

GENERAL NEWS

Annual notice:

Medica encourages its members to get flu vaccinations

Each year, Medica encourages its members to get seasonal influenza vaccinations, and will do so again by promoting them through member newsletters and worksite flu-shot clinics this fall. Both the flu shot and the nasal spray vaccine will be available for the 2019-20 flu season; the **American Academy of Pediatrics** advises families to vaccinate their children against influenza next season with either option. Medica encourages members to discuss with their health care professional which vaccine is appropriate for them.

Vaccine priorities

The U.S. Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) recommend that everyone 6 months of age and older get a flu vaccine each year. It is especially important for the following individuals to receive a flu vaccine, either because they are at higher risk for infections or complications from the flu or they live with or care for those at higher risk:

- Pregnant women
- Household contacts and out-of-home caregivers of children younger than 5 years of age, but especially children younger than 2 years of age
- People 50 years of age and older
- People of any age with certain chronic medical conditions
- People who live in nursing homes and other long-term-care facilities
- People who live with or care for those at high risk for complications from flu, including health care workers
- Household contacts of persons at high risk for complications from the flu

Pharmacist-administered vaccination

Medica members may be able to receive their flu vaccination through a Medica network pharmacy. Inquiries can be directed to a member's local pharmacy.

Billing for vaccinations

Clinics should use their regular billing methods for flu vaccinations. To ensure full coverage, Medica members must receive them from a Medica network provider.

When submitting claims for flu vaccinations, providers should use applicable codes of the International Classification of Diseases (ICD-10-CM), Common Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS). Medica will accept codes for reimbursement as outlined by the CDC.

More information

More details on seasonal flu vaccine are available online:

- [Visit the CDC website.](#)
- [See Medicare flu resources.](#)

In the event of a vaccine shortage, providers are encouraged to [refer to the CDC website.](#)

Focus on opioids:

Tapering of opioids for chronic pain

“Tapering opioid therapy is often hindered by patients’ psychiatric comorbidities and poor coping skills, as well as the lack of formal guidelines for prescribers,” said Stacy Ballard, MD, MBA, senior medical director at Medica. The following resources help guide recommendations for practitioners who aim to safely discontinue long-term opioid therapy:



- [A pocket guide on “Tapering Opioids for Chronic Pain,”](#) from the Centers for Disease Control and Prevention (CDC)
- [“Tapering Long-term Opioid Therapy in Chronic Noncancer Pain](#) (Evidence and Recommendations for Everyday Practice),” published by Mayo Clinic

In hopes of improving opioid prescribing practices, Medica works with the provider community to address the opioid crisis and substance use disorders. One way to help is by promoting clinical resources such as those above for practitioners who prescribe pain medication, since prescribers are key to reducing opioid dependence, abuse and overdose. Medica plans to also mail out copies of the CDC tapering guide above to opioid prescribers who see Medica’s Minnesota Health Care Programs (MHCP) members.

Medica publishes two annual community reports

‘Power of Community,’ Medica Foundation reports now online

Medica has released its annual corporate “Power of Community” report that highlights Medica’s commitment to social responsibility and employee engagement. It tells the stories of how Medica is building relationships with the people and communities it serves across the heart of America, so that together they can harness the power to make positive changes in peoples’ health and lives. [See Medica’s latest “Power of Community” report.](#)

The Medica Foundation has also released its 2018 annual community giving report that highlights how the foundation supports innovative nonprofit programs that address critical community health needs. Grant investments totaled \$1.5 million last year, supporting community-based initiatives that focus on behavioral health, early childhood health, and rural health programs. Establishing connections with nonprofits and supporting such initiatives is a priority for the foundation. Next year’s funding opportunities will be announced in February 2020. [See the latest Medica Foundation report.](#)

Effective January 1, 2020:

New program to provide insulin cost relief in four states

As announced earlier in August, Medica is continuing efforts to address the rising cost of insulin by introducing a cap on the maximum out-of-pocket amount commercial and individual market members will pay for their insulin. This new program has expanded to include four states: Minnesota, North Dakota, South Dakota and Wisconsin. Starting January 1, 2020, all members of fully insured commercial groups headquartered in these four states as well as individual and family business (IFB) members in Minnesota, North Dakota and Wisconsin will pay no more than \$25 for each 30-day supply of insulin. This enhancement will apply to all insulin covered by their plan.

This new program from Medica will offer more affordable access to insulin. According to a report from the American Diabetes Association (ADA), the list price of insulin has more than doubled in the last decade.

Effective January 1, 2020:

Minnesota's provider tax to decrease from 2% to 1.8%

The Minnesota legislature recently amended the Provider Tax statute: Effective January 1, 2020, there will be a .2% decrease in the Minnesota provider tax on Minnesota providers, from 2% to 1.8%. 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 previously was. 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 MinnesotaCare program.

CLINICAL NEWS

Effective October 21, 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 October 21, 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 October 21, 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 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** 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 September 2019 for policies that will be changing effective November 18, 2019. These upcoming policy changes will be effective as of that November date unless otherwise noted.

Survey responses requested by September 1:

Providers encouraged to give feedback on UM services

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

As a reminder, Medica recently sent providers a survey about utilization management (UM) services, including prior authorization requests and clinical appeals. There's still time to respond. **Eligible provider contacts who haven't yet responded can take the [survey](#)** until September 1, 2019.

