

## GENERAL NEWS

Physician voices welcomed:

### Medica seeks specialty care physicians for Physician Advisory Panel

"Medica values our providers' expertise and input," said Stacy Ballard, MD, MBA, senior medical director for clinical engagement at Medica. "To underscore this, we are currently seeking specialty care physicians to consider joining Medica's Physician Advisory Panel." Panel participants offer their input on various issues of clinical policy and guidelines, technology assessments, community standards and medical appropriateness of care.

Physician Advisory Panel participants may be invited to join Medica committees, but otherwise the panel *does not* meet in person — The time commitment is minimal. In the majority of cases, Medica will request input through electronic correspondence.

Specialty care physicians who are interested, or know of a colleague who may be, are encouraged to contact Dr. Ballard and her team at [physicianpanel@medica.com](mailto:physicianpanel@medica.com).



Focus on opioids:

### Combatting addiction using medication-assisted therapy

"There are options with medication-assisted therapy (MAT) that you can choose for your patients who need help with a substance abuse disorder," said Stacy Ballard, MD, MBA, senior medical director at Medica. "You can refer them to MAT-certified practitioners or become MAT-certified yourself."

The Substance Abuse and Mental Health Services Administration (SAMHSA) is an agency within the U.S. Department of Health and Human Services (HHS) leading public health efforts to help those with mental and substance use disorders. Providers who wish to refer their patients to MAT-certified providers can find practitioners authorized to treat opioid dependency with buprenorphine [at the SAMHSA website](#).



Practitioners who choose to help patients by becoming certified with a buprenorphine waiver can start with the Fundamentals of Addiction Medicine 40-Hour Program from the American Society of Addiction Medicine (ASAM). ASAM seeks to help learners achieve nine identified competencies in the addiction medicine field. [Learn more about this MAT training](#), which is eligible for CME credits.

## CLINICAL NEWS

Effective November 18, 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 November 18, 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 November 18, 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 October 2019 for policies that will be changing effective December 16, 2019. These upcoming policy changes will be effective as of that December date unless otherwise noted.

Survey responses requested by September 30:

### Seeking provider input on patient access to care

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

As a reminder, Medica recently sent providers a survey about patient access to care, including activities like care coordination, referrals to specialists and availability of clinic appointments. There's still time to give input. **Eligible providers who haven't yet responded can do so** until September 30, 2019.

This survey is intended only for primary care offices, behavioral health care offices and certain specialty care offices. It should be completed by an office manager, administrator or practitioner since it will ask about care availability across practice sites. Survey responses will be confidential and grouped with other results.

Medica would like to thank providers for giving their valuable feedback. Provider surveys like this allow Medica to improve service to providers as well as members.

Due by October 15, 2019:

## Quality complaint reports required by State of Minnesota

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

Medica requires its Minnesota-based network providers to submit third-quarter 2019 quality-of-care complaint reports to Medica by October 15, 2019. The State of Minnesota requires that providers report quality complaints received at the clinic to the enrollee's health plan. All Minnesota-based providers should submit a quarterly report form, even if no Medica members filed quality complaints in the quarter (in which case, providers should note "No complaints in quarter" on the form).

Providers can send reports by e-mail to [QualityComplaints@medica.com](mailto:QualityComplaints@medica.com), by fax to 952-992-3880 or by mail to:

Medica Quality Improvement  
Mail Route CP405  
PO Box 9310  
Minneapolis, MN 55440-9310

Report forms are available by:

- **Downloading from [medica.com](https://www.medicamn.com)**, or
- Calling the Medica Provider Literature Request Line, to obtain paper copies.

**Note:** Providers submitting a report for multiple clinics should list all the clinics included in the report.

Providers who have questions about the complaint reporting process may:

- **Refer to further reporting details online**, or
- Call the Medica Provider Service Center at 1-800-458-5512.

