



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 member newsletters and worksite flu-shot clinics this fall. The U.S. Centers for Disease Control and Prevention (CDC) emphasizes that as the COVID-19 pandemic continues, reducing the overall burden of respiratory illnesses is important to protect vulnerable populations at risk for severe illness, the health care system, and other critical infrastructure.

Flu vaccines and COVID-19 vaccines can be given at the same time. All influenza vaccines produced for the 2022-2023 flu season will be quadrivalent, to protect against four different flu viruses.

Vaccine priorities

According to the 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 increased risk for severe illness from COVID-19:** Including adults 65 years of age and older, residents in post-acute and long-term care facilities, and people of all ages with certain underlying medical conditions (in addition, severe illness from COVID-19 disproportionately affects members of certain racial and ethnic minority groups)
- **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

See more from the CDC on seasonal flu and on **immunizations during the COVID-19 pandemic**.

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.](#)



Clinical News

Effective October 17, 2022:

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 October 17, 2022, 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 October, 2022, 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 September 2022 for policies that will be changing effective November 21, 2022. These upcoming policy changes will be effective as of that November 2022 date unless otherwise noted. The affected policies will then be available as noted above.



Pharmacy News

Effective October 1, 2022:

Medica tentatively plans to update MHCP member drug list

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

Medica expects to make upcoming changes in coverage status to the 2022 Medica List of Covered Drugs for Minnesota Health Care Programs (MHCP), effective October 1, 2022. 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 CareSM (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 October 24, 2022:

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 October 24, 2022, 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. The drugs will be subject to pre-payment claims edit policies as well.

Medical pharmacy drug UM policies — New

Prior authorization will be required.

Drug code	Drug brand name	Drug generic name
J3490	Amvuttra	vutrisiran
J9047	Kyprolis	carfilzomib
J0897	Prolia/Xgeva	denosumab
J3590	Skyrizi	risankizumab-rzaa

Member impact

For all of the above policies other than Prolia/Xgeva: 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.

For Prolia/Xgeva: This new policy will apply *only* to Medica Medicare members in Medica DUAL Solution and Medica Advantage Solution plans.

The new medical pharmacy drug UM policies above will be available online or on hard copy:

- [View drug management policies](#) as of October 24; or
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective September 1, 2022:

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, 2022. Medica also notifies affected Medica members in their Medicare Part D Explanation of Benefits (EOB) statements mailed out monthly.

As of September 1, 2022, [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: Medicare billing-error guide

Medica has a new billing guide on Medicare payment errors. This resource walks providers through what they will see if Medicare was billed in error for Medica Prime Solution[®] (Medicare Cost) claims and what next steps providers should take to resolve any issues and receive a correct payment — including details on claim denial codes and adjustments, as well as overpayments and refunds. [See the Medicare Paid in](#)

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

"Setup and Billing for Elderly Waiver and Housing Stabilization Providers"

Elderly waiver (EW) and housing stabilization providers serve an important function in the care of Medica members. Since working with a health plan can offer a variety of challenges, this training will walk providers through requirements as well as tools and services available to assist them, including tips for billing. This class will also focus on: an overview of housing stabilization benefits; getting set up as an EW or housing stabilization provider; role of the care coordinator and role of Medica's Provider Service Center; how to obtain an authorization; the claims submission process; and what to do if a claim is not processed as expected.

Class schedule

Topic	Date	Time
Setup and Billing for Elderly Waiver and Housing Stabilization Providers	Sept. 15	11:30 a.m.-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.](#)

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 Qualified Health Plan Services Addendum required under the Affordable Care Act (ACA) Program Integrity Rule for providers who provide health care or administrative services to members covered by Qualified Health Plans.	"Supplementary Contracting and Regulatory Requirements" section, in "Qualified Health Plan (QHP) Requirements" subsection (found here)	August 2022

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

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