

GENERAL NEWS

Reminder:

Medica to make important changes to its pharmacy program

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

As previously announced, all health plans with pharmacy benefits through Medica will transition to Medica's new pharmacy benefit manager (PBM) Express Scripts® starting January 1, 2020. With this change, retail and mail order pharmacy will be handled by Express Scripts. There will be *no change* to high-cost specialty drug management (through Accredo) or medical pharmacy management (through Magellan).

The transition to Express Scripts will bring changes to prescription coverage for a small number of Medica members. Some members may be affected by changes to quantity limits, drug tiers, prior authorization or step therapy requirements. Prescribers are encouraged to discuss treatment options with patients who are impacted by these upcoming changes.

To learn more about these changes and to access resources, [visit **medica.com/ProviderRxChanges**](https://www.medica.com/ProviderRxChanges). Find important details about:

- Coverage changes for Part D drugs
- New prior authorization forms and where/when to submit them
- New drug lists effective January 1, 2020
- Dates for upcoming webinars hosted by the Medica Provider College
- Answers to frequently asked questions

Providers are encouraged to share this information with their office and clinical staffs. Medica has begun mailing change notification letters to all impacted members with Part D prescription coverage. All other members who are affected by coverage changes will receive notification letters soon. Medica is encouraging members to discuss changes with prescribers.

Medica wishes to thank providers for helping to ensure a smooth transition as Medica switches to a new pharmacy program. The shared goal is to minimize any impact to patients who need to change prescriptions. As a reminder, CVS Caremark™ continues to administer Medica's pharmacy program for the majority of Medica members through the end of 2019.

Focus on opioids:

Free CME-eligible classes on pain management from MMA

"The Minnesota Medical Association offers a free lecture series on prescription opioids," said Stacy Ballard, MD, MBA, senior medical director at Medica. "It also offers free CME credits."

The "Pain, Opioids, and Addiction Lecture Series" has added new topics regarding the opioid crisis. The Minnesota Medical Association (MMA), the Steve Rummeler HOPE Network (SRHN), and the University of Minnesota Medical School began a collaboration to bring medical education on the topic of opioids to medical students, residents, and practicing doctors.



See the MMA website for details.

Effective November 1, 2019:

Support to change for certain Medicare Supplement policies

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

Medica Signature SolutionSM is Medica's Medicare Supplement or "Medigap" product. Effective November 1, 2019, providers will begin to see some Medica Signature Solution policyholders with 230xxxxxx as the policy number on their member ID card, indicating that support is handled by Insurance Administrative Solutions (IAS), a third-party administrator. Providers will need to use the following contact information based on the Medica Signature Solution policy number.

Policy number	Group: 72xxx ID: 8 or 9xxxxxxxx (9 digits)	Group: N/A Policy#: 230xxxxxxx (10 digits)
Claims submission	Medica PO Box 30990 Salt Lake City, UT 84130 Payer ID#: 94265	Medicare Supplement Claims PO Box 10819 Clearwater, FL 33757-8819 Payer ID#: N/A (use Medicare's)
Provider service phone number	1-800-458-5512	1-833-522-4877
Provider portal	medica.com/providers	medica.com/IASProviderPortal

Because claims will first be billed to Medicare, providers should follow Centers for Medicare and Medicaid Services (CMS) claim submission policies. For additional information, **refer to the product fact sheet**.

Effective January 1, 2020:

Medica to launch 2 new IFB ACO products for markets in MN, KS

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

For coverage starting January 1, 2020, Medica is introducing the following individual and family business (IFB) products for the individual markets in Minnesota and Kansas, available to residents of certain counties. Both are accountable care organization (ACO) products.

Ridgeview Distinct by MedicaSM is a new product option for individuals and families in a seven-county area in the southwest Twin Cities metro area of Minnesota and beyond. This new product, which builds on an existing relationship between Medica and Ridgeview, is open to Minnesota residents who live in the counties of Carver, Hennepin, Le Sueur, McLeod, Scott, Sibley, and

Wright. Ridgeview Distinct by Medica includes Ridgeview and its provider network, including more than 300 primary care and specialty physicians, hospitals, home health services, plus urgent care. Network providers can be found at [medica.com/DistinctNetwork](https://www.medicare.com/DistinctNetwork). Enrollment will be available through MNSure or directly with Medica.

