

## GENERAL NEWS

Effective January 1, 2021:

### Medica adds 3 new commercial products next year

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

As of January 1, 2021, Medica will have three new commercial products available for employer groups: two accountable care organization (ACO) products and a large, nationwide, open access product.

#### **Clear Value with Medica<sup>SM</sup>**

Clear Value with Medica is an ACO product available in the Twin Cities metro area of Minnesota and centered around the provider Hennepin Healthcare. Members receive their highest level of benefits if they see providers in the Clear Value with Medica network. Receiving care outside the network means costs will be much higher and members may have to pay the full cost of services. Features of this new commercial group ACO product:

- Hennepin Healthcare offers care for over 25 specialties for children and 60 for adults.
- Members can see any primary or specialty care provider in the Hennepin Healthcare network without a referral.
- With integrative health care, members have access to holistic care that combines conventional and complementary approaches to achieve optimal health and healing.
- As needed, members can access an innovative, easy-to-use diabetes management system, through a partnership with Pops<sup>®</sup>, which includes a personal virtual coach and an integrated glucose meter.
- Members have in-network coverage if they visit providers in the Travel Program network.

#### **Medica with CHI Health<sup>SM</sup>**

Medica with CHI Health is an ACO product available in the Omaha, NE, area and centered around the provider CHI Health. Previously only offered to CHI Health employees and their families, this product will now be offered to other commercial groups in this market. Members receive their highest level of benefits if they see providers in the Medica with CHI Health network. Receiving care outside the network means costs will be much higher and members may have to pay the full cost of services. Features of this new commercial group ACO product:

- These members can see any primary or specialty care provider in the Medica with CHI Health network without a referral.
- A single phone number makes it easy for members to ask questions about health plan benefits, billing, care and coverage, and more.
- With Priority Care, members can see providers that treat non-life threatening illnesses and injuries for all ages. No appointment needed.
- Quick Care locations inside area Hy-Vee stores can diagnose and treat simple, common conditions in a walk-in setting with no appointment needed.
- These members can connect with a network provider online, by phone or using video chat.
- Members have in-network coverage if they visit providers in the Travel Program network.

### Medica Choice® National

Medica Choice National provides access to a large, national network with thousands of providers. This new open access plan allows members to see any network provider at any time, including specialists. Medica Choice National provides a single health plan for employers that have employees located both locally and across the country. Features of this new commercial group product:

- It will be available for self-insured and fully insured employer groups in Nebraska and Iowa.
- The service area includes all of Nebraska and 3 counties in Iowa.
- The Medica Choice National provider network includes Medica direct-contracted providers, Midlands Choice providers in Nebraska and Iowa, and First Health network providers outside Nebraska and Iowa.
- Direct access to specialists means members can see any primary or specialty care provider in the Medica Choice National network without a referral. Still, members are encouraged to work closely with their primary care doctor to coordinate their health care needs.
- A single phone number makes it easy for members to ask questions about health plan benefits, billing, care and coverage, and more.
- The broad nationwide network means access to in-network care when members travel.

**See fact sheets**, coming soon, for more details on these new commercial products.

Effective January 1, 2021:

## Medica adds new IFB products, program changes for next year

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

As of January 1, 2021, Medica will have several new Individual and Family Business (IFB) products available throughout Medica's service area. All of them are accountable care organization (ACO) or "care system" products, for which:

- Members do not need a referral to see a specialist.
- There is *no out-of-network coverage* if members visit a provider that is not in their network, unless it's an emergency. (The only exception to this is for members in Oklahoma.)
- Members have a personal Health Advocate to help navigate their health care, 24/7.

### Balance by Medica<sup>SM</sup>

This new IFB product will be available in the Springfield, Missouri, area, as well as the Oklahoma City, Oklahoma, metro area, offering a care system provider network that features Mercy Health System.

