

GENERAL NEWS

Medica Foundation announces provider grant recipients *2018 rural health grants total \$300,000*

The Medica Foundation has concluded its rural health funding, awarding grants totaling \$300,000 to 61 nonprofit agencies in 2018, marking a 50 percent increase in rural health grant-making over last year. Grants were awarded to support health-related programming that is essential to the organization's core mission. Selected organizations operate outside of the Twin Cities metro area and are dedicated to improving health in their communities.

The following providers were among the recipients of rural health grants up to \$5,000 each:

- Benedictine Living Communities (Ellendale, N.D.) – to alleviate anxiety and agitation for residents with dementia through the purchase of items for a multi-sensory room.
- Community Health Service, Inc. (Moorhead, Minn.) – to support a Federally Qualified Health Center (FQHC) serving an immigrant and uninsured patient population by providing operating support not covered by federal funding.
- Lake Region District Health Unit (Devils Lake, N.D.) – to provide education and screening for Hepatitis C and HIV on a local Indian reservation and in nearby counties.
- LifeCare Medical Center (Roseau, Minn.) – to expand car seat clinics by providing education and licensing for public health nurses, to purchase necessary supplies and equipment, and for marketing clinics to the public.
- Lutheran Social Service of Minnesota (Duluth, Minn.) – to provide overall program support including medical supplies and equipment and education materials for a clinic providing primary care for homeless youth and teens.
- Lutheran Social Service of Minnesota (St. Cloud, Minn.) – to provide overall program support for supplies, a 24-hour crisis telephone line and emergency child care through the St. Cloud Crisis Nursery.
- Pierce County Public Health Department (Ellsworth, Wis.) – to expand a tick awareness campaign, providing education on Lyme Disease prevention at community events.
- Valley Health (Grand Forks, N.D.) – to purchase equipment and supplies for dermatology services and promote expanded services to the community.
- Women's Health Center of Duluth, PA (Duluth, Minn.) – to purchase medical supplies and pay for staff salaries.

In 2018, the Medica Foundation awarded nearly \$1.5 million to 122 nonprofit and government agencies. "We remain committed during these challenging times to supporting our partners who improve health and remove barriers to health care services for those in need," said JoAnn Birkholz, director of the Medica Foundation.

In addition to rural health grants and its other regular cycles of grant-making, the Medica Foundation has expanded its grant-making into new service areas as Medica offers health plans in new states. This includes states like Nebraska. **See more about recent grants** the Foundation has made to providers in the Omaha area.

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

Due by April 1, 2019:

MMSI claims should be submitted soon for prompt handling

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

Beginning January 1, 2019, Medica Health Plan Solutions began administering the provider network and health plans previously administered by Mayo Clinic Health Solutions (also known as MMSI, Inc.). Providers in this network should submit any remaining claims for 2018 dates of service *directly to Mayo Clinic Health Solutions* soon, and *prior to April 1, 2019*, if possible. Doing so will help ensure the most efficient and timely processing of these claims.

For more information and to see MMSI claims, **refer to the Mayo Clinic Health Solutions website**. Details on 2018 medical claims and benefits for claims processed by Mayo Clinic Health Solutions will be available through this website until August 31, 2019.

Note: As always, providers should use the payer ID and claims mailing address on a member's ID card applicable for each date of service. Beginning with January 1, 2019, dates of service, claims for Medica Health Plan Solutions members should be submitted to Medica Health Plan Solutions.

Due by March 15, 2019:

Annual 'Disclosure of Ownership' forms needed soon

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

Each year, providers must submit an updated "Disclosure of Ownership" form in accordance with regulatory agency requirements. Providers should complete and return their **Disclosure of Ownership Statement** as soon as possible, but *no later than March 15, 2019*. The form can be sent to Medica by e-mail at ProviderCertifications@medica.com.

This requirement 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). More details about this compliance requirement are available in the **Medica Provider Administrative Manual**.

Medica wishes to thank providers for their prompt response to this obligation.

