



## NEWS FOR MEDICA NETWORK PROVIDERS

[General News](#) | [Clinical News](#) | [Pharmacy News](#) | [Administrative News](#)



## General News

### Medica Foundation supports community vaccination efforts \$100,000 awarded to Minnesota nonprofits

The Medica Foundation recently responded to the COVID-19 crisis by awarding \$100,000 in emergency relief grants to several Minnesota nonprofit organizations. This funding effort focuses on COVID-19 vaccine efforts, outreach and education for the most vulnerable populations statewide, in low-income communities and communities of color.

The following nonprofits received this emergency funding for their vaccination efforts:

- The Arc Minnesota (St. Paul) – to improve access to COVID-19 vaccine statewide for people with disabilities, through advocacy and community coordination
- Hispanic Advocacy and Community Empowerment through Research, or HACER (St. Paul) – to provide mobile vaccination sites to Latinx communities difficult to access, including seasonal agricultural workers, meat-packing industry workers, migrant workers and undocumented workers
- Minnesota Association of Community Health Centers, or MNACHC (Minneapolis) – to coordinate development of culturally relevant tools and community messaging about COVID-19 vaccinations for 17 federally qualified health centers (FQHCs) throughout Minnesota
- Phyllis Wheatley Community Center (Minneapolis) – to develop an education and vaccine campaign to reduce vaccine hesitancy within hard-to-reach populations in north Minneapolis
- River Valley Health Services (Shakopee and Chaska, Minn.) – to reduce barriers for vaccine access to low-income Hispanic population by scheduling vaccines, providing transportation assistance, arranging for vaccines in places of convenience, and providing services in Spanish

Some of these grants were the result of collaboration with the Minnesota Council on Foundations and the Minnesota Department of Health (MDH). [Learn more about the grants](#) (coming soon).

### MBH mental health telehealth visits increase during pandemic

## Telehealth visits reimbursed same as in-person visits since 2013

Medica members have greatly expanded their use of telehealth for mental health services during the pandemic—which has increased by more than 2,500% since March 2020. An analysis of mental health telehealth claims provide some insight to the effect of the pandemic: The top three conditions treated by telehealth were anxiety, depression and trauma (which includes diagnoses for post-traumatic stress disorder, acute stress disorder, adjustment disorder and reactive attachment). For those conditions, approximately 70% of claims were telehealth visits.

Medica has reimbursed mental health visits via telehealth at the same rate as in-person visits since 2013 and will continue to reimburse these visits—office and telehealth—at the same rate. Medica Behavioral Health (MBH), administered by Optum, handles the behavioral health network on behalf of Medica.

The MBH network of providers offering mental health care via telehealth has also increased more than sixfold since the pandemic began more than a year ago. A key factor in the network expansion was a fast-tracked onboarding process for providers who wanted to offer telehealth visits. MBH also worked with providers to quickly move visits to a virtual setting to minimize care interruptions.

### Annual notice:

## Provider appeals on behalf of Medica members

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

Medica members have the right to appoint representatives, such as their providers, to initiate member appeals. When an adverse medical necessity determination results in member liability, providers may initiate an appeal on behalf of a Medica member by calling the Medica Provider Service Center. At the request of the member or provider, the appeals staff will conduct a case review of previously denied services to ensure accurate review, and coverage of eligible services according to the member's benefit document. **See more details** in the Provider Administrative Manual.

### Annual notice:

## Member rights and responsibilities, for providers to know

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

Medica recognizes the importance of a three-way relationship among members, their providers and their health plan. Medica believes that educating members about their health care responsibilities is important because it helps members get the greatest benefit from their health plan. Medica outlines member rights and responsibilities for the Medica physician and provider community in order to improve the health of the members Medica serves.

As a reminder, information about member rights and responsibilities is posted online. Providers are encouraged to review and understand these details. **See more** in the Provider Administrative Manual.

### Annual notice:

## Medica reaffirms its policy regarding utilization management

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

Utilization management (UM) is a process Medica uses to evaluate health care services for appropriateness and efficacy. Medica UM decisions are based on national and local standards that support the provision of evidence-based care. All decisions also incorporate a member's benefits and Medica coverage policies. Medica does not specifically reward providers, practitioners, staff members or their supervisors who conduct utilization reviews on the behalf of Medica for issuing denials of coverage or service. It is important to note that UM decision-makers do not receive financial incentives from Medica as a means of encouraging them to make decisions that result in the underutilization of services. **See more online** about Medica's UM process as well as UM policies.