- Balance by Medica will be available to residents of the following Missouri counties: Barry, Cedar, Christian, Dade, Dallas, Vernon, Jasper, Newton, McDonald, Saint Clair, Lawrence, Hickory, Polk, Greene, Stone, Webster, Laclede, Wright, Texas and Howell.
- It will also be available to residents of these counties in Oklahoma: Canadian, Logan, and Oklahoma.
- This plan's provider network includes 5,500 primary and specialty care providers and 21 hospitals.
- Complex specialty care will be available from Mayo Clinic by referral and upon Medica approval.

### Bold by M Health Fairview and Medica<sup>SM</sup>

This new IFB product will be available in the Twin Cities metro area, offering a care system provider network that features M Health Fairview.

- Bold by M Health Fairview and Medica will be available to residents of the following Minnesota counties: Anoka, Dakota, Carver, Hennepin, Ramsey and Washington.

This plan's provider network includes 3,700 primary and specialty care providers and 11 hospitals.

### **Empower by Medica<sup>SM</sup>**

This new IFB product will be available in the Iowa City, Iowa, area, offering a new care system provider network that features University of Iowa Health Care (UI Health Care).

- Empower by Medica will be available to residents of Johnson County, Iowa.
- This plan's provider network includes 1,125 primary and specialty care providers and a hospital.
- Complex specialty care will be available from Mayo Clinic by referral and upon Medica approval.

### **Medica with MU Health Care<sup>SM</sup>**

This new IFB product will be available in the Columbia, Missouri, area, offering a new care system provider network that features the University of Missouri's MU Health Care, Capital Region Medical Center and Lake Regional Health System.

- Medica with MU Health Care will be available to residents of the following Missouri counties: Boone, Callaway, Camden, Cole, Cooper, Howard, Miller, Moniteau, Morgan and Osage.
- This plan's provider network includes 1,230 primary and specialty care providers and seven hospitals.
- Complex specialty care will be available from Mayo Clinic by referral and upon Medica approval.

### **Additional IFB product changes for 2021**

The following changes to service areas will also occur for current Medica IFB products:

- Reducing the Medica Individual Choice<sup>SM</sup> service area in North Dakota by removing two counties.
- Reducing the Engage by Medica<sup>SM</sup> service area in Minnesota by removing one county.
- Expanding the Medica with CHI Health<sup>SM</sup> service area in Nebraska by adding two counties.
- Expanding the Elevate by Medica<sup>SM</sup> (featuring Nebraska Methodist and Nebraska Medicine) service area near Council Bluffs, Iowa, by adding two counties.
- Expanding the Medica with Healthier You<sup>SM</sup> (featuring Ascension Via Christi Health) service area near Wichita, Kansas, by adding one county.
- Expanding the Select by Medica<sup>SM</sup> (featuring Saint Luke's Health System, Stormont Vail Health and Children's Mercy) service area in the Kansas City metro area by adding six new counties: three counties each in Kansas and Missouri.
- Expanding the Harmony by Medica<sup>SM</sup> service area in Oklahoma City by adding one county.

There are also the following IFB program changes for 2021:

- Medica's \$25 Insulin Copay Program will be available with IFB products in all states.
- Medica's IFB behavioral health network will have improved access and member support by moving to a national network (as outlined below).
- **As published last month**, a national travel network will no longer be available for IFB members. Coverage will continue for emergency care outside a member's product network, and medically necessary care when authorized in advance by Medica.

Open Enrollment for 2021 IFB plans begins November 1, 2020, and runs into December 2020. Consumers can enroll in a plan through their state Health Insurance Marketplace or directly through Medica (off-Marketplace).

**See fact sheets**, coming soon, for more details on these new IFB products.

Effective January 1, 2021:

## **Medica to make IFB network change to MBH next year**

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

As of January 1, 2021, Medica will change its behavioral health network for all of its Individual and Family Business (IFB) products. IFB members will need to access care from mental health providers, clinics and hospitals in the Medica Behavioral Health (MBH) national network, which expands the current network for IFB and will continue to include providers who practice at all levels of counseling and treatment. MBH is administered by Optum.

