

GENERAL NEWS

Tips for improving opioid prescribing practices

Prescribers are key to reducing opioid dependence, addiction and overdose. In hopes of improving opioid prescribing practices, Medica wishes to work with the provider community to address the opioid crisis and substance use disorders. One way to help is by promoting clinical resources for practitioners who prescribe pain medication. To this end, this newsletter will periodically feature educational tools and tips.

This month's featured resource: A tool to assess patients for substance abuse. [Access the DAST-10 screening tool](#).

As a reminder, in the past six months, Medica has reached out to providers who prescribe opioids to Minnesota Medicaid patients in a Medica plan. The goal was not only to promote opioid resources to these providers but to encourage them to prescribe naloxone for these patients as a safeguard.

Reminder:

Annual 'Disclosure of Ownership' forms needed

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

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 earlier this 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](#).

CLINICAL NEWS

Effective June 17, 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 June 17, 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 June 17, 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 May 2019 for policies that will be changing effective July 15, 2019. These upcoming policy changes will be effective as of that July date unless otherwise noted.

Quality standards:

New hypertension guidelines included in HEDIS, NCCA audits

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

In 2017, the American College of Cardiology and the American Heart Association released a new practice guideline for the prevention, detection, evaluation, and management of high blood pressure (hypertension) in adults. The new guidelines lowered the definition of high blood pressure to $\geq 130/80$ to account for complications that can occur at lower numbers, and to drive more aggressive lifestyle interventions, also considered non-pharmacological interventions, for individuals with a Stage 1 diagnosis, such as:

- Weight loss
- Regular physical activity
- Smoking cessation
- Reduced alcohol intake
- Healthy diet

The blood pressure categories in this new guideline are:

- Normal: Less than 120/80 mm Hg
- Elevated: Systolic between 120-129 *and* diastolic less than 80
- Stage 1: Systolic between 130-139 *or* diastolic between 80-89
- Stage 2: Systolic at least 140 or diastolic at least 90 mm Hg
- Hypertensive crisis: Systolic over 180 and/or diastolic over 120, with patients needing prompt changes in medication if

there are no other indications of problems, or immediate hospitalization if there are signs of organ damage

Separately, the controlling blood pressure measure will again be reviewed based on the updated National Committee for Quality Assurance (NCQA) requirements for the 2019 HEDIS® audit. NCQA has revised the measure of controlling high blood pressure to reflect a new blood pressure target of <140/90 mm Hg for all adults 18–85 years of age with hypertension in accordance with updated clinical recommendations. NCQA has also updated the approach to allow for more administrative methods to collect the measure, and have added telehealth encounters to satisfy certain components of the measure.

Quality programs:

Medica programs aim to improve seniors' statin drug therapy

Medica has chronic condition improvement programs in place for two senior products: Medica Advantage Solution® and Medica DUAL Solution® (for patients in Minnesota Senior Health Options, or MSHO). These quality programs are three-year projects in place to promote effective management of chronic disease, and improve care and health outcomes for these members who have chronic conditions. Effective management of chronic disease is expected to slow disease progression, prevent complications and development of comorbidities, reduce preventable Emergency Department (ED) encounters and inpatient stays, improve quality of life, and save costs for the health plan and patients.

On January 1, 2019, Medica implemented a chronic condition improvement program that centers on the HEDIS® measure “Statin Therapy for Patients with Cardiovascular Disease,” for improving adherence to prescribed statins in the Medica Advantage Solution and Medica DUAL Solution populations. The National Committee for Quality Assurance (NCQA) designates American College of Cardiology (ACC) and American Heart Association (AHA) guidelines for this HEDIS measure. These ACC/AHA guidelines state that statins of moderate or high intensity are recommended for adults with established clinical atherosclerotic cardiovascular disease (ASCVD). Statins are a class of drugs that lower blood cholesterol. The ACC/AHA guidelines as well as American Diabetes Association also recommend statins for primary prevention of cardiovascular disease in patients with diabetes, based on age and other risk factors.

Guidelines also state that adherence to statins will aid in ASCVD risk reduction in both senior populations. The ACC/AHA guidelines will be used in the development of training materials and resources and will be used when identifying best practices.

