

## GENERAL NEWS

Effective January 1, 2020:

### Most Medica members receiving new member ID cards for 2020

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

On January 1, 2020, Medica will transition to new member ID cards. The new cards, a thin and durable white plastic, are being issued this month to Medica members in commercial, individual and family business (IFB), Medicare and Minnesota Health Care Programs (MHCP) plans. Members are reminded to use their new ID card every time they receive services on or after January 1 at clinics, hospitals and pharmacies, or when they need emergency care.

Annual reminder:

### Verifying eligibility, benefits for patients new to Medica

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

The start of each year is a busy time as many patients switch health plans. Some employer groups customize their health plan to include unique benefit sets. It is therefore important that providers ask for a current member ID card and verify member eligibility and benefits to ensure the correct copayment is collected, when needed, at each visit. Having up-to-date member information also helps to ensure accurate and timely claim processing.

Providers can easily verify eligibility and benefits for Medica members in two ways:

- Online **through Medica's secure portal**.
- Or by calling Medica's Provider Service Center at 1-800-458-5512 and choosing the self-service option.

It is also important when calling Medica's Provider Service Center to have each member's current member number for Medica to correctly identify the patient. Member and group numbers are included on the front of every Medica member ID card. For reference, **Medica's fact sheets include sample member ID cards for all products**.

## 2020 pharmacy program transitions to Express Scripts on Jan. 1

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

Medica continues to work on pharmacy benefit manager (PBM) transition efforts through the end of the year. On January 1, 2020, all Medica members enrolled with prescription coverage through Medica will transition from CVS Caremark™ to Express Scripts®. During this PBM transition, continuity of care and a positive member experience remain Medica's top priorities.

Medica members who filled a prescription between April 1, 2019, and July 15, 2019, and are affected by the PBM transition have received a notification about their coverage change. Members who filled a prescription after July 15 who are affected by a change will receive a notification in December. Medica Customer Service representatives also conducted outbound calls recently to further assist members with Medicare Part D prescription coverage changes.

As a reminder, *starting January 1, 2020*, provider offices may submit prior authorization and formulary exception requests for review. Prescribers can access all information needed to submit a request on behalf of patients with Medica prescription coverage by visiting Medica's [Prior Authorization for Pharmacy Benefit Drugs](#) webpage.

To assist during this transition, Medica's special website remains up-to-date to give easy access to 2020 pharmacy resources, including provider webinars about the upcoming changes. At [medica.com/ProviderRxChanges](https://medica.com/ProviderRxChanges), view 2020 drug lists, use drug search and pharmacy locator tools, and find answers to frequently asked questions.

(Update to "Medica to make important changes to its pharmacy program" article in the **November 2019 edition** of *Medica Connections*.)

Focus on opioids:

### CDC offers interactive clinical training on prescribing opioids

The Centers for Disease Control and Prevention (CDC) offers an online training series for health care providers called "Applying CDC's Guideline for Prescribing Opioids," an interactive training with clinical scenarios. "This training series aims to help providers apply CDC's recommendations in a clinical setting, based on the **CDC Guideline for Prescribing Opioids for Chronic Pain**," said Stacy Ballard, MD, MBA, senior medical director at Medica.



Through this interactive online training series, providers can gain a better understanding of the recommendations, the risks and benefits of prescription opioids, non-opioid treatment options, patient communication and risk mitigation. Each self-paced module offers free continuing education. [See more about this CDC training series.](#)

## Medica to update cost information for consumers

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

Medica will soon update cost information on its [Main Street Medica website](#) for consumers. Information will be updated for clinic conditions, durable medical equipment (DME), radiology and inpatient and outpatient procedures. This update is scheduled to occur at the end of January 2020.

Main Street Medica includes a variety of information to help members make informed choices about their health care. Medica conducts a review of recent claims to determine the conditions, diseases and procedures to be included. These services are then analyzed to determine the cost information based on current contracts for the Medica Choice® Passport provider network. Results are displayed for organizations using average cost ranges.

Providers who have any questions about the information on Main Street Medica, or would like to receive a copy of a report for their organization, may contact their contract manager.

# CLINICAL NEWS

Effective February 17, 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 February 17, 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.medicacom.com)** prior to their effective date. The medical policy update notification for changes effective February 17, 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.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 January 2020 for policies that will be changing effective March 16, 2020. These upcoming policy changes will be effective as of that March date unless otherwise noted.

Due by January 15, 2020:

## 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 fourth-quarter 2019 quality-of-care complaint reports to Medica by January 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), 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.medicacom.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.

# ADMINISTRATIVE NEWS

## Provider College training topics for January

*(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 classes are available by webinar for all Medica network providers, at no charge.



### Training class topics

#### *"Pharmacy Benefit Manager Changes"*

This webinar gives providers more detail around Medica's switch to Express Scripts as its new pharmacy benefit manager (PBM). It includes an overview of the transition timeline through January 2020, and what activities are occurring, such as provider and member outreach. This training outlines pharmacy program changes such as prior authorization and billing parameters related to the new PBM, new drug lists coming on January 1, 2020, and contact information for Express Scripts so providers can request medication exceptions and appeals, as needed. The class will also cover the resources available to make this transition as seamless and efficient as possible for providers and their Medica patients.

#### *"Product Changes for 2020"*

This webinar will walk through all of the new products offered by Medica in 2020. It will also review policy changes on existing plans, and how to locate resources that help identify plan details and correct billing information.

### Class schedule

Topic	Date	Time
PBM Changes	Jan. 10	10-11 a.m.
Product Changes for 2020	Jan. 14	11 a.m.-noon
PBM Changes	Jan. 22	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 a session above.](#)

Coding reminder:

Medica encourages use of CPT Category II supplemental codes

Provider use of Current Procedural Terminology (CPT®) Category II codes can greatly enhance documentation of a patient encounter, as well as enhance quality reporting and measurement. CPT Category II codes are supplemental codes that describe clinical components usually included in E&M or clinical services. These CPT codes indicate data related to health outcome measures, capturing information that ICD-10 codes and CPT Category I codes do not.

Use of CPT Category II codes allows providers to report services/values based on nationally recognized, evidence-based guidelines. They enable more effective monitoring of quality and service delivery, which benefits both providers and Medica members.

[See more about CPT Category II codes.](#)

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.

## 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.

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Information updated	Location in manual	When posted
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Revised "Special Contracting Requirements" section to reflect "Additional Contracting Requirements," adding new content under "General Contracting Requirements" and "State-Specific Contract Requirements" subsections

"Additional Contracting Requirements" section, with 2 new subsections

December 2019

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

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**John Mach, MD**, *Chief Medical Officer and Senior Vice President*

**Rob Geyer**, *Chief Operations Officer*

**Nichole White, RPh, MBA**, *Senior Vice President of Health Services*

**Stacy Ballard, MD, MBA**, *Senior Medical Director*

**John Piatkowski, MD, MBA**, *Senior Medical Director*

## Medica Connections editor

**Hugh Curtler III**, *Marketing and Communications*

Phone: (952) 992-3354

Fax: (952) 992-3377

Email: [hugh.curtler@medica.com](mailto:hugh.curtler@medica.com)

[See Medica points of contact for providers >](#)

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