Beginning January 1, 2021, providers should use the following information to submit IFB behavioral health claims.

**New claims address:**

Medica Behavioral Health  
PO Box 30757  
Salt Lake City, UT 84130

**New payer ID:** 87726

Providers who have questions about benefits, claims or prior authorization can call MBH at 1 (800) 848-8327.

As a result of this change for IFB next year, most of Medica's members will access MBH for behavioral health care, including those in commercial, IFB, Medicare and Minnesota Health Care Programs (MHCP) plans.

Effective January 1, 2021:

## Medica makes Medicare product, benefit changes for next year

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

For January 1, 2021, Medica's Medicare offerings continue to grow and will be present in seven states within Medica's nine-state service area.

Medica is adding a third option to the Medica Advantage Solution<sup>®</sup> product portfolio in the Twin Cities metro area, as well as expanding the Medicare Advantage service area to include an additional 18 counties throughout Minnesota, stretching from the Twin Cities to Moorhead, Minn. A new Primary Health System designation will also be added for Medicare Advantage members, encouraging them to choose a system for most of their care. The network remains open access, and this designation does not change member benefits or requirements of providers.

Also effective January 1, one of Medica's Medicare Cost plan designs, Medica Prime Solution<sup>®</sup> Standard, will have a premium reduction from \$25 to \$0 and expand to the full 21-county service area in Minnesota as well as North Dakota and South Dakota. An optional Part D rider will be available for this plan in Minnesota and South Dakota, too. The Medica Prime Solution service area also continues expanding further into Iowa and Nebraska, and will be available in 15 counties in Kansas for January 1.

**See fact sheets** for more details on Medica's Medicare products.

Effective January 1, 2021:

## Medica makes administrative changes for Medicare Advantage plans Prior authorization to apply for group plan retirees

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

As of January 1, 2021, Medica will be making changes to claim administration for all of its Medicare Advantage plans as well as prior authorization changes for Medicare Advantage group retirees. The changes *only* apply for Medicare Advantage plans. No other Medicare plans offered by Medica will be affected.

Beginning January 1, 2021, providers should use the following information for Medicare Advantage claims submission.

**New claims address:**

Medica Government Programs  
PO Box 21342  
Eagan, MN 55121-0342

**New payer ID:** MEDM1

Providers can learn more about electronic data interchange (EDI) capabilities **from Availity**, which will handle Medica's Medicare Advantage electronic claims starting January 1.

**Prior authorization for group plan retirees**

Also effective January 1, prior authorization will be required for employer group health plan retirees enrolled in Medica Medicare Advantage plans. This requirement already exists for individual Medica members in Medicare Advantage

plans, so next year, this will be consistent across all of Medica's Medicare Advantage plans, for individuals as well as group plan retirees. Updated prior authorization requirements will be indicated on [Medica's Prior Authorization List](#) beginning on or soon before January 1, 2021.

## Annual reminder: Compliance, FWA trainings required for Medicare providers

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

Each year, 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. *The trainings should be completed by December 31, 2020.*

Medica makes the Medica Standards of Conduct, Compliance Reporting Policy, and links to the Centers for Medicare and Medicaid Services (CMS) general compliance training and FWA training available on Medica.com. 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, training logs identifying employees who received training, and a signed attestation. Medica may request such records to verify that training occurred.

## CLINICAL NEWS

### Effective December 21, 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 December 21, 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](#) prior to their effective date. The medical policy update notification for changes effective November 16, 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 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 November 2020 for policies that will be changing effective January 18, 2021. These upcoming policy changes will be effective as of that January 2021 date unless otherwise noted.

## Effective January 1, 2021: Changes coming for MN prior authorization, appeals response times

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

Effective January 1, 2021, in Minnesota, a new statute will require health plans to respond to prior authorization requests and appeals reviews within shorter timeframes.

