

#### **NEWS FOR MEDICA NETWORK PROVIDERS**

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## **General News**

# Medica's ACO plans show promising results on quality, cost of care

One of the ways Medica adds value in the communities it serves is through several ACO partnerships. Together, ACO providers and Medica are helping deliver better health, better care and lower costs. Placing greater emphasis on value in health care is proving successful for everyone who touches the health care system. The approach of these ACO partnerships continues to drive important improvements in how payers and care providers work together in support of patient care.

In this brochure highlighting Medica's ACO value story, see the achievements of Medica's ACO partnerships—improved clinical outcomes, cost savings, consumer experience and quality of care. ACO plan offerings continue to be a differentiator for Medica and a point of pride for their successful outcomes.



"We're pleased to share this news with our provider network," said John Mach, MD, chief medical officer at Medica. "Our ACO plan results speak volumes, and we couldn't be happier with our provider partnerships. We want to thank our ACO providers for their ongoing collaboration that makes our ACO plans such a success."

# Service area, partners expanded for Medica 'PartnerCare' I-SNP plan

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

For 2021, Medica and Genevive have expanded Medica Advantage Solution<sup>®</sup> PartnerCare, an Institutional Special Needs plan (HMO-I-SNP), adding 10 care partners to its provider network and five Minnesota counties to the service area. Eligible seniors living in 140 long-term care and assisted living communities can now select this Medicare Advantage I-SNP option for health coverage if they need or expect to need the level of services provided in a long-term care facility for 90 days or longer.

The five new counties added this year are:

- Benton
- Chisago
- Morrison
- Scott
- Stearns

Anoka, Dakota, Hennepin, Isanti, Ramsey, Washington and Wright counties were already in the PartnerCare plan's service area.

The 10 new partner organizations added this year are:

- Assumption Community
- Charitable Trust
- Ecumen
- Good Shepherd Community
- Lyngblomsten
- St. Francis Health Services
- St. Otto's Care Center
- Shakopee Friendship Manor
- Sholom Home
- Sterling Park

These providers join existing providers Benedictine Health System, Cassia an Augustana/ELIM affiliation, Catholic Eldercare, Episcopal Homes of Minnesota, Goodman Group, North Cities Health Care Inc., Presbyterian Homes & Services, St. Anthony Health & Rehabilitation, Saint Therese, Volunteers of America and Walker Methodist.

Medica's PartnerCare plan was introduced in 2020, initially offered through a collaboration with Genevive and 10 of the largest senior care organizations in the region.

#### See more plan details.

Genevive provides primary care and care coordination services for seniors in long-term care, transitional care and home settings. Formerly Geriatric Services of Minnesota, Genevive is co-owned by Allina Health and Presbyterian Homes & Services, with a staff of physicians, nurse practitioners, nurses and social workers who serve seniors throughout Minnesota.

## **Clinical News**

### Effective June 21, 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 June 21, 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 June 21, 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 May 2021 for policies that will be changing effective July 19, 2021. These upcoming policy changes will be effective as of that July 2021 date unless otherwise noted.

# **Pharmacy News**

#### Effective June 1, 2021:

# Medica tentatively plans to update MHCP member drug list

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

Medica expects to make upcoming changes in coverage status to the 2021 Medica List of Covered Drugs for Minnesota Health Care Programs (MHCP), effective June 1, 2021. Any such changes are determined by the Minnesota Department of Human Services (DHS) since Medica follows the DHS drug list. As with all Minnesota managed care organizations (MCOs) that follow the DHS drug list for MHCP patients, DHS provides Medica with advance notice of changes to the drug list, which Medica posts as soon as possible to Medica.com.

The Medica MHCP drug list applies to the following products: Medica Choice Care SM (for Minnesota Senior Care Plus program, or MSC+), Medica AccessAbility Solution® (for Special Needs Basic Care program, or SNBC) and both Medica DUAL Solution® (for Minnesota Senior Health Options program, or MSHO) and Medica AccessAbility Solution Enhanced, for non-Part D drugs. Any changes will *not* apply to Medica Medicare Part D drug formularies.

