



NEWS FOR MEDICA NETWORK PROVIDERS

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General News

Annual notice:

Medica encourages its members to get flu vaccinations

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

Each year, Medica encourages its members to get seasonal influenza vaccinations, and will do so again by promoting them through direct member outreach and worksite flu-shot clinics this fall.

Vaccine priorities

According to the Centers for Disease Control and Prevention (CDC), annual influenza vaccination is recommended for everyone 6 months of age and older. Health care personnel should consult current influenza vaccine recommendations for guidance around the timing of administration and use of specific vaccines, using every opportunity during the influenza season to administer influenza vaccines to all eligible people, including:

- **Essential workers:** Health care personnel, including staff in post-acute and long-term care facilities, as well as pharmacy staff, and other critical infrastructure workforce
- **Those at high risk for influenza complications:** Including infants 6 months of age and older and young children less than 5 years of age, children with neurologic conditions, pregnant people, adults 65 years of age and older, and other people with certain underlying medical conditions

Pharmacist-administered vaccination

Medica members may be able to receive their flu vaccination through a Medica network pharmacy. Inquiries can be directed to a member's local pharmacy.

Billing for vaccinations

Clinics should use their regular billing methods for flu vaccinations. To ensure full coverage, Medica members must receive them from a Medica network provider. When submitting claims for flu vaccinations, providers should use

applicable codes of the International Classification of Diseases (ICD-10-CM), Common Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS). Medica will accept codes for reimbursement as outlined by the CDC.

More information

More details on the seasonal flu vaccine are available online:

- [Visit the CDC website.](#)
- [See Medicare flu resources.](#)
- In the event of a vaccine shortage, providers are encouraged to [refer to the CDC.](#)

Reminder:

Use electronic prior authorization option for easy submission

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

As previously published, Medica's recently added online option for submitting prior authorization requests is now available. Access this secure, time-saving tool on Medica's [secure provider portal](#).

Medica made this enhancement for medical prior authorizations, allowing requests to be made online. After entering high-level prior authorization information and attaching clinical documentation on electronic forms, providers are asked to select service-specific guidelines and document clinical indications to support the request. (Note: Providers will need to request that the primary administrator on their organization's account delegate access to this transaction.) Electronic prior authorizations are available for all Medica members. [See a short training](#) on this topic.

Tips for submitting requests through the portal

Here are several best practices for using the online option:

- Confirm that the procedure code requires prior authorization [on the Prior Authorization List](#) before submitting a request via the portal.
- Be patient when submitting prior authorization requests on the portal. After hitting submit, give the system time to process the request instead of clicking "Back" or "Refresh." This will help prevent duplicate submissions and delays.
- Wondering which electronic request form to use?
 - Inpatient Form: Only use for Skilled Nursing Facility (SNF), Long-Term Acute Care, Acute Rehabilitation and Swing Bed services.
 - Outpatient Form: Use for *all* other prior authorization requests, including procedures performed in an acute inpatient setting or if the member will be admitted after surgery.
- *Do not submit appeals* using the prior authorization transaction on the portal. If a claim is denied for lack of prior authorization, use the "Complete Adjustment or Appeal" electronic transaction or fax the [Claim Adjustment or Appeal Request Form](#) to the appropriate number.



Pharmacy News

Effective November 1, 2023:

Medica to add new UM policies for 5 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 November 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
J9999	Columvi	glofitamab-gxbm
J3590	Elevydis	delandistrogene moxeparvovec-rokl
J9999	Epkinly	epcoritamab-bysp
J3590	Vyjuvek	beremagene geperpavec-svdt
J3590	Vyvgart hytrulo	efgartigimod alfa; hyaluronidase-qvfc

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 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, unless noted below. 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 November 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective November 1, 2023:

Medica to add 1 new drug UM policy 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) policy for Mayo Medical Plan members. This change will be effective with November 1, 2023, dates of service. Prior authorization will be required for the corresponding medical pharmacy drug.

Medical pharmacy drug UM policies — New

Prior authorization will be required.

Drug code	Drug brand name	Drug generic name
J3590	Qalsody	tofersen

The new medical pharmacy drug UM policy above for Mayo Medical Plan members will be available online or on hard copy:

- [View drug management policies](#) as of November 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective September 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 September 1, 2023. Medica also notifies affected Medica members in their Medicare Part D Explanation of Benefits (EOB) statements mailed out monthly.

As of September 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: 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 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: 1 (800) 458-5512.

Provider administrative training webinar for September

(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

"Navigating Provider Resources"

This is a great overview for new providers or for providers who want a refresher on Medica's self-service options. Having quick and easy resources available is a great way to save time. Medica routinely updates resources available to its provider network. This training will walk providers through all self-service options, including resources on Medica.com. It will focus on setting up and navigating electronic transactions through Medica's secure provider portal; verifying if utilization management and reimbursement policies apply to services being billed; and claim-processing details along with next steps, such as appeals or adjustments.

Class schedule

Topic	Date	Time
Navigating Provider Resources	Sept. 14	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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