For standard review determinations, if a prior authorization request is received via electronic means, Medica will respond within five business days, as long as all information needed to make a determination has been received. For requests received by non-electronic means, the determination will be made within six business days. For expedited review requests, determinations will be made as expeditiously as the member's condition requires, but no more than 48 hours (which must include one business day). This is a change from the current 72-hour requirement.

Standard appeal requests will change from 30 calendar days to 15 calendar days for a determination after Medica receives the appeal request. Expedited appeal requests will maintain their current turnaround time of 72 hours for a determination.

To be able to comply with these new timelines, Medica stresses that providers *include all clinical information required for determining medical necessity with their initial submission*. Medica appreciates providers' assistance with this and always strives to respond to providers' requests as soon as possible. As a reminder, missing clinical information may cause undue delays in responding to requests. For more details about medical necessity criteria, [see Medica's utilization management \(UM\) policies](#).

## Survey responses requested by October 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 October 30, 2020.

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.

## PHARMACY NEWS

### Effective January 1, 2021: 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, 2021. These upcoming changes apply to the following drug formularies:

- 2021 Medica Commercial Drug List
- 2021 Medica Preferred Drug Lists for Individual and Family Business (IFB) and NE Farm Bureau
- 2021 Medica List of Covered Drugs for Minnesota Health Care Programs (MHCP)

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. These changes will not apply to Medica Medicare Part D drug formularies.

(Drug lists are available at Medica.com under For Providers, “Pharmacy,” then respective member types under “Pharmacy Resources by Segment.”)

## Effective January 1, 2021: Medica to make coverage change to viscosupplement drug class

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

In a continuing effort to make medications more affordable to its members, Medica will soon make a coverage change in the viscosupplement category of medical pharmacy drugs. These drugs are also known as hyaluronic acid (HA) derivatives. Effective with January 1, 2021, dates of service, *Medica will no longer cover Gel One<sup>®</sup>*. Coverage of Synvisc<sup>®</sup> and Synvisc-One<sup>®</sup> will be added and Euflexxa<sup>®</sup> will remain covered. All other products in the viscosupplement/hyaluronic acid derivative category remain *not covered*.

This viscosupplement strategy change will apply to Medica’s commercial, Individual and Family Business (IFB), Medica Health Plan Solutions<sup>SM</sup> (MHPS) and Minnesota Health Care Programs (MHCP) members. It will *not* apply to Medica’s Medicare (including Medica DUAL Solution<sup>®</sup>) or Mayo Medical Plan members.

Products in the viscosupplement category do not require prior authorization. However, they are managed by indication as outlined in their respective claims edit or coverage policies. Refer to Medica coverage criteria for reimbursement of these products based on member type:

- **HA policy for commercial and MHCP members**
- **HA policy for IFB and MHPS members**

## Effective January 1, 2021: Medica to add 2 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, 2021, 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
J9999	Jelmyto	mitomycin
J9999	Tecartus	brexucabtagene autoleucel

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, 2021:

## Specialty drug card accruals to change for IFB, commercial

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

Medica's commercial group and Individual and Family Business (IFB) members who use a manufacturer's savings card for the purchase of specialty drugs will experience a change in the way the discount applies to their plan. Starting January 1, 2021, only the amount the member actually pays for their specialty drug, not the total cost of the drug, will apply to their plan's deductible and/or out-of-pocket maximum. The remaining amount paid (i.e., discounted amount) through the savings card will not be applied to the member's deductible and/or out-of-pocket maximum. These savings cards can add a large degree of financial security as patients undergo treatment, assisting with their medication compliance.

Medica will notify members who have recently used a savings card about this upcoming change. No retroactive out-of-pocket changes or adjustments will be made. For more information about these changes, [see an FAQ on savings cards](#).

Effective January 1, 2021:

## 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, 2021. Members are encouraged to review their formulary to see if any of their medications are changing.

Medica's Medicare Part D formularies are the Medicare Part D Closed Formulary and the Medica DUAL Solution<sup>®</sup> and Medica AccessAbility Solution<sup>®</sup> Enhanced List of Covered Drugs. These 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.