(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 plans to update commercial, IFB member formularies

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

Medica is reviewing several medications and will be making changes in coverage status to drug formularies (drug lists) effective July 1, 2021. These upcoming changes will apply to the following drug formularies:

- 2021 Medica Commercial Drug List
- 2021 Medica Preferred Drug Lists for Individual and Family Business (IFB) and NE Farm Bureau

(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 to add new UM policies for 4 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 July 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
J9999	Breyanzi	lisocbtagene maraleucel
J3490	Cosela	trilaciclib
J3590	Evkeeza	evinacumab-dgnb
J9198	Infugem	gemcitabine

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 July 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

#### Effective July 1, 2021

## Medica to add 2 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 July 1, 2021, 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	Breyanzi	lisocbtagene maraleucel
J3490	Oxlumo	lumasiran

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 July 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

## Effective July 1, 2021:

# Medica to add 3 new drug exclusions for Mayo Medical Plan

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

Medica will soon implement the following changes to drug exclusions specifically for Mayo Medical Plan members, effective with July 1, 2021, dates of service. This list of professionally administered drugs that are excluded from coverage applies only to Mayo Medical Plan (for Mayo Clinic employees).

#### Medical pharmacy drugs — Exclusions for Mayo Medical Plan

Drug code	Drug brand name	Drug generic name
J0598	Cinryze	c-1 esterase inhibitor (human)

J1290	Kalbitor	ecallantide
J0596	Ruconest	c-1 esterase inhibitor (recombinant)

The updated list of these drug exclusions for Mayo Medical Plan members will be available online or on hard copy:

- View the drug exclusion list as of July 1; or
- Call the Medica Provider Literature Request Line for printed copies of documents

#### Effective May 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 May 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.

## **Network News**

## Effective July 1, 2021:

# Medica to make quarterly update to Medicare fee schedules

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

Beginning with July 1, 2021, dates of service, Medica will implement the quarterly update to its Medicare fee schedules for applicable Medica products. This fee schedule change will implement updates from the Centers for Medicare and Medicaid Services (CMS) and have an impact on the following provider types: home infusion therapy, home health care and public health agency providers, as well as physicians.

This fee schedule update incorporates CMS relative value units (RVUs) and conversion factor as well as various Medicare non-RVU fee maximums (such as labs, injections, immunizations, etc.). In addition, Medica will update its Medicare fee schedules with rates for codes without a fee maximum established. Overall reimbursement for providers will depend on specialty and mix of services provided.

Details on Medicare changes to drug fees, which typically see the greatest impact from these quarterly CMS updates, are available online from CMS. Providers who have further questions may contact their Medica contract manager.

### Effective July 1, 2021:

# Medica to make quarterly update to reference lab fee schedule

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

Effective with July 1, 2021, dates of service, or as soon thereafter as the CMS quarterly reference lab fee schedule updates are publicly available, Medica will implement the next quarterly update to its standard reference lab fee schedule, for all Medica products. This quarterly update will reflect any applicable Centers for Medicare and Medicaid Services (CMS) reference lab code or fee schedule updates that are effective July 1, 2021. The reimbursement impact of this CMS quarterly update will vary based on mix of services provided.

Details on Medicare changes to lab fees **are available online from CMS**. Providers who have further questions may contact their Medica contract manager.

# Fourth-quarter PCR checks to be mailed in May 2021

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

By the end of May 2021, Medica plans to mail to eligible providers the physician contingency reserve (PCR) payment for the fourth quarter of 2020. This represents a 100-percent return of the fourth-quarter 2020 PCR withhold, plus interest, for the Medica Prime Solution<sup>®</sup> (Medicare Cost) product. Checks will cover PCR withheld for claims with dates of service of October 1, 2020, through December 31, 2020, and dates paid of October 1, 2020, through March 31, 2021.

# **Administrative News**



#### Self-service resources:

## Featured this month: Secure online transactions

Providers who sign up for Medica's electronic transactions through the secure portal on Medica.com have access to many online functions. Providers can check patient eligibility and benefits; enroll to receive electronic payments and statements; verify claim status; look up fee schedules; submit inpatient admission notifications; and more! To learn about these functions, consult the **Electronic Transactions FAQ** and **User Guide**. Or, if already registered, **log in and use Electronic Transactions** today. (To find out whether an account is active and being managed for a provider organization, providers can call Medica's Provider Service Center at 1-800-458-5512.)

# Provider administrative training topic featured for May

(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 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 appropriate; 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.

Take this provider training.

# **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

For the current version, providers may view the Medica Provider Administrative Manual online.

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## **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 Nichole White, RPh, MBA, Senior Vice President of Health Services Charlotte Hovet, MD, Senior Medical Director John Piatkowski, MD, MBA, Senior Medical Director

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