## Clinical News

**Effective July 19, 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 July 19, 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 July 19, 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 June 2021 for policies that will be changing effective August 16, 2021. These upcoming policy changes will be effective as of that August 2021 date unless otherwise noted.

**Effective August 1, 2021:**

### **Medica to implement star-based quality program for SNF providers**

Effective August 1, 2021, Medica will implement a new skilled nursing facility (SNF) quality program that will require

contracted SNFs in the Medica provider network to maintain a quality rating of three stars or higher in the Five-Star Quality Rating System reported annually by the Centers for Medicare and Medicaid Services (CMS). This CMS program is focused on quality ratings for providers who see Medicare patients.

A quality rating below three stars may result in Medica requesting that the SNF complete a Corrective Action Plan (CAP), due within 60 days. Each CAP would need to include specific action plans and timelines for the SNF to improve its quality rating. Medica staff dedicated to the Five-Star Quality program from CMS will be available to assist SNF providers as they implement changes needed to increase a star rating over time. Medica will review star ratings from CMS for SNFs on an annual basis in the months of May and June.

[Learn more from CMS about the Five-Star Quality program.](#)



## Pharmacy News

**Effective June 1, 2021:**

### Medica outlines upcoming changes to MHCP drug list

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

**As noted last month**, Medica will be making changes in coverage status to the 2021 Medica List of Covered Drugs for Minnesota Health Care Programs (MHCP) effective June 1, 2021. The changes to this formulary (member drug list) are now posted online: **See changes** to the MHCP drug list. These upcoming changes are determined by the Minnesota Department of Human Services (DHS), since Medica follows the DHS drug list.

("Summary of Changes" notifications for drug lists are available at Medica.com under For Providers, "Pharmacy," then respective member types under "Pharmacy Resources by Segment.")

**Effective July 1, 2021:**

### Medica outlines upcoming changes to commercial, IFB drug lists

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

**As noted last month**, Medica will be making changes in coverage status to its commercial and Individual and Family Business (IFB) member drug formularies (drug lists) effective July 1, 2021. The changes to these formularies are now posted online.

- **See changes** to the 2021 Medica Commercial Drug List.
- **See changes** to the 2021 Medica Preferred Drug Lists for IFB and NE Farm Bureau.

("Summary of Changes" notifications for drug lists are available at Medica.com under For Providers, "Pharmacy," then respective member types under "Pharmacy Resources by Segment.")

Effective August 1, 2021:

## Medica to add new UM policies for 3 new 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 August 1, 2021, 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
J3490	Amondys 45	casimersen
J3490	Nulibry	fosdenopterin
J9999	Pepaxto	melphalan flufenamide

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) and all Medica Advantage Solution<sup>®</sup> 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 August 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

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

[Review upcoming 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.](#)
- 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: Relying on reimbursement policies

Providers who have coding questions about a denied claim can find valuable details in [Medica's reimbursement policies](#). These policies can help confirm correct coding guidelines in order to allow payment, so make sure to consult them before sending in an appeal. Reimbursement policies provide payment methodology guidelines for medical and surgical services that are submitted for payment, and they often work in conjunction with other Medica policies such as coverage policies and drug management policies, as well as applicable participating provider contract, applicable fee schedules, Medica's Provider Administrative Manual and Medica's Credentialing Plan.

## Provider administrative training webinar for June

*(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 Medica network providers, at no charge.

## Training class topic

"All Things Medica for Iowa and Nebraska Providers"

Iowa and Nebraska network providers—especially those new to Medica—are invited to attend this comprehensive overview of working with Medica. "All Things Medica" will cover a broad range of topics, and allow providers to become more familiar with products, billing guidelines and resources from Medica. This extra-long webinar allows for an extended Q&A period.

## Class schedule

Topic	Date	Time
All Things Medica for Iowa and Nebraska Providers	June 23	2-3:30 p.m. CST

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 August 1, 2021:

# Medica to implement new reimbursement policy

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

Medica will soon adopt the reimbursement policy indicated below, effective with August 1, 2021, dates of service. Such policies define when specific services are reimbursable based on the reported codes.