CLINICAL NEWS

Effective April 22, 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 April 22, 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** prior to their effective date. The medical policy update notification for changes effective April 22, 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 March 2019 for policies that will be changing effective May 20, 2019. These upcoming policy changes will be effective as of that May date unless otherwise noted.

Billing reminder:

Common diagnosis coding errors related to documentation

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

A provider's documentation "paints the picture" of what occurred during a patient visit. Not only does the documentation tell the story, but it is what drives which diagnosis codes can be submitted for that visit. The coder can only code what is documented by the provider.

Some codes have criteria attached to them that sometimes gets overlooked when coding. Here are some common issues to consider:

- Myocardial infarction (MI), I21.9: "Acute myocardial infarction, unspecified."
 - This code is an acute code and would only be used with a stated duration of 4 weeks or less.
 - If the duration is more than 4 weeks, it now becomes "old" MI and the code changes to I25.2.
 - When MI is noted, it is important to determine *when* it occurred.
- Cerebrovascular accident (CVA), I63.9: "Cerebrovascular accident, unspecified (stroke NOS)."
 - CVAs can be coded by cause, if known, such as thrombosis, embolism, etc.
 - Once the patient leaves the hospital, the CVA is no longer acute and the codes will change based on if there are no residuals or what the sequelae is (residuals as a result of the CVA; i.e., hemiplegia, dysphasia, speech, etc.).
- Coding unspecified, when specific locations are identified: left, right, dominant or non-dominant?
- Coding unspecified, when severity/episode are indicated for depression: single, recurrent, mild, moderate, or severe?
- Coding uncomplicated, when manifestations are indicated:
 - Diabetes – with neuropathy, kidney complications, or ophthalmic?
 - Missing insulin dependent code when insulin use is indicated?
- Coding current with history of cancer: confusing when to code as active and when it becomes "history of."
- Alcohol and substance abuse:
 - Capturing the correct status – Is it uncomplicated use, abuse, withdrawal, in remission, or dependence?
 - Opioid – Is it abuse/dependence or is it long term (current use of opiate analgesic for pain management under a provider's supervision)?

While the provider's documentation is the key to how a visit is coded, it is also important that the coder partners with the provider when clarification is necessary. If there are any questions, the coder typically sends a query to clarify and ensure that the codes submitted are accurate and match the story being told.

PHARMACY NEWS

Effective April 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 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. The changes to these formularies are now posted online. As a correction to what was published last month, however, changes to two drug lists will be *postponed* until May 1, 2019, for both new *and* existing prescriptions, as noted below. The changes to these formularies will be posted online *next* month.

- **See changes** to the Medica Commercial Large Group Drug List — effective 4/1/19 for new prescriptions, 5/1/19 for existing prescriptions.
- **See changes** to the Medica List of Covered Drugs for Minnesota Health Care Programs (MHCP) — effective 4/1/19 for new prescriptions, 5/1/19 for existing prescriptions.
- Changes postponed for the Medica Commercial Small Group Drug List — effective 5/1/19 for new *and* existing prescriptions.
- Changes postponed for the Medica Preferred Drug List for individual and family business (IFB) — effective 5/1/19 for new *and* existing prescriptions.

Effective January 1, 2020:

Medica selects Express Scripts as new PBM beginning in 2020

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

Medica has made a decision to partner with Express Scripts, Inc. (ESI), starting on January 1, 2020, as the pharmacy benefit manager (PBM) for health plans across all of Medica's segments. With this change, retail and mail order pharmacy will transition to ESI. There will be *no change* to high-cost specialty drug management (through Accredo) or medical pharmacy management (through Magellan).

Pharmacy spending is approaching 20 percent of total medical expense and is a national concern. Medica has a responsibility to ensure high-quality care and services are delivered to customers and members efficiently and affordably, selecting partners like ESI who have a track record of providing strong clinical, quality and cost results. More detailed information about this upcoming PBM transition is planned over the next several months.