This survey is intended specifically *for physicians and office managers* who have had experience with Medica's UM program in

2019. Survey responses will be confidential and grouped with other results. Provider surveys like this allow Medica to improve services to providers and members. Medica would like to thank physicians and office managers for giving their valuable feedback.

Input requested by September 30:

Requesting provider perspectives on patients' access to care

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

Medica will soon be asking providers for their feedback on patient access to care, including activities like care coordination, referrals to specialists and availability of clinic appointments. This survey is intended *only* for primary care offices, behavioral health care offices and the following specialty care offices: cardiology, dermatology, ear/nose/throat (ENT), gastroenterology, general surgery, neurology, obstetrics and gynecology (Ob/Gyn), oncology, ophthalmology and orthopedics. The survey should be completed only by office managers, administrators or practitioners since it will ask about care availability across practice sites.

This survey will be coming electronically in early September 2019. Survey responses, due by the end of September, will be confidential and grouped with other results.

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

PHARMACY NEWS

Effective October 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 October 1, 2019. For certain Medica members, as noted below, these changes would be effective October 1, 2019, for *new* prescriptions, but not effective until November 1, 2019, for *existing* prescriptions. The changes to these formularies are now posted online.

- **See changes** to the Medica Commercial Large Group and NE Farm Bureau Drug List — effective 10/1 for new prescriptions, 11/1 for existing prescriptions.
- **See changes** to the Medica Commercial Small Group Drug List.
- **See changes** to the Medica Individual and Family Plan Drug Lists.
- **See changes** to the Medica List of Covered Drugs for Minnesota Health Care Programs (MHCP) — effective 10/1 for new prescriptions, 11/1 for existing prescriptions.

(“Summary of Changes” notifications for drug lists are available at Medica.com under For Providers, “Pharmacy,” then respective member types as indicated above.)

Effective October 1, 2019:

Medica to add new UM policies for 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 October 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
J9999	Kanjinti	trastuzumab-anns
J9999	Polivy	polatuzumab vedotin-piiq
J3590	Zolgensma	onasemnogene abeparvovec-xioi

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

NETWORK NEWS

Medica increases PCA payments as of July 1, 2019

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

Effective with July 1, 2019, dates of service, Medica implemented a change to personal care assistance (PCA) payment rates consistent with payment increases determined by the State of Minnesota earlier this year. As a result, *rates have increased for all PCA services as of July 1*. Providers who have further questions may contact their Medica contract manager.

ADMINISTRATIVE NEWS

Provider College training topics for September

(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

"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 Medica 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.

"Preparing for Oncology Biosimilars"

This webinar, co-hosted by Magellan Rx Management, will focus on "biosimilar" oncology medications coming up for approval by the U.S. Food and Drug Administration (FDA). FDA-approved biosimilars for bevacizumab, rituximab and trastuzumab are all likely to enter the market in 2019, which has implications for oncology providers. The webinar will include a brief overview of scientific, regulatory and clinical aspects associated with oncology biosimilars; discuss the FDA methodology for reviewing and approving biosimilars; explore biosimilar utilization related to legal and regulatory issues; and outline head-to-head clinical trials for these medications.

Class schedule

Topic	Date	Time
Life of a Claim	Sept. 10	10-11:30 a.m.
Preparing for Oncology Biosimilars	Sept. 17	10-11 a.m.
Preparing for Oncology Biosimilars	Sept. 18	Noon-1 p.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 with Medica for claim session above.**
- **Register with Magellan for 9/17 biosimilar session.**
- **Register with Magellan for 9/18 biosimilar session.**

Electronic submission for MHPS, AHP claim appeals now an option

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

Medica has developed a new online capability for providers to electronically submit supplemental documentation related to certain claim appeals. This process improvement is a secure submission step for Medica Health Plan SolutionsSM (MHPS) and Association Health Plan (AHP) claims that have been denied. As of last year, Medica began accepting online submission of appeals for denied individual and family business (IFB) claims.

This electronic submission option is currently *only* available for documentation supporting claims with group or policy numbers

beginning with A, B or "IFB." Documentation typically submitted for appeals includes medical records, provider remittance advices (PRAs) and practice management notes. For MHPS and AHP appeals, along with IFB appeals, providers can now scan these documents, save the files to a desktop or hard drive, and then attach them to a new secure electronic form. This is accessible by selecting the appropriate option on Medica's [Claim Adjustment or Appeal Request Form](#) or directly by selecting "Request a Claim Adjustment or Appeal" after logging in [to Medica's secure portal](#).

As a reminder, providers can continue to use traditional appeal avenues for Medica MHPS, AHP or IFB claim denials, either by mail or fax, as needed. And for *all* other Medica claims, providers need to continue using mail or fax to submit documentation related to claim appeals.

(Update to "IFB claim appeals: electronic submission now available" article in the [March 2018 edition](#) of *Medica Connections*.)

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 credentialing clarification for non-Minnesota providers, who can apply and re-apply using Council for Affordable Quality Healthcare (CAQH) website, then submit directly to Medica	"Network Operation and Support Services" section, in "Credentialing and Demographics" subsection	August 2019

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

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