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MEDICA®

January 2021

 MEDICA CONNECTIONS®

For Medica network providers

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## GENERAL NEWS

### Medica Foundation announces more 2020 provider grant recipients

The Medica Foundation has awarded \$350,000 to 14 nonprofit agencies to foster optimal growth and development of young children. Grants were awarded to several provider groups:

- C.A.R.E. Clinic (Red Wing, Minn.) – to decrease oral health disparities among low-income children in Goodhue/Wabasha Counties through increased access to preventive and restorative dental care
- Carver County Community Health Services/Public Health (Chaska, Minn.) – to utilize SafeCare for parents of children ages 0-10 at risk of maltreatment to address health, safety and positive parent-child relationships
- The Family Partnership (Minneapolis, Minn.) – to pilot the addition of a virtual home-visiting component to its two-generation, brain-science-informed curriculum to boost executive functioning in young children and their parents/caregivers, engaging partner sites within Minnesota
- Northern Dental Access Center (Bemidji, Minn.) – to add a dental therapist to its safety-net dental team so that low-income children can continue to have dental access
- RELATE, Inc. (Minnetonka, Minn.) – to expand co-located early childhood mental health services into the St. Louis Park, Hopkins, and Eastern Carver County school districts

Grant-making in Nebraska has been finalized for 2020, totaling \$600,000. A number of grants in Nebraska were awarded to provider groups:

- Centerpointe (Lincoln, Neb.) – to fund a peer support specialist position at the adult residential program in support of the homeless
- Heartland Health Center (Grand Island, Neb.) – to purchase clinic supplies for additional COVID-19 testing
- Methodist Hospital Foundation (Omaha, Neb.) – for a behavioral health counselor position as part of the Health 360 Integrated Care model offering primary care, behavioral health services and a pharmacy at the Kountze Commons Campus

For more about grant recipients, funding opportunities, giving guidelines and application deadlines, [refer to MedicaFoundation.org](#).

## Annual reminder:

# Verifying eligibility, benefits for members with new ID cards

*(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. Plus, Medica is making changes to some claim addresses next year. 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 verify eligibility and benefits for Medica members **through Medica's secure portal** or by calling Medica's Provider Service Center at 1-800-458-5512 and choosing the self-service option. When calling Medica, providers should have current member numbers to correctly identify their patients. 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.

## Reminder:

# Administrative changes coming for 2021 Medicare Advantage plans

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

**As previously published**, Medica will make several administrative changes for Medicare Advantage plans, effective January 1, 2021. They apply to all Medica Advantage Solution<sup>®</sup> members (including those in the Institutional Special Needs Plan, I-SNP — Medicare Advantage "PartnerCare").

- Claim, EFT, EDI administration:

Beginning with January 1, 2021, dates of service, providers should use the following for Medicare Advantage claims submission.

**New claims address:**

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

**New payer ID: MEDM1**

As of January 1, 2021, dates of service, InstaMed will administer Medica's Medicare Advantage payments, explanations of payment (EOPs) and electronic fund transfers (EFTs), while Availity will handle Medicare Advantage claims and electronic data interchange (EDI) services.

- Prior authorization for group plan retirees:

Effective with January 1, 2021, dates of service, prior authorization will be required for certain services for employer group health plan retirees enrolled in Medica Medicare Advantage plans. This requirement already exists for individual Medica Advantage Solution members.

- New primary care designations:

A new Primary Health System (PHS) designation will be added for Medicare Advantage members, encouraging them to choose a provider system for most of their care. The provider network remains open access; this designation does not change member benefits or requirements of providers.

## Reminder:

## IFB members to access MBH network next year

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

**As previously published**, Medica is changing its behavioral health provider network for all Individual and Family Business (IFB) members, effective January 1, 2021. IFB members will need to access care from mental health providers, clinics and hospitals in the Medica Behavioral Health (MBH) national network, administered by Optum. MBH (Optum) will handle utilization management (UM) and care management for IFB members as well.

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

**New claims address** (for behavioral health):

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

**New payer ID** (for behavioral health): 87726

This change to MBH will also apply for Nebraska Farm Bureau members, as of December 30, 2020, dates of service. Providers who have questions about 2021 behavioral health benefits, claims or prior authorization for IFB or Nebraska Farm Bureau members can call MBH at 1 (800) 848-8327.

## CLINICAL NEWS

Effective February 15, 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 February 15, 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 February 15, 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 January 2021 for policies that will be changing effective March 22, 2021. These upcoming policy changes will be effective as of that March 2021 date unless otherwise noted.

Due by January 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 second-quarter 2020 quality-of-care complaint reports to Medica by January 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).

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**, 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.

## ADMINISTRATIVE NEWS

Self-service resources:

### Featured this month: Product fact sheets

Each year, Medica updates product fact sheets for providers for the new year, adding fact sheets for new products as needed. This applies for all commercial, Individual and Family Business (IFB), Medicare and Minnesota Health Care Programs (MHCP) products. **Check them out** on the Product Portfolio webpage, available through the Provider Administrative Manual on Medica.com.



## Provider administrative training topic featured for January

*(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 topics

*"Prime Solution Cost Plan Overview"*

This training provides a general overview of Medica Prime Solution®, Medica's Medicare Cost product, and how it compares to other Medicare products that Medica offers. Details of the course include unique features of Medica's Cost plans, plus billing guidelines and resources to help simplify the claims process.

## Take this provider training.

Reminder:

## Providers can now rely on InstaMed, Availity for EFT, EDI services

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

**As previously published**, Medica has transitioned to new vendors for certain claims, payment and other administrative services. This transition is complete as of December 2020. For Medica membership administered using payer IDs 12422 and 71890, providers can now rely on vendors InstaMed and Availity for the following services:

Vendor	Focus	What this includes
InstaMed	Payment and PRA services	Provider remittance advices (PRAs), paper and electronic Explanations of Benefits (EOBs), electronic funds transfer (EFT), paper check claim payments
Availity	Electronic data interchange (EDI) real-time transactions	Electronic claim submission (837 transaction), eligibility and benefit verification (270/271 transactions), claim status inquiries (276/277 transactions), inpatient notification (278N transaction)

Again, these services are *specific to Medica payer IDs 12422 and 71890*. It's important for Medica network providers to sign up to use these vendors if they have not already done so. See more from [InstaMed](#) and [Availity](#), as needed.

**Note:** As a reminder, Medica membership administered using payer ID 94265 is *not* affected by this transition. Also, effective with January 1, 2021, dates of service, new Medica payer ID MEDM1 will apply for Medica's Medicare Advantage membership, for which InstaMed and Availity will provide the services listed above ([see more on this](#)).

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
Added information on Hospital Price Transparency Rule effective 1/1/21	“Additional Contracting Requirements” section, in new “Hospital Price Transparency Rule” subsection	December 2020
Added information on Medicare estimation for IFB claims	“Billing and Reimbursement” section, in new “Medicare Estimation” subsection	December 2020

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

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