Medica.

Provider News

January 2, 2024

New year, healthier habits

The start of a new year is a great time to tout our wide range of wellness programs and services to improve the overall health of our communities and support you, the providers and support teams, caring for members enrolled in Medica benefit plans. We encourage you to become familiar with our <u>health and wellness offerings</u> and promote them to your patients, when appropriate. Plus, please feel free to share the tips at the end of this newsletter on how to make exercise more fun.

And, although challenging, try to take time for yourself too. Happy new year!

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Processes and resources for new payer ID 41822

With the start of the new year, our new payer ID 41822 is effective for Individual and Family Business (IFB) plans for dates of service on and after Jan. 1, 2024. Payer ID 39113 will continue to apply for IFB services prior to 2024 and other plans. To assist providers in accessing the correct resources and processes applicable to the payer ID, date of service,

and product/plan for their patients, we've reorganized our <u>Provider communications web page</u>.

Visit our page to see:

- <u>Medica Provider Just in Time</u> – preparational checklist and "how to" steps for a variety of processes timely to the start of 2024.
- Medica Advantage Quick Reference – for providers contracted to deliver care to Medica Advantage (formerly WellFirst Health) members in Illinois and Missouri for plan year 2024.
- Medica (formerly WellFirst Health) Provider Quick Reference by Payer ID – identifies resources and processes with the addition of payer ID 41822.
- How to submit IFB authorizations for 2024 dates of service – interim steps to submit authorizations while the Availity Essentials authorization is being activated.
- Provider Communications – links to articles and communications released throughout 2023 to help providers prepare for these changes.

Did you receive a 2024 Plan and Benefit Changes notification?

To keep in-network providers informed of changes that may affect their patients, we annually compile an informational packet summarizing some key plan and benefit changes for the upcoming year.

Be sure you read the <u>2024 Plan and Benefit Changes</u> featuring information about our new Individual and Family Business (IFB) member ID cards, 2024 Medicare Advantage plan highlights, pharmacy benefits for commercial plans, and more.

Health Equity and Medica

Health equity means that every person has the opportunity to be as healthy as possible. Medica recognizes that addressing health inequities and promoting cultural awareness are key for delivering a diverse and inclusive experience for members. In support of this, we invite providers and their support teams to visit our <u>Cultural Awareness & Health Equity web page</u> featuring the Cultural Awareness Training Series and free telephonic Language Line for language assistance/interpreter services.

Cultural awareness training series
Viewers can watch modules at their convenience and refer back as often as they wish. Each module reflects timely topics and patient populations.

- Module 1: Introduction to Cultural Competency and Humility
- Module 2: Introduction to Refugee Communities
- Module 3: Introduction to LGBT Populations
- Module 4: Organizational Cultural Competence

Each module lists clear learning objectives. Viewers can watch modules at their convenience and refer back as often as they wish.

Language Line bridges provider and patