

GENERAL NEWS

Effective April 1, 2021:

Medica launches 'Kidney Care' and 'House Calls' support programs

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

On April 1, 2021, two new support programs will be available to Medica members: The Medica Kidney Care Program, with remote support provided by nurse case managers, and the House Calls program, with home health checkups conducted by nurses. The programs aim to reach out to Medica members at home, supplementing the care plan participating patients have with their current health care providers. Program nurses work directly with the members while keeping their providers apprised.

Kidney Care

The Medica Kidney Care Program provides care management support for members with late-stage chronic kidney disease (CKD) and end-stage renal disease (ESRD). Eligible patients have access to RN case managers, dietitians, social workers, and other supportive services as part of this program. Providers could receive notification regarding their patients who may be eligible to take advantage of these services.

Medica members in the following plans are eligible for the program: commercial fully insured, Individual and Family Business (IFB), Medicare Advantage and Minnesota Health Care Programs (MHCP). The kidney program aims to help members feel supported and motivated to take charge of their health. This program is intended to achieve the following outcomes:

- Decrease preventable emergency room visits and hospitalizations;
- Anticipatory planning for dialysis;
- Prepare members to be transplant-eligible.

House Calls

Through this program, Medica will conduct health screenings (whether by telehealth or in person) for certain members

in Medica's Medicare Advantage population. Nurse practitioners will reach out to eligible Medica Advantage Solution members to complete visits over the course of the year. Each House Calls visit includes tailored recommendations on health care screenings, such as a medical assessment, blood glucose (A1C) test, fecal occult blood test (FOBT), peripheral artery disease (PAD) test or retinal eye exam.

The nurse visits also include a chance for these members to:

- Receive COVID-19 education, prevention tips, care and resource assistance, as needed;
- Get advice and ask questions on how to manage their health conditions;
- Review their current medications and diet;
- Get referrals to other health services or resources.

At the end of the House Calls visit, the nurse will leave the member with a health summary, and send a copy of it to the member's primary care provider as well.

Billing tip: Medicare ID required to bill for COVID vaccinations of Medicare patients

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

Since Medicare is billed directly for the COVID-19 vaccine, Medicare patients need to bring their Medicare ID card to show their Medicare Beneficiary Identifier (MBI), in addition to their Medica ID card, to any vaccination appointment. For Medicare, COVID vaccinations are covered without member cost-sharing through the end of 2021 but must be billed to original Medicare fee-for-service. See full details in [the Drug Treatment and Vaccinations for COVID-19 reimbursement policy](#).

Note: The one exception is for Medicare Cost plans. Vaccine billing for Medica Prime Solution[®] members should go to Medica if these patients see in-network providers. Only if they see out-of-network providers should it go to original Medicare.

[See more Medicare billing details.](#)

Introducing the fresh new face of Medica!



The Medica brand is getting an update! Over the next several months, Medica's new look will appear across all communications, websites and advertising as this transition is completed. But we're still the same Medica—with the same commitment to being the trusted health plan of choice.

Reminder: Annual 'Disclosure of Ownership' forms needed

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

Any providers who have not yet completed and returned their **Disclosure of Ownership Statement** should do so as soon as possible. It is past due. It can be **returned to Medica by e-mail**. Providers also received this annual request by U.S. mail last month.

Medica wishes to thank providers for their time, especially those who promptly responded to this obligation. More details about this compliance requirement are available in the **Medica Provider Administrative Manual**.

As a reminder, providers who see patients covered under Medica products for government programs need to complete and return the Disclosure of Ownership Statement to Medica annually. This step is necessary for Medica to comply

with contracts it holds with both the Centers for Medicare and Medicaid Services (CMS) and the Minnesota Department of Human Services (DHS).

CLINICAL NEWS

Effective May 17, 2021:

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 17, 2021, 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 May 17, 2021, 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 April 2021 for policies that will be changing effective June 21, 2021. These upcoming policy changes will be effective as of that June 2021 date unless otherwise noted.

Due by April 15, 2021:

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 2021 quality-of-care complaint reports to Medica by April 15, 2021. *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).

New! Medica's quality complaint reporting form has been improved with interactive fields, which should save providers time. See link below.

Providers can send reports by e-mail to 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](#), 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 Medica's Provider Administrative Manual](#), or
- Call the Medica Provider Service Center at 1-800-458-5512.

PHARMACY NEWS

Effective April 1, 2021:

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 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 April 1, 2021. Medica also notifies affected Medica members in their Medicare Part D Explanation of Benefits (EOB) statements mailed out monthly.

As of April 1, 2021, [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[®] and Medica AccessAbility Solution[®] 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](#).
- 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

Self-service resources:

Featured this month: Medical pharmacy guidelines

When billing for medical pharmacy drugs, it's helpful to review the appropriate guidelines in advance. Magellan Rx manages Medica's program for drugs that are administered under the medical pharmacy benefit. Such services follow policies on the Magellan Rx website. In



In addition to drug coverage criteria, there may be prior authorization needed for some medications, or claims edit policies that apply. **See more from Magellan Rx** or call Medica's Provider Service Center with any questions at 1-800-458-5512.

Provider administrative training topic featured 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 for all Medica network providers, at no charge. It is a recorded training presentation posted to Medica.com, accessible at any time.

Training class topic

"Elderly Waiver and Housing Stabilization Providers"

Elderly waiver (EW) and housing stabilization providers serve an important function in the care of Medica members. The services these providers offer promote community living and independence while giving people the support they need. Since working with a health plan can offer a variety of challenges, this training will walk providers through requirements for them as well as tools and services available to assist them. This class will focus on: an overview of new housing stabilization benefits; getting set up as an EW or housing stabilization provider; role of the care coordinator and role of Medica's Provider Service Center; how to obtain an authorization; the claims submission process; and what to do if a claim is not processed as expected.

Take this provider training.

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.

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 home infusion therapy (HIT) providers	“Protocols” section, in “Home Infusion Therapy (HIT) Protocols” document	March 2021
Added new protocols for transportation providers	“Protocols” section, in new “Transportation Protocols” document	March 2021

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

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