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General News

Annual reminder:

Reviewing medical records for proper diagnosis codes Outreach coming soon for Medicare plan data validation

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

Each year, the Centers for Medicare and Medicaid Services (CMS) requires that health plans validate the diagnosis codes that are submitted for payment, through claims, by conducting a medical record review for documentation that supports these codes. Medica will soon begin conducting its annual Medicare chart review, which focuses on 2022 dates of service for Medica Advantage Solution[®], Medica AccessAbility Solution[®] Enhanced and Medica DUAL Solution[®] plan members. This effort, which will run through the fall, is administered for Medica by Optum and CiOX Health.

CiOX Health notifies provider offices when records are needed, providing a list of requested Medicare members' medical records as well as remote retrieval options that are available. Medica appreciates providers' prompt assistance with this annual project for CMS.

Annual reminder:

SNP ‘Model of Care’ training required for providers

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

As a reminder, each year providers who serve members enrolled in a Special Needs Plan (SNP) — such as Medica DUAL Solution® or Medica AccessAbility Solution® Enhanced — must take the provider Model of Care training. Providers can [find this training and attestation link on Medica.com](#).

This requirement is necessary for Medica to comply with requirements put in place by the Centers for Medicare & Medicaid Services (CMS). More details about this requirement are available [in the Medica Provider Administrative Manual](#).

Each provider organization should maintain documentation of each provider's completion of training (e.g., dated training attendance list, dated paper or electronic attestation, etc.) that can be provided upon request. One Model of Care training attestation can be completed on behalf of an organization, either by:

- Completing the attestation online using the [Provider Demographic-update Online Tool \(PDOT\)](#); or
- Completing the electronic attestation [here](#).

Medica wishes to thank providers for their participation in completing this training.

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 Medica's 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 Medica's 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.

Medica reaffirms support for medically necessary gender-affirming health care

(This applies to Medica direct-contracted providers in Minnesota.)

Based on a recent executive order in the State of Minnesota, Medica wishes to reaffirm to its network providers that they may bill for medically necessary gender-affirming health care services. "Gender-affirming health care services" means all medical, surgical, counseling or referral services, including telehealth services, that an individual may receive to support and affirm gender identity or gender expression and that are legal under the laws of the State of Minnesota. [See more on this topic in Medica's policy on Gender Affirmation Procedures.](#)



Clinical News

Effective July 17, 2023:

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 17, 2023, unless otherwise noted.

Monthly update notifications for Medica's UM policies, coverage policies and clinical guidelines are available on an ongoing basis. [Update notifications are posted on Medica.com](#) at least 60 days prior to their effective date. The medical policy update notification for changes effective July 17, 2023, 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.

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).

Note: The next policy update notification will be posted in June 2023 for policies that will be changing effective August 21, 2023. These upcoming policy changes will be effective as of that August 2023 date unless otherwise noted. The affected policies will then be available as noted above.



Effective July 1, 2023:

Medica outlines upcoming changes to commercial member drug formulary

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

As noted last month, Medica will be making several changes in coverage status to its commercial member drug formulary (drug list) effective July 1, 2023. The changes to this formulary are now posted online. [See the latest Summary of Changes](#) to the 2023 Medica Commercial 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 August 1, 2023:

Medica to add new UM policies for 2 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, 2023, dates of service. Medica implements such policies as soon as possible after conducting a clinical review of 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	Syfovre	pegcetacoplan
J9999	Zynyz	retifanlimab-dlwr

Member impact

These policies will apply to Medica commercial, Individual and Family Business (IFB), Minnesota Health Care Programs (MHCP) and Medica Health Plan SolutionsSM (MHPS) members and to Medica Medicare members in Medica DUAL Solution[®] (Minnesota Senior Health Options, or MSHO) and all Medica Advantage Solution[®] plans. They will *not* apply to Medica Prime Solution[®] (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 August 1, 2023:

Medica to add 5 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 August 1, 2023, 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	Adstiladrin	nadofaragene firadenovec-vncg
J3590	Hemgenix	etranacogene dezaparvovec-drlb
J3590	Lamzede	velmanase alfa-tycv
J3590	Leqembi	lecanemab-irmb
J9999	Lunsumio	mosunetuzumab-axgb

The new medical pharmacy drug UM policies above for Mayo Medical Plan members 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, 2023:

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, 2023. Medica also notifies affected Medica members in their Medicare Part D Explanation of Benefits (EOB) statements mailed out monthly.

As of June 1, [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: Micro-training on new Find Care search tool

The new Find Care tool announced last month provides a new, easy-to-use way to search for providers in each plan's network. To accommodate this change, Medica has developed a brand-new micro-training that walks through how to use the new tool. [See this new training](#). As a key feature, the search tool includes filters to refine a search, including by distance, by provider specialty, and whether the provider is accepting new patients.

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

"Claim Appeals, Adjustments and Record Submission"

Claim appeals and adjustments are important options to ensure proper claims payment. This training reviews the process for submitting appeals, adjustments and supporting documentation to Medica. It focuses on the different avenues for submission, and when each is appropriate; when appeals and adjustment requests are needed; where to find the necessary forms on Medica's website; tips for making sure that an appeal or adjustment request contains the information that supports the desired outcome in an accessible format; and the options available if providers disagree with a decision on an appeal or adjustment request.

Class schedule

Topic	Date	Time
Claim Appeals, Adjustments and Record Submission	June 15	Noon - 1 p.m. 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 class above.](#)

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