Medica with Healthier YouSM is a new product option for individuals and families who live in Sedgwick County, Kansas. It is a localized care system product built around Ascension Via Christi in Wichita, Kansas, and providers throughout Sedgwick County. Network providers can be found at [medica.com/HealthierYouNetwork](https://www.medicare.com/HealthierYouNetwork). Enrollment will be available through the Health Insurance Marketplace.

As part of these new products, a complex specialty care program featuring Mayo Clinic will be available and include allowance for transportation, lodging and living expenses in certain cases. Both products feature the Healthy Living with Medica program, a personalized wellness program with reward and discounts earned for participation. They also include Ovia Health for expectant parents, which provides personalized clinically based guidance and support for the parenthood journey. Members also will have access to a Health Advocate who can help address health care concerns and can do the legwork to help identify appropriate providers and find answers to questions about claims, costs, procedures and other health matters.

For more about these new products, [Medica fact sheets](#) will be available soon (under Individual and Family Products).

Effective January 1, 2020:

Medica to launch 2 new Medicare Advantage products in IA, NE *Also, market for Medica Prime Solution (Cost plan) to expand*

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

Effective January 1, 2020, Medica is introducing Medica Advantage Solution[®] with CHI Health (HMO) and Medica Advantage Solution with CHI Health (PPO), new Medicare Advantage product offerings in three Iowa counties and eight Nebraska counties, including two plans in the 11-county Omaha/Council Bluffs Metro Area. The network features CHI Health hospitals and providers plus other hospitals and providers.

Both new Medicare Advantage plans include both medical and Part D prescription drug coverage as well as provide protection from unlimited out-of-pocket costs. Features for both of these new plans include:

- \$0 copay for primary care office visits
- \$3,500 in-network maximum out-of-pocket amount
- Free fitness center membership through SilverSneakers[®]
- Over-the-counter (OTC) drugs and supplies quarterly benefit allowance
- Dental and eyewear reimbursements
- Routine eye and hearing exams
- Coverage for hearing aids through EPIC[®]
- Meal delivery after hospitalization or skilled nursing stay
- Transportation to medical appointments
- Savings on healthy foods for those who qualify for special supplemental benefits for the chronically ill
- Coverage for worldwide emergency care and worldwide emergency ground transportation
- Access to 65,000 pharmacies nationwide with copay savings when using preferred pharmacies and mail order option
- Part D deductible does *not* apply to tier 1

Medica Advantage Solution with CHI Health (PPO) also includes the following additional plan features:

- Out-of-network coverage with a \$7,500 combined maximum out-of-pocket amount
- Extended travel benefit when temporarily outside the service area for up to 6 consecutive months

Medica Advantage Solution plans do not require provider referrals to see any network provider; however, certain in-network covered services *require prior authorization*. For a complete list of these services, [refer to Medica's Prior Authorization List](#). Fact sheets for these new plans [will soon be available at medica.com](#) (under Medicare Products).

In addition, the multi-state availability for Medica's Medicare Cost plan continues to expand. Effective January 1, 2020, the Medica Prime Solution[®] product will be available in 11 additional Iowa counties (for a total of 15) and in 39 more Nebraska counties (for a total of 51), which is about half the state.

Effective January 1, 2020:

Medica to launch new Institutional SNP product in Twin Cities

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

Effective January 1, 2020, Medica will introduce Medica Advantage Solution® “PartnerCare” (HMO I-SNP), offered through a unique collaboration between Genevive, Medica and 10 of the largest senior care organizations in the greater Twin Cities region in Minnesota. This new Institutional Special Needs Plan (or I-SNP) product will be available to eligible residents of 78 long-term care and assisted-living communities located in Anoka, Dakota, Hennepin, Isanti, Ramsey, Washington and Wright counties. To be eligible for Medica Advantage Solution PartnerCare, a beneficiary must be expected to need an institutional level of care for 90 days or longer.