Effective January 1, 2019:

Medica expands coverage for 2 biosimilar drug products

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

Medica continuously seeks to provide members and prescribers with opportunities to embrace cost-effective, clinically appropriate medications. To this end, effective January 1, 2019, Medica changed its management strategy for infliximab pharmacy products processed through the medical benefit by removing the step therapy requirement for Renflexis and Inflectra, the two biosimilar infliximab products approved by the U.S. Food and Drug Administration (FDA). Both of these products are now available for prescribers to utilize whenever use of infliximab is indicated. Prior authorization for medical necessity for any infliximab product is still required and administered by Magellan Rx Management.

This change applies to Medica commercial, individual and family plan (IFB), Minnesota Health Care Programs (MHCP) and Medica Health Plan Solutions members. Medica Medicare members continue to have access to all infliximab products.

Biosimilars are regulated under the Biologics Price Competition and Innovation Act and are approved by the FDA before they are introduced to the market. They have been shown to have no clinically significant differences in safety, purity and potency when compared to the originator product, yet are available at a 10-25 percent lower price.

Medica also provides coverage for the following biosimilar products under the member medical benefit:

- Retacrit (epoetin alfa-epbx) -- originator products Procrit and Epogen
- Fulphila (pegfilgrastim-jmdb) -- originator product Neulasta

Drug utilization management policies for all of these biosimilar products **are available online at Magellan's website.**

Effective May 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 May 1, 2019. Medica also notifies affected Medica members in their Medicare Part D Explanation of Benefits (EOB) statements mailed out monthly.

As of March 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 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.

ADMINISTRATIVE NEWS

Provider College administrative training topics for March

(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
-------	------	------

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.](#)

Billing reminder:

Providers requested to submit referring/ordering provider data

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

As a reminder, the referring or ordering provider national provider identifier (NPI) should be submitted on professional and non-inpatient institutional claims for the following services:

- Home health
- Medical supply and durable medical equipment (DME)
- Physical therapy (PT)
- Occupational therapy (OT)
- Speech therapy (ST)
- Audiology
- Prosthetics and orthotics (O&P)
- Hearing aids, eyeglasses and contact lenses
- Laboratory and pathology
- Radiology (for the technical component)
- Private duty nursing

The NPI must be for an *individual* provider and *not* the clinic or group practice. Providers should note that the Minnesota Department of Human Services (DHS) will begin monitoring health plan data for the completeness of this referring and ordering provider data as listed above. Medica's billing requirement is consistent with DHS billing guidelines.

Medica wishes to thank providers for their assistance related to this billing best practice.

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
Updated and clarified provider responsibilities for maintaining medical records and responding to audit requests from Medica	"Health Management and Quality Improvement" section, in "Provider Responsibilities" subsection, under "Medical Records"	February 2019

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

Do you receive *Connections*?

Sign up for regular updates, if you haven't already.

[Subscribe](#)

Looking for past issues?

You can access the archive on our website.

[View archive](#)

Leadership in Provider Support Areas

Lori Nelson, *Senior Vice President of Provider Strategy and Network Management*

John Mach, MD, *Chief Medical Officer and Senior Vice President*

Rob Geyer, *Chief Operations Officer*

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

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

John Piatkowski, MD, MBA, *Senior Medical Director*

Medica Connections editor

Hugh Curtler III, *Marketing and Communications*

Phone: (952) 992-3354

Fax: (952) 992-3377

Email: hugh.curtler@medica.com

[See Medica points of contact for providers >](#)

Distributed: 2/20/19



[Contact Us](#) | [Privacy](#) | [Terms of Use](#) | [Unsubscribe](#) | [Manage Preferences](#)

©2019 Medica. Medica® is a registered service mark of Medica Health Plans. "Medica" refers to the family of health services companies that includes Medica Health Plans, Medica Health Plans of Wisconsin, Medica Insurance Company, Medica Self-Insured, MMSI, Inc., d/b/a Medica Health Plan Solutions, Medica Health Management, LLC and the Medica Foundation.

This email was sent by: **Medica**

401 Carlson Pkwy Minnetonka, MN, 55305, USA

(The address above is not for mailing records or claims.)

Medica Connections® is a registered trademark of Medica Health Plans. Medica Prime Solution® and Medica DUAL Solution® are registered service marks of Medica Health Plans.

All other marks are the property of their respective owners.