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GENERAL INFORMATION

Medica discontinues provider innovation awards

Recognizing that everyone in health care is facing financial challenges, Medica has been carefully evaluating how best to use its resources in support of communities and on behalf of Medica members. While difficult, Medica has decided to not offer its provider innovation awards this year, including the awards previously announced for 2014 aimed at unconventional care collaborations and integration.
Medica values the work of provider groups that develop innovative care programs to improve patient health and will continue supporting such programs whenever possible.

"I want to thank all those who have participated in our provider innovation awards in the past, or have been preparing to participate this year," said Mark Werner, MD, Medica senior vice president and chief clinical and innovation officer. "Our innovation awards have been a highlight for our provider network over the past six years, and we have enjoyed learning about these projects and rewarding the provider groups behind them. Our support for clinical innovation is unwavering and we will continue that journey in collaboration with our providers and community. To that end, we will be looking for other opportunities to support care innovations in our community going forward."

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**CLINICAL INFORMATION**

Due July 15, 2014:

**Quality complaint reports required by State of Minnesota**


*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 may send reports 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 further reporting details online](#), or
- Call the Medica Provider Service Center at 1-800-458-5512.
Effective August 1, 2014:

**Medical policies and clinical guidelines to be updated**

Medica will soon update one or more utilization management (UM) policies, coverage policies, Institute for Clinical Systems Improvement (ICSI) guidelines, and Medica clinical guidelines, as indicated below. These policies will be effective August 1, 2014, unless otherwise noted.

**Coverage Policies — Revised**

*These versions replace all previous versions.*

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biventricular Pacing (Cardiac Resynchronization Therapy) for Heart Failure</td>
</tr>
<tr>
<td>Methylenetetrahydrofolate Reductase (MTHFR) Gene Mutation Testing</td>
</tr>
<tr>
<td>Non-Invasive Measurement of Left Ventricular End Diastolic Pressure</td>
</tr>
<tr>
<td>Sensory and Auditory Integration Therapies (previously separate policies)</td>
</tr>
<tr>
<td>Urethral Bulking Agents for Urinary Incontinence</td>
</tr>
</tbody>
</table>

**Coverage Policies — Inactivated**

*These versions replace all previous versions.*

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Blood Pressure Monitoring</td>
</tr>
</tbody>
</table>

These documents will be available online or on hard copy:

- [View medical policies and clinical guidelines on medica.com](http://medica.com) as of August 1, 2014; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

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**PHARMACY INFORMATION**

Effective August 1, 2014

**Medica to modify oral oncology split-fill program**

Therapy initiation of oral oncology agents is often associated with an inability of the patient to tolerate treatment and change in drug regimen. Given that a patient may need to try multiple medications to find one that works for cancer treatment, Medica is updating its current specialty-drug split-fill program from a one-month program to a three-month program effective August 1, 2014. This should avoid medication waste, saving costs for patients as well as payers. This change will affect Medica
commercial, individual and family business (IFB), and Minnesota Health Care Programs (MHCP) members. However, Medica members currently enrolled in the one-month split-fill program will not be subject to this change.

The oral oncology drugs included in the split-fill program are Afinitor, Nexavar, Sprycel, Sutent, Tarceva, Targretin, Tasigna, Votrient, and Zolinza. An initial 14-day supply of a medication will be dispensed to the member. The specialty pharmacy will conduct periodic assessments (at 15 days, 30 days, etc.) to identify potential side effects and confirm adherence. Once it is determined that the patient is tolerating therapy, the remainder of the month's supply of medication will be shipped. The partial fill of a medication will continue for the initial 3 months of treatment. The member will pay 50 percent of a copayment on the first partial fill and then will pay the remaining 50 percent upon the completion fill. If side effects or problems are identified during an assessment, the medication would be held, thus preventing waste. If an adverse event is noted, the specialty team will respond according to established protocols and would contact the physician as necessary.

As a reminder, Medica specialty-drug vendors are Fairview Specialty Pharmacy and Walgreens Specialty Pharmacy.

The number of drugs and indications approved by the U.S. Food and Drug Administration (FDA) for oral oncology agents continues to grow. Nearly 20 percent of oncology patients are prescribed oral chemotherapy agents, and approximately 25 percent of oncology agents in development are oral formulations. Oral oncology agents are not without side effects and many oral oncology agents have the same or more severe side effects compared to injectable formulations.

Effective August 1, 2014

Changes to Medica Part D drug formulary

Medica posts changes to its Part D drug formularies on medica.com 60 days prior to the effective date of change. The latest lists 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 August 1, 2014. Medica also notifies affected Medica members in their Medicare Part D Explanation of Benefits (EOB) statements mailed out monthly.

Medica periodically makes changes to its Medicare Part D formularies: the Part D open formulary (3-tier + specialty tier) and the Part D closed formulary. View the latest Medicare Part D drug formulary changes.

The Medica Medicare Part D drug formularies are available online or on paper:
- View formularies on medica.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:

- Download a coverage determination form at medica.com.
- Call MedImpact at 1-800-788-2949.

**ADMINISTRATIVE INFORMATION**

**Provider College administrative topics for recent classes**

The Medica Provider College offers educational sessions on various administrative topics. The following classes have recently been presented by webinar for all Medica network providers, at no charge. A course guide for each is available for providers to reference.