The 78 participating facilities belong to these 10 senior care provider organizations:

- Benedictine Health System
- Cassia an Augustana/ELIM affiliation
- Catholic Eldercare
- Episcopal Homes of Minnesota
- St. Anthony Health and Rehabilitation
- North Cities Health Care Inc.
- Presbyterian Homes & Services
- Saint Therese
- Volunteers of America
- Walker Methodist

Medica Advantage Solution PartnerCare includes two plan designs that both have medical and Part D prescription drug coverage, plus several supplemental benefits tailored for people with complex conditions. Plan features include:

- \$0 copay for short-term hospital stays under 7 days
- \$0 copay for short-term skilled nursing facility (SNF) stays under 21 days
- \$0 copays for select outpatient services received in the member’s living setting
- \$0 copay for non-emergency transportation rides to plan-approved locations
- \$0 copay for routine eye and hearing exams/hearing aid fitting
- Dental reimbursement specific to denture repair/replacement
- Eyewear and hearing aid reimbursements

The new Medica Advantage Solution PartnerCare plans do not require provider referrals to see any network provider; however, certain covered services *require prior authorization*. For a complete list of these services, [refer to Medica’s Prior Authorization List](#), which will be updated soon. A fact sheet for this new product [will soon be available at medica.com](#) (under Medicare Products).

Effective January 1, 2020:

Medica offers new supplemental benefits for HMO D-SNP products *Also, service area to expand for SNBC HMO D-SNP*

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

Effective January 1, 2020, Medica will include new supplemental benefits for the following current products:

- Medica AccessAbility Solution® Enhanced (HMO D-SNP)
- Medica DUAL Solution® (HMO D-SNP)

For the first time, Medica will offer a stand-alone web-based memory fitness program that is administered by CogniFit. Eligible members in both Medica AccessAbility Solution Enhanced and Medica DUAL Solution products can easily register for this program online. Once registered, they complete a cognitive assessment to measure a baseline and then are presented personalized brain games to train and monitor cognitive skills.

Medica is also partnering with Reemo Health to offer eligible members in the Medica DUAL Solution product a Reemo Smartwatch based on cutting-edge Samsung hardware and offering the following features:

- Heart rate monitor (with automatic cloud upload)
- Step tracker (with automatic cloud upload)
- Mobile Personal Emergency Response System (with push-to-call feature and 24/7 real-person response)

Consistent with currently offered supplemental benefits for these products, *prior authorization is required*. Providers should contact the member's Medica care coordinator to learn more.

Finally, the service area for Medica AccessAbility Solution Enhanced will expand to include all 7 counties of the Twin Cities region in Minnesota: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington counties.

Medica AccessAbility Solution Enhanced is Medica's Special Needs BasicCare (SNBC) Special Needs Plan (SNP) product, while Medica DUAL Solution is Medica's product for the Minnesota Senior Health Options (MSHO) program.

Due by November 15, 2019:

Compliance, FWA trainings required for Medicare providers

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

Medica requires that Medicare providers complete general compliance training and fraud, waste, and abuse (FWA) training. The training requirement applies to all organizations that provide health care services or administrative services for Medicare beneficiaries, and also applies to the organizations' downstream and related entities. Although Medicare-certified (or deemed) providers *are exempt* from the FWA portion of the training, they *are still required* to complete general compliance training.

Medica makes the Medica Standards of Conduct, Compliance Reporting Policy, and links to the CMS general compliance training and FWA training available on medica.com. Medica also requires that a compliance officer or equivalent person for a provider group complete and sign a Compliance Program Attestation and return it to Medica. This is due by November 15, 2019.

Providers may use the general compliance and FWA training materials created by CMS. [Learn more and take the trainings.](#)

As a reminder, training is required at the time of a Medicare provider's initial contract and then annually thereafter. Providers should maintain records of all training for 10 years. Records should include dates and methods of training, materials used for training, and training logs identifying employees who received training. Medica may request such records to verify that training occurred.

Reminder:

Minnesota to reduce provider tax, effective January 1

As announced previously, there will be a .2% decrease in the Minnesota provider tax on Minnesota providers, from 2% to 1.8%, effective January 1, 2020. There are no material changes to the type of providers that this tax applies to, and there is no expiration date for this tax as there was previously. Through its Provider Tax statute, Minnesota imposes a series of gross revenue taxes on various types of providers of health care goods and services. Revenues from these taxes are used to pay for the state's MinnesotaCare program.

Medica Health Plans of Wisconsin changes its name

Medica Health Plans of Wisconsin is part of the family of health services companies referred to as "Medica." The name Medica Health Plans of Wisconsin is now Medica Community Health Plan. Legal and regulatory documents as well as marketing materials are in the process of being updated.