Medica, in collaboration with its pharmacy benefit manager (PBM), has two primary programs that act to impact adherence of statin drugs:

1. Support Adherence Program

- Counseling call to members approximately 10 days after the first fill to support the importance of taking the statin for those taking the drug for the first time
- Refill reminder alerts to members and their provider to support adherence made 10-15 days prior to a refill date and 10-21 days after a missed refill date

2. Closing Gaps in Medication Therapy Program

- Telephonic or electronic outreach to members who are late to fill/refill a statin medication
- Telephonic or electronic outreach to members who fall off statin therapy
- Notifications to the prescribing provider in both scenarios above

In the case of Medica DUAL Solution members, each member has an assigned care coordinator. The care coordinator works with the senior member to coordinate access and person-centered delivery of all preventive, primary, specialty, acute, post-acute and long-term care services among different health and social service professionals and across settings of care. Care coordinators will receive training on statin therapy to enhance their knowledge about the importance of adherence to prescribed statin medications and the benefits to members with cardiovascular disease. With enhanced training and knowledge, care coordinators will be better equipped to provide support to their members to take their statin medications as prescribed by their provider. Care coordinators are also encouraged to reach out to the prescribing provider to discuss any concerns they may discover in their work with these seniors.

By implementing a multi-pronged intervention plan, Medica strives to support providers by improving adherence to prescribed statin therapy in its senior populations.

PHARMACY NEWS

Effective July 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 July 1, 2019. For certain Medica members, as noted below, these changes would be effective July 1, 2019, for *new* prescriptions, but not effective until August 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 7/1 for new prescriptions, 8/1 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)

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.

Note: Also beginning July 1, 2019, several sections of the Medica MHCP drug list will be changing to align with the Minnesota Department of Human Services (DHS) drug list. See more about this below.

Effective July 1, 2019:

Medica to align with DHS drug list for MHCP members

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

Effective July 1, 2019, Medica as well as all other health plans providing pharmacy benefits for Minnesota Health Care Programs (MHCP) enrollees will be required to follow the Minnesota Department of Human Services (DHS) Preferred Drug List (PDL). Medica will choose to cover some additional drugs not listed in the DHS PDL to offer a comprehensive formulary to Medica MHCP members. (This will continue to be the MHCP drug list noted above, which Medica manages independently of DHS.)

DHS is requiring this change to a uniform PDL across all plans because:

- This will minimize disruptions in therapy when a member moves from one plan to another.
- It will maximize the use of the most cost-effective drugs within a PDL drug class.
- It should simplify the pharmacy benefit for prescribers and pharmacies.

Medica will soon send letters to members and prescribers to explain this change in detail. **See more information from DHS.** The DHS PDL is **available at the DHS website** .

Effective May 9, 2019:

Medica to add new UM policy for medical pharmacy drug

(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) policy. This change will be effective with May 9, 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 drug.

Medical pharmacy drug UM policies — New

Prior authorization will be required.

Drug code	Drug brand name	Drug generic name
Q5111	Udenyca	pegfilgrastim-cbqv

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 May 9; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective July 1, 2019:

Medica to add new drug UM policy for Mayo Medical Plan

(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) policy for Mayo Medical Plan members. This change will be effective with July 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 drug.

Medical pharmacy drug UM policies — New

Prior authorization will be required.

Drug code	Drug brand name	Drug generic name
J3590	Ultomiris	ravulizumab-cwvz

This drug 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 July 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective July 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 July 1, 2019. Medica also notifies affected Medica members in their Medicare Part

D Explanation of Benefits (EOB) statements mailed out monthly.

As of May 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 July 1, 2019:

Medica to make quarterly update to Medicare fee schedules

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

Effective with July 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 July 1, 2019:

Medica to make quarterly update to reference lab fee schedule

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

Effective with July 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 July 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

Fourth-quarter PCR checks to be mailed in April 2019

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

By the end of April 2019, Medica plans to mail to eligible providers the physician contingency reserve (PCR) payment for the fourth quarter of 2018. This represents a 100-percent return of the fourth-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 October 1, 2018, through December 31, 2018, and dates paid of October 1, 2018, through March 31, 2019.

ADMINISTRATIVE NEWS

Provider College administrative training topic for May

(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

“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
Claim Appeals, Adjustments and Record Submission	May 7	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 July 1, 2019:

Medica to implement new reimbursement policy

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

Medica will soon implement the new reimbursement policy indicated below, effective on or after July 1, 2019, dates of service. Such policies define when specific services are reimbursable based on the reported codes.

Intraoperative neuromonitoring (IONM)

To align with the Centers for Medicare and Medicaid Services (CMS), intraoperative neurophysiology testing—as indicated by CPT®/HCPCS codes 95940, 95941 and G0453—should *not* be reported by a physician performing an operative or anesthesia procedure since it is included in the global package. Medica will reimburse for IONM services (billed using codes 95940, 95941 and G0453) when reported in one of the following places of service: 19, 21, 22 or 24.

This policy will apply to claims for Medica’s commercial, Medicare, Minnesota Health Care Programs (MHCP) and individual and family plan (IFB) members. It will *not* apply to claims for Medica Health Plan SolutionsSM members.

This new policy will be available online or on hard copy:

- [View reimbursement policies at medica.com](#) as of July 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

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