- Coding/Reimbursement Tools and Resources
- DME Specialized Claims Training
- Home Health Care
- Life of a Claim
- Medica IFB Administrative Platform
- Medica Premium Designation Program (2012-2013)
- Medica Prime Solution Medicare Product in ND/SD
- Medicare Products
- Minnesota Health Care Programs
- Resources for Helping Yourself
- SelectCare/LaborCare Life of a Claim
- Skilled Nursing Facilities and Care Coordination

Class guides for these courses are available online at medica.com under "News and Training." Providers who have any questions may send an e-mail to providercollege@medica.com.

**Effective August 1, 2014:**

**Medica to make credentialing change for medical residents**

Medica currently credentials moonlighting residents who practice only in an urgent care or emergency room (ER) setting. Effective August 1, 2014, Medica will begin to credential moonlighting residents for
any other setting that requires credentialing. "General practice" will be the specialty assigned for moonlighting residents. Residents who complete their training may change their specialty on file with Medica by sending a Minnesota Uniform Change Form to Medica at DemographicChangeRequests@medica.com.

Providers who have any questions may contact the Medica Credentialing department at CredInfoRequest@medica.com.

Medica to implement reimbursement changes

Medica is moving forward on a number of reimbursement changes for practitioners and facilities in 2014 in order to enhance alignment with the Centers for Medicare and Medicaid Services (CMS) as well as local payers. Details of any changes, including effective dates, will be communicated in upcoming editions of Medica Connections.

- Hospital-based clinics: Medica will no longer reimburse facility charges for a hospital-based clinic visit, with certain exceptions. See more on this change below.
- For services incidental to hospital admission, Medica will consider outpatient hospital services provided on the same day of admission as included in the DRG payment for the inpatient stay.
- Present on admission (POA) indicators will be required on all inpatient hospital claims submitted. In alignment with CMS, exempt hospitals will not be required to provide the POA indicator.
- Denial of unbundled services on a facility itemized bill: Medica will use CMS billing guidelines pertaining to room and board and operative procedures during the high-dollar itemization audit process.

Effective August 1, 2014:

Medica to implement new reimbursement policy

Medica will soon implement a new reimbursement policy indicated below, effective with August 1, 2014, dates of service. Such policies define when specific services are reimbursable based on the reported codes.

Hospital-based clinics

Medica will be adopting a new policy to describe reimbursement for services provided in a hospital-based or "provider-based" clinic (as defined by the Centers for Medicare and Medicaid Services, or CMS). According to this policy, Medica will accept both the facility UB-04 claim form (or its electronic equivalent) and the professional CMS-1500 claim form (or equivalent) when submitted for services performed in a hospital-based clinic. However, Medica will not reimburse facility charges associated
with the 051x (clinic) revenue code. Charges submitted with the 051x revenue code will be denied as provider liability for all Medica commercial, individual and family business (IFB), and Minnesota Health Care Programs (MHCP) products. This policy will not apply to federally qualified health centers (FQHCs) or rural health clinics.

This new policy will be available online or on hard copy:

- View reimbursement policies at medica.com as of August 1, 2014; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Note: Medica enacted a related policy, which remains unchanged, for Medica Medicare members as of January 1, 2014. See "Medica to make benefit changes for hospital-based clinics" in the December 2013 edition of Medica Connections.

PPO INFORMATION

Latest UHC provider bulletin available online

UnitedHealthcare (UHC) has published the latest edition of its Network Bulletin (May 2014). Highlights that may be of interest to LaborCare® network providers include:

- Reminder about changes in advance notification and prior authorization requirements — effective in June 2014
- Multiple Procedure Policy revision — scheduled for third quarter 2014
- Radiology Multiple Imaging Reduction Policy revision with additional reduction for diagnostic services — scheduled for third quarter 2014
- New Ambulance Services Reimbursement Policy — scheduled for September 2014
- New policy addressing codes not intended for reimbursement to healthcare professionals — scheduled for September 2014

View the May 2014 UHC provider newsletter.

Latest Aetna provider bulletin available online

Aetna has published its latest edition of Aetna OfficeLink Updates™ (June 2014). Highlights that may be of interest for Medica SelectCareSM and Patient Choice Insights network providers include:
Clinical policy on osteoarthritis of the knee updated — now effective
- Daily and annual frequency limits on qualitative drug screens and quantitative drug assays — now effective
- Certain procedures and tests can only be performed once per lifetime — now effective
- DME rented for use in a facility place of service will not be paid — scheduled for September 2014

View the June 2014 Aetna provider newsletter.

Know of colleagues who should get this regularly? Have them sign up.

Medica Connections is published monthly by Medica and can be accessed online. View the Medica Connections archive.

Health and Network Management leadership at Medica:
- Mark Werner, MD, Senior Vice President and Chief Clinical and Innovation Officer
- Jana Johnson, Senior Vice President for Health and Provider Services
- Barbara Lynch, Vice President for Network Management
- Dan Trajano, MD, Vice President and Medical Director for Population Health
- Ted Loftness, MD, Vice President and Medical Director
- James Hartert, MD, Senior Medical Director for Health Management
- Thomas Becker, MD, Medical Director for Care Management and Reimbursement

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