

## GENERAL NEWS

### Medica Foundation announces provider grant recipients *2019 early childhood health grants totaled \$520,000*

The Medica Foundation has concluded its early childhood health grant-making, awarding program grants totaling \$520,000 to 19 nonprofit agencies. This cycle of grant-making provided funds to support early intervention programs that focus on healthy families to foster the optimal growth and development of young children. Program grants were awarded to several provider groups:

- Community Dental Care (Maplewood, Minn.) – to pilot a new strategy for early childhood caries prevention in diverse, low-income children, partnering with the M Health Fairview Roselawn Clinic to provide dental services with well-child visits at the medical clinic
- Fraser (Minneapolis, Minn.) – to provide a 12-week parent-coaching program, focusing on young children (birth to 48 months of age) who display signs of autism spectrum disorder, through the Fraser Early Beginnings Telehealth Program
- Lee Carlson Center for Mental Health and Well-Being (Fridley, Minn.) – to expand early childhood programming in the School-Based Mental Health Program using innovative and developmentally appropriate interventions that support the well-being of the whole child
- Perspectives, Inc. (St. Louis Park, Minn.) – to provide support services for preschool children, 33 months to five years of age, emerging from homelessness and/or living in poverty, through the Perspectives PreK Every Day Early Learning Program

Two of the Nebraska grants for community health noted two months ago were also focused on early childhood health: for HopeSpoke in Lincoln and for OneWorld Community Health Center in Omaha. [See more about them.](#)

Details about grant recipients and funding opportunities are available online at [medicafoundation.org](http://medicafoundation.org).

# Alternatives to opioids for pain treatment

Resources addressing alternatives to opioids for treating pain have generated interest in the past, so here are a few to close out a year's worth of "Focus on opioids" columns. "Our mission is to effectively treat members' pain without putting them at risk of side effects, abuse or addiction to opioids, if it can be avoided," said Stacy Ballard, MD, MBA, senior medical director at Medica.



Topic	Source
<b>Pain Management Best Practices</b>	U.S. Department of Health and Human Services; includes alternatives to opioids for pain treatment"
<b>Pain: Assessment, Non-Opioid Treatment Approaches and Opioid Management</b>	ICSI; health care guideline includes a model of comprehensive options to treat pain on page 3
<b>Alternatives to Opiates (ALTO) Program</b>	St. Joseph's Healthcare System, Department of Emergency Medicine

## CLINICAL NEWS

Effective May 18, 2020:

### 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 May 18, 2020, 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.medicacommunity.com)** prior to their effective date. The medical policy update notification for changes effective May 18, 2020, 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.medicacommunity.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.medicacommunity.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 April 2020 for policies that will be changing effective June 15, 2020. These upcoming policy changes will be effective as of that June date unless otherwise noted.

## New preventive care outreach aims to improve health outcomes

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

In 2020, Medica is applying additional resources to identify member “gaps in care,” connecting with each member to assist with closing their specific care gaps. This reflects a key objective at Medica to improve health care engagement among members 65 years of age and older. Efforts will promote screening for breast cancer, colorectal cancer and osteoporosis as well as diabetes and dental care. The outreach, expected to begin later this spring, focuses on Medicare Advantage and Medicare Cost plan members as well as Medicare members who are dually eligible for Minnesota Health Care Programs.

In addition to standard efforts Medica delivers to members each year, letting them know about health resources available to them, this latest effort drives health action in older members who need certain preventive care. These Medicare members are encouraged to complete specific screenings and immunizations and are told about the importance of regular visits with their health care provider.

Medica will be working with data experts to identify care opportunities, to assist with select outreach efforts and ultimately to achieve better health outcomes. “We believe that better-informed members will make healthier choices, which will result in healthier communities,” said Stacy Ballard, MD, MBA, senior medical director at Medica.

Due by April 15, 2020:

## Quality complaint reports required by State of Minnesota

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

Medica requires its Minnesota-based network providers to submit first-quarter 2020 quality-of-care complaint reports to Medica by April 15, 2020. *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), or by fax to 952-992-3880.

Report forms are available by:

- [Downloading from medica.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.

## PHARMACY NEWS

Effective April 9, 2020:

## Medica to add new UM policies for 10 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 April 9, 2020, 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 drugs.

