 2019, 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 drugs.

### Medical pharmacy drug UM policies — New

*Prior authorization will be required.*

Drug code	Drug brand name	Drug generic name	Special circumstances
J9044	N/A	bortezomib for injection	N/A
J9371	Marqibo	vincristine sulfate liposomal	Applies for Mayo Medical Plan

These policies will apply to Medica commercial, individual and family plan (IFB), Minnesota Health Care Programs (MHCP) and Medica Health Plan Solutions 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, unless specified otherwise above. 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 April 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective April 1, 2019:

## Medica to add new medical pharmacy claims-edit drug policy

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

Medica will soon implement the following new claims-edit policy for medical pharmacy drugs, effective with April 1, 2019, dates of service.

### Medica pharmacy claims-edit policies — New

Drug code	Drug brand name	Drug generic name
J0185	Cinvanti	aprepitant

This policy will apply to Medica commercial and Minnesota Health Care Programs (MHCP) 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. It will *not* apply to individual and family plan (IFB), Medica Prime Solution® (Medicare Cost), Medica Health Plan Solutions or Mayo Medical Plan members.

This new medical pharmacy claims-edit drug policy will be available online or on hard copy:

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

## NETWORK NEWS

Effective April 1, 2019:

## Medica to make quarterly update to Medicare fee schedules

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

Beginning with April 1, 2019, dates of service, Medica will implement the quarterly update to its Medicare 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 the following provider types: home infusion therapy, home health care and public health agency providers, as well as physicians.

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

Effective April 1, 2019:

## Medica to implement commercial, PPO fee schedule updates

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

Effective April 1, 2019, Medica will implement standard fee schedule updates for commercial products in both its metro and regional service areas. The Medica SelectCare<sup>SM</sup> and LaborCare<sup>®</sup> standard fee schedules will be updated at the same time — i.e., for the Medica preferred provider organizations (PPOs). While these updates will reflect an aggregate increase to physician reimbursement overall, the effect on individual reimbursement will vary by specialty and 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 April 1, 2019:

## Medica to make quarterly update to reference lab fee schedule

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

Effective with April 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 April 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.

## Third-quarter PCR checks to be mailed in January 2019

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

By the end of January 2019, Medica plans to mail to eligible providers the physician contingency reserve (PCR) payment for the third quarter of 2018. This represents a 100-percent return of the third-quarter 2018 PCR withhold, plus interest, for the Medica Prime Solution® (Medicare Cost) product. Checks will cover PCR withheld for claims with dates of service of July 1, 2018, through September 30, 2018, and dates paid of July 1, 2018, through December 31, 2018.

## ADMINISTRATIVE NEWS

### Provider College administrative training topics for February

*(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

##### *“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.

##### *“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.

##### *“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).

##### *“Medica’s Medicare Products”*

Medica offers different Medicare plans to fit member needs. This course will review information to assist providers in better understanding the different Medicare plans Medica has available. It will focus on the differences between Medicare Advantage and Cost plans; plan changes for 2019; when Medica follows Centers for Medicare and Medicaid Services (CMS) guidelines; when to bill Medica vs. Medicare as the primary payer; upgraded services offered by plans; and billing requirements and reimbursement.

#### Class schedule

Topic	Date	Time
Claim Appeals, Adjustments and Record Submission	Feb. 5	10-11:30 a.m.
Life of a Claim	Feb. 12	10-11:30 a.m.

Resources for Providers

Feb. 19

10-11:30 a.m.

Medica's Medicare Products

Feb. 26

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.](#)

## 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 information on subrogation and recovery methods	"Fraud and Abuse" section, under "Report Fraud or Abuse"	January 2019

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

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**Rob Geyer**, Chief Operations Officer

**Nichole White, RPh, MBA**, Vice President of Health Services

**Stacy Ballard, MD, MBA**, Senior Medical Director

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