CLINICAL NEWS

Effective December 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 December 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 December 16, 2019, is already posted. Changes to policies are effective as of that date unless otherwise noted. ("Medical policy updates" notifications are available at [Medica.com](https://www.medicacom.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](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 November 2019 for policies that will be changing effective January 20, 2020. These upcoming policy changes will be effective as of that January date unless otherwise noted.

PHARMACY NEWS

Effective January 1, 2020:

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 (drug lists) effective January 1, 2020. These upcoming changes apply to the following drug formularies:

- 2020 Medica Commercial and NE Farm Bureau Drug List
- 2020 Medica Preferred Drug Lists for individual and family business (IFB)
- 2020 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.

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. 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
J9036	Belrapzo	bendamustine
J0641	Fusilev	levoleucovorin

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.

Effective January 1, 2020:

Medica to add 4 new drug UM policies 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) policies for Mayo Medical Plan members. These changes will be effective with January 1, 2020, dates of service. 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
J3590	Evenity	romosozumab-aqqg
J0517	Fasenra	benralizumab
J3304	Zilretta	triamcinolone acetonide ER
J3590	Zolgensma	onasemnogene abeparvovec-xioi

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.

Effective January 1, 2020:

Step therapy for 8 medical pharmacy drugs to be added for Medicare

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

Medica will soon implement a step therapy requirement for most of its Medicare members for the following medications, in accordance with Centers for Medicare and Medicaid Services (CMS) guidelines. If not already applicable, this change will also apply to Medica commercial, individual and family business (IFB), Minnesota Health Care Programs (MHCP) and Medica Health Plan SolutionsSM (MHPS) members. This change will be effective with January 1, 2020, dates of service.

Drug code	Drug brand name (generic name)	Preferred alternative
J2469	Aloxi (palonosetron)	granisetron or ondansetron
J0885	Epogen/Procrit (epoetin alfa)	Retacrit
J0641	Fusilev (levoleucovorin)	leucovorin
J1447	Granix (tbo-filgrastim)	Zarxio
J0642	Khapzory (levoleucovorin)	leucovorin
J1442	Neupogen (filgrastim)	Zarxio
Q5110	Nivestym (filgrastim-aafi)	Zarxio
J1627	Sustol (granisetron extended-release)	granisetron or ondansetron

This step therapy change will apply to Medica's 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 Medica Prime Solution[®] (Medicare Cost) or Mayo Medical Plan members. The drugs will be subject to prior authorization and pre-payment claims edit policies as well.

The new or revised medical pharmacy utilization management (UM) policies that apply to the drugs named 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.

Effective January 1, 2020:

Medica to make annual update to Part D drug formularies

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

Medica has made annual decisions on drugs that will either be removed from the Medica Medicare Part D drug formularies or be subject to a change in preferred or tiered cost-sharing status effective January 1, 2020. The 2020 Part D formularies for Medica Prime Solution® members and Medica DUAL Solution® members are posted on medica.com. Members are encouraged to review their formulary to see if any of their medications are changing.

Providers can also refer to a comprehensive list of all previous Medica Medicare Part D drug formulary changes. [View Medicare Part D drug formulary changes on medica.com.](#)

The Medica Medicare Part D drug formularies are available online or on paper:

- [View the Medica Part D formularies at medica.com.](#)
- [Download the Part D formularies for free at epocrates.com.](#)
- Call the Medica Provider Literature Request Line to request a printed copy.

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 (or Express Scripts, beginning January 1, 2020).

NETWORK NEWS

Effective January 1, 2020:

Medica to make quarterly update to Medicare fee schedules

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

Effective with January 1, 2020, 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 January 1, 2020:

Medica to update IFB state-based physician fee schedules

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

Beginning with January 1, 2020, dates of service, Medica will implement the annual update to its Individual and Family Plan (IFB) state-based physician fee schedules for applicable Medica products. This fee schedule change will implement updates from the

Centers for Medicare and Medicaid Services (CMS), incorporating CMS relative value units (RVUs) and conversion factor, as well as various CMS non-RVU fee maximums (such as labs, injections, immunizations, etc.). In addition, Medica will update its IFB state-based physician fee schedules with rates for codes without a CMS fee maximum established. Overall reimbursement for providers will depend on specialty and mix of services provided.