### Medical pharmacy drug UM policies — New

*Prior authorization will be required.*

Drug code	Drug brand name	Drug generic name
J3590	Adakveo	crizanlizumab-tmca
J9999, Q5102	Avsola	infliximab-axxq
J0179	Beovu	brolocizumab-dbll
J9999	Enhertu	fam-trastuzumab deruxtecan-nxki
J3490	Givlaari	givosiran
J9999	Padcev	enfortumab vedotin-ejfv
J3590	Reblozyl	luspatercept-aamt
J3590	Tepezza	teprotumumab-trbw
J3490	Vyondys 53	golodirsen
J3590	Ziextenzo	pegfilgrastim-bmez

These policies will apply to Medica commercial, individual and family business (IFB), Minnesota Health Care Programs (MHCP) and Medica Health Plan Solutions<sup>SM</sup> (MHPS) members and to Medica Medicare members in Medica DUAL Solution<sup>®</sup> (Minnesota Senior Health Options, or MSHO), Medica Advantage Solution<sup>®</sup> (HMO-POS) and Medica Advantage Solution (PPO) plans. They will *not* apply to Medica Prime Solution<sup>®</sup> (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 April 9; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective June 1, 2020:

## Medica tentatively plans to update MHCP member drug list

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

Medica may make upcoming changes in coverage status to the 2020 Medica List of Covered Drugs for Minnesota

Health Care Programs (MHCP) effective June 1, 2020. Any such changes are determined by the Minnesota Department of Human Services (DHS) since Medica follows the DHS drug list. As with all Minnesota managed care organizations (MCOs) that follow the DHS drug list for MHCP patients, DHS provides Medica with advance notice of changes to the drug list, which Medica **posts as soon as possible to [medica.com](https://www.medicacom.com)**.

The Medica MHCP drug list applies to the following products: Medica Choice Care<sup>SM</sup> (for Minnesota Senior Care Plus program, or MSC+), Medica AccessAbility Solution<sup>®</sup> (for Special Needs Basic Care program, or SNBC) and both Medica DUAL Solution<sup>®</sup> (for Minnesota Senior Health Options program, or MSHO) and Medica AccessAbility Solution Enhanced, for non-Part D drugs. Any changes will not apply to Medica Medicare Part D drug formularies.

## Effective June 1, 2020: 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](https://www.medicacom.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 June 1, 2020. Medica also notifies affected Medica members in their Medicare Part D Explanation of Benefits (EOB) statements mailed out monthly.

As of April 1, 2020, **[view the latest Medicare Part D drug formulary changes](#)**.

Medica periodically makes changes to its Medicare Part D formularies: the Medicare Part D Closed Formulary and the Medica DUAL Solution<sup>®</sup> and Medica AccessAbility Solution<sup>®</sup> Enhanced List of Covered Drugs. The Medica Medicare Part D drug formularies are available online or on paper:

- **[View Medica formularies](#)**.
- Download formularies for free **[at epocrates.com](https://www.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 Express Scripts.

## ADMINISTRATIVE NEWS

### Provider training topic for April

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

Medica 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

*"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, such as the differences between Medicare Advantage and Cost plans; features of Medica's MHCP plans for Special Needs, Minnesota Senior Health Options (MSHO) and Senior Care Plus; plan

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 aspects.

## Class schedule

Topic	Date	Time
Medica's Medicare and Medicaid Products	April 8	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 online for the session above.](#)

Effective April 1, 2020:

## Provider Service Center to open earlier, stay open over lunch

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

Medica will soon be expanding the hours for the Provider Service Center to serve providers better. Effective April 1, 2020, the call center will open earlier, at 7 a.m. Central Time on weekdays, and will remain open over the lunch hour, which is a change based on provider feedback. The call center will be open as follows:

Monday–Friday: 7 a.m.–5 p.m. CST

**Note:** To allow for staff training, the call center will be closed 8–9 a.m. on Monday mornings.

Effective June 1, 2020:

## Medica to update reimbursement policy

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

Medica will soon update the reimbursement policy indicated below, effective with June 1, 2020, dates of service. Such policies define when specific services are reimbursable based on the reported codes.

### Adverse health care events

Medica's Adverse Health Care Events reimbursement policy will be revised and re-named, "Serious Reportable Events." Changes are being made to align with Serious Reportable Events (SREs) from the National Quality Forum (NQF). Serious reportable events are nearly identical to adverse health care events, but while the Adverse Health Care Events policy only applies to hospitals, outpatient surgical centers and regional treatment centers, the Serious Reportable Events policy will also apply to office-based practices, long-term care facilities and skilled nursing facilities.

**See more from NQF.**

This policy continues to apply for all Medica members. The updated Medica policy will be available online or on hard copy:

- View [reimbursement policies](#) and [reporting obligations](#) at [medica.com](http://medica.com) as of June 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

## 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)

It's required that provider directories be accurate and updated regularly, based on federal and state laws such as Centers for Medicare and Medicaid Services (CMS) rules and Qualified Health Plan (QHP) and Federally Facilitated Exchange (FFE) standards, and in accordance with applicable state laws, including Minnesota network adequacy statutes. 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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