## Observation

Effective August 1, 2021, Medica will adopt a new outpatient hospital Observation reimbursement policy, which will be applied during post-payment review of hospital claims. Policy requirements will vary by product:

Product	Policy
Commercial, Individual and Family Business (IFB)	<ul style="list-style-type: none"><li>• Observation services up to 48 hours will be considered for reimbursement. Charges for observation services beyond 48 hours will not be reimbursed.</li><li>• Observation services must meet or exceed 8 hours in order to be considered for reimbursement.</li></ul>
Minnesota Senior Care Plus (MSC+) and Special Needs BasicCare (SNBC)	<ul style="list-style-type: none"><li>• Medica will follow the Minnesota Department of Human Services (DHS) <a href="#">Observation Billing Policy</a>.</li></ul>

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)

- Medica will follow the Centers for Medicare and Medicaid Services (CMS): **Medicare Claims Processing Manual Chapter 4 – Part B Hospital, section 290.**

The Observation policy will apply to facility claims when the number of hours billed would have an impact on the “overall claim allowable” amount. This policy addresses outpatient hospital observation services, as billed on a UB-04 claim form or its electronic equivalent or its successor form. The new Medica policy will be available online or on hard copy:

- **View Medica’s reimbursement policies** as of August 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

**Effective August 1, 2021:**

## Medica to revise 2 reimbursement policies

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

Medica will soon update the reimbursement policies indicated below, effective on or after August 1, 2021, dates of service. Such policies define when specific services are reimbursable based on the reported codes.

### Multiple Procedure Reduction

Medica’s Multiple Procedure Reduction (MPR) reimbursement policy will be revised to further align with the Centers for Medicare and Medicaid Services (CMS) guidelines regarding the processing of physician claims. Medica will be transitioning from processing multiple procedures performed by the same physician or other qualified health care professional on the same date of service during the same patient encounter to the same group practice based on federal tax ID.

### Supply

Medica’s Supply reimbursement policy will also be revised to further align with CMS guidelines regarding anesthetic agents reported in an office place of service. Since local and topical anesthetics used in the office during a surgical procedure are considered an integral part of the procedure, they are not separately payable. A typical example is lidocaine used to numb an area for a surgical procedure or insertion of a catheter.

Both of these policies will continue to apply for all Medica members including Medicare Advantage members as they follow CMS guidelines with no deviations. These updated Medica policies will be available online or on hard copy:

- **View Medica’s reimbursement policies** as of August 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

**Reminder:**

## Providers should rely on Medica.com for most up-to-date forms

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

As a reminder, providers should make sure to use the latest forms posted on Medica.com. It’s tempting to save a file copy or photocopy a form, especially multi-page forms that take a long time to fill out with repetitive details, since that



can save time when it's data that doesn't change day to day.

However, Medica's forms for prior authorization, inpatient notification, referrals, appeals, etc., are reviewed and updated periodically. As a result, providers are discouraged from saving hard copies to reuse or saving a filled-out form file on an office computer. Old forms can include incorrect addresses or fax numbers, so using an outdated form could unwittingly cause delays for patients to receive needed care, due to the extra time it takes to reroute the information — or it could result in the exposure of patients' protected health information (PHI) to unintended recipients.

## 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 disclosure requirements for substance use disorder information	"Network Operation and Support Services" section, in "Mental Health/Substance Use Disorder Services" subsection	May 2021

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

### Do you receive Connections?

Sign up for regular updates, if you haven't already.

[Subscribe](#)

### Looking for past issues?

You can access the archive on our website.

[View archive](#)

### Leadership in Provider Support Areas

Lori Nelson, Senior Vice President of Provider Strategy and Network Management

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

Rob Geyer, Chief Operations Officer

Charlotte Hovet, MD, Senior Medical Director

John Piatkowski, MD, MBA, Senior Medical Director

### 'Medica Connections' editor

Hugh Curtler III, Corporate Communications

Phone: (952) 992-3354

Fax: (952) 992-3377

Email: [Hugh.Curtler@Medica.com](mailto:Hugh.Curtler@Medica.com)

SOCIAL



[Contact Us](#) | [Privacy](#) | [Terms of Use](#) | [Unsubscribe](#) | [Manage Preferences](#)

© 2021 Medica.

This email was sent by: **Medica**  
401 Carlson Pkwy Minnetonka, MN, 55305, USA

The address above is not for mailing records or claims.

*Medica Connections*<sup>®</sup> is a registered trademark of Medica Health Plans. All other marks are the property of their respective owners.