For a list of Medica's IFB products, [see medica.com](http://www.medica.com), under "Individual and Family Products." Providers who have further questions may contact their Medica contract manager.

Effective January 1, 2020:

Medica to make quarterly update to reference lab fee schedule

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

Effective with January 1, 2020, 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 January 1, 2020. 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.

Second-quarter PCR checks to be mailed in October 2019

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

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

ADMINISTRATIVE NEWS

Provider College training topics for November

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

The Medica Provider College offers educational sessions on various administrative and clinical topics. The following classes are available by webinar for all Medica network providers, at no charge.

Training class topics

"Elderly Waiver Providers"

Elderly waiver (EW) providers serve an important function in the care of Medica members. The services these providers offer promote community living and independence while giving people the support they need. Working with a health plan can offer a variety of challenges, particularly for EW providers, and this training will walk providers through the requirements as well as the tools and services available to assist. This class will include: getting set up as an EW provider; the role of a care coordinator; obtaining an authorization; the claims submission process; the role of Medica's Provider Service Center; and what to do if a claim does not process as expected.



“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
Elderly Waiver Providers	Nov. 12	10-11:30 a.m.
Resources for Providers	Nov. 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 each class date. [Register online for a session above.](#)

Effective October 15, 2019:

Medica updates reimbursement policy

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

Medica recently updated the reimbursement policy indicated below, effective on or after October 15, 2019, dates of processing. Such policies define when specific services are reimbursable based on the reported codes.

Inpatient hospital readmissions

Medica has revised the Inpatient Hospital Readmissions policy to exclude inpatient rehabilitation facilities (IRFs). IRFs are not subject to the Inpatient Hospital Readmissions policy.

This revised policy is available online or on hard copy:

- [View reimbursement policies at \[medica.com\]\(http://medica.com\)](#); or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Reminder:

Provider Service Center changes phone options, hours

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

Medica’s Provider Service Center recently modified its self-service phone options. Providers should listen carefully when calling to make sure they hear prompts correctly and choose appropriate options. Self-service options on the phone line’s interactive voice response (IVR) system, as well as online at medica.com, continue to be available 24 hours a day, seven days a week.

The call center also recently made a change to its hours. It is now open as follows:

Monday: 9 a.m.-5 p.m.

Reminder:

DME billing for EW services requires modifier U3 on claims

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

As a reminder for durable medical equipment (DME) providers, when using code T2029 and all other DME codes to bill Medica for elderly waiver (EW) services, modifier U3 needs to be appended to the claim. *Not doing so may result in a claim denial.* This pertains only for DME services provided to Medica members who have EW benefits, and this applies for all DME codes *except* E0601, E0445 and E0745.

More DME EW billing tips:

- For any EW DME item, DME providers should work with the member's care coordinator. *Care coordinators need to approve all expenses billed under the T2029 code and other U3-modified Healthcare Common Procedure Coding System (HCPCS) code for any EW items.* (To find the assigned care coordinator for a given member, call the Medica Provider Service Center.)
- Code T2029 should only be used if there is not a valid HCPCS code for a specific item for a member on the elderly waiver (e.g., blender, non-slip socks).
- Any item that has a related valid HCPCS code must be billed using the HCPCS code along with modifier U3. Doing so will alert Medica that the item does not meet Medicare or Medicaid criteria *but* that the DME provider has received care coordinator approval for it (e.g., a shower chair or walker being provided under the EW budget).
- DME codes E0601, E0445 and E0745 submitted along with modifier U3 denote a differential payment for these codes for clinically different devices *not* related to EW. These items are only appropriate for medical purposes, *not* EW services.

Again, this reminder *only* pertains to Medica members with EW benefits, specifically Medica DUAL Solution® members in the Minnesota Senior Health Options (MSHO) state program and Medica Choice CareSM MSC+ members in the Minnesota Senior Care Plus (MSC+) state program.

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
Added language regarding the "Preclusion List" from the Centers for Medicare and Medicaid Services (CMS)	"Special Contracting Requirements" section, in "Government Program Requirements" subsection (in both "Non-Minnesota Medicare Requirements" and "Provider Requirements for Medicare and Minnesota Health Care Programs")	October 2019
Updated language on "COB Calculations"	"Billing and Reimbursement" section, in "Coordination of Benefits" subsection	October 2019

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

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Leadership in Provider Support Areas

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