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](#).

### 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.

## NETWORK NEWS

Effective January 1, 2021:

## Medica to make quarterly update to Medicare fee schedules

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

Effective with January 1, 2021, 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, 2021:

## Medica to make quarterly update to reference lab fee schedule

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

Effective with January 1, 2021, 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, 2021. 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.

Effective January 1, 2021:

## Medica to update IFB state-based physician fee schedules

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

Beginning with January 1, 2021, dates of service, Medica will implement the annual update to its Individual and Family Business (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](https://www.medicacom.com)**, under "Individual and Family Products." Providers who have further questions may contact their Medica contract manager.

## Second-quarter PCR checks to be mailed in November 2020

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

In November 2020, Medica plans to mail to eligible providers the physician contingency reserve (PCR) payment for the second quarter of 2020. This represents a 100-percent return of the second-quarter 2020 PCR withhold, plus interest, for the Medica Prime Solution<sup>®</sup> Medicare product. Checks will cover PCR withheld for claims with dates of service of April 1, 2020, through June 30, 2020, and dates paid of April 1, 2020, through September 30, 2020.

# ADMINISTRATIVE NEWS

Self-service resources:

## Featured this month: InstaMed's ERA/EFT transactions

Electronic payment and remittance transactions (EFT and ERA services) are moving to the vendor InstaMed for some Medica members and products as of November 2020. This applies for Medica's membership administered using payer IDs 12422 and 71890. Register with InstaMed before next month to avoid payment disruption.



**See more about InstaMed's** electronic payments and statements, and **sign up for their services**. And learn more about the transition to InstaMed in Medica's October training coming soon (as mentioned below).

## Provider administrative training topics for October, November

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

Medica 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

*"Medica's Medicare and Medicaid Products for 2021"*

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 2021; 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.

*"Migration to InstaMed and Availity for Electronic Transactions and Services"*

As a reminder, this class will give an overview of Medica's 2020 migration to InstaMed and Availity for electronic claim submission and claim-payment services. Providers can learn about registration with these vendors for transactions such as eligibility and claim-status verification, payments, and Provider Remittance Advice (PRA) statements.

### Class schedule

Topic	Date	Time
Migration to InstaMed and Availity for Electronic Transactions and Services	Oct. 27	1-2 p.m. CT
Medica's Medicare and Medicaid Products for 2021	Nov. 19	10:30 a.m.-noon CT

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 sessions above.**

## Effective January 1, 2021: 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 on or after January 1, 2021, dates of service. Such policies define when specific services are reimbursable based on the reported codes.

### Inpatient hospital readmissions

Effective with January 1, 2021, dates of service, Medica's Inpatient Hospital Readmission reimbursement policy will be expanded to apply to readmissions to the same facility (i.e., same provider number) within 30 calendar days following discharge. The applicable readmission time frame will be based upon product and state as follows:

Time frame	Member type	State
10 days	Commercial; Individual and Family Business (IFB)	IA, MN, ND, SD, WI
15 days	Minnesota Senior Care Plus (MSC+) and Special Needs BasicCare (SNBC)	MN
30 days	Medicare Advantage, Medicare Cost, Minnesota Senior Health Options (MSHO) (HMO D-SNP), Special Needs BasicCare Special Needs Plan (SNBC SNP) (HMO D-SNP), and Medicare Advantage (HMO I-SNP)	IA, KS, MN, NE, ND, SD, WI
30 days	Commercial; IFB	KS, MO, NE, OK

This policy addresses the reimbursement of readmissions to the same hospital, as billed on a UB-04 claim form or its electronic equivalent or its successor form. The updated Medica policy will be available online or on hard copy:

- [View reimbursement policies](#) at Medica.com as of January 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

## 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
Updated protocols for O&P providers	"Protocols" section, in "Orthotic and Prosthetic (O&P) Protocols" document	October 2020
Updated protocols for SNF	"Protocols" section, in "Skilled Nursing Facility (SNF) Protocols"	October

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

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