Effective October 1, 2019:

## ICD-10 diagnosis code changes released for next year

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

The Centers for Medicare and Medicaid Services (CMS) recently released ICD-10-CM coding updates for the fiscal year beginning October 1, 2019, and ending September 30, 2020. The International Classification of Diseases (ICD) is a system of medical coding for documenting diagnoses, diseases, signs and symptoms and social circumstances.

There are 72,184 ICD-10-CM codes for fiscal year 2020, compared to 71,932 for fiscal year 2019, according to the American Health Information Management Association. For fiscal year 2020, 273 codes were added, 21 were deleted and 30 were revised. Coders will have new ICD-10-CM codes to report pressure-induced deep tissue damage; acute versus chronic embolism and thrombosis; and fractures of the facial bones around the eye, among other changes.

Practices should review and note changes to the coding guidelines that apply to them. Changes are **bolded** so that they are easily identified. There are also underlines to indicate that an item has been moved within the guidelines as well as *italics* to indicate revised headings. Reviewing these guidelines and the latest changes is important to ensure accurate coding. (Example: Note that the term "physician" was changed to "provider" throughout the latest guidelines.) **See full 2020 ICD guidelines from CMS.**

## ADMINISTRATIVE NEWS

### Provider College training topics for October

*(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

#### *“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.

#### *“Medica’s Medicare and Medicaid Products”*

Medica offers different Medicare and Medicaid plans (in the state of Minnesota) to fit member needs. This course will review information to assist providers in better understanding the Medicare and Minnesota Health Care Programs (MHCP) plans Medica has available. This will include: differences between Medicare Advantage and Cost plans; features of Medica’s MHCP plans for Special Needs, MSHO and Senior Care Plus members; product changes for 2020; when Medica follows Centers for Medicare and Medicaid Services (CMS) guidelines; when to bill Medica vs. Medicare as primary payer; upgraded services offered by plans; and billing requirements and reimbursement.

### Class schedule

Topic	Date	Time
Claim Appeals, Adjustments and Record Submission	Oct. 15	10-11:30 a.m.
Medica’s Medicare and Medicaid Products	Oct. 29	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.](#)

## Provider Service Center hours, phone options to change soon

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

Medica’s Provider Service Center will be making a change to call center hours beginning September 30, 2019. This change will better accommodate its staff for training purposes to start off each week. The call center will be open as follows:

Monday: 9 a.m.–5 p.m. CST

Tuesday–Friday: 8:30 a.m.–5 p.m. CST

The call center will also be enhancing self-service phone options in the near future. Providers are encouraged to *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](http://medica.com), will continue to be available 24 hours a day, seven days a week.

Reminder:

## Up-to-date directories help members find providers

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

It is important that patients and members have access to accurate, up-to-date information when seeking care in their provider network. To ensure that members have the best experience possible when looking for care, health plans need providers' help to ensure provider details and clinic locations are up-to-date. Information in Medica's provider directories can be reviewed and edited through the secure **provider demographic-update online tool (PDOT)**.

Directory information to regularly review and keep current includes:

- Office locations where members can be seen for appointments
- Provider names and credentials
- Specialties
- Location names
- Addresses, including suite numbers
- Phone numbers
- Clinic hours
- Practitioner status for accepting new patients
- Clinic services available
- Cultural competency training
- ADA-compliant
- Website URL (optional)

As Medica has previously published, providers need to keep their demographic data up-to-date to ensure accuracy for Medica's systems and provider directories. This requirement is based on Centers for Medicare and Medicaid Services (CMS) rules, Qualified Health Plan (QHP) and Federally Facilitated Exchange (FFE) standards, and in accordance with applicable state laws, including Minnesota network-adequacy statutes. These federal and state laws require that provider directories be accurate and updated regularly. As a result, providers need to update their practitioner and site-level demographic data—such as the items listed above—in Medica's directories *as soon as they know of a change* to that data, and to regularly review demographic information for accuracy. **See more about this.**

**Note:** Providers who are part of a *leased* network that contracts with Medica, such as a preferred provider organization (PPO), should work with their network's administrative office to update demographics with Medica, rather than make updates individually using Medica's PDOT tool. Doing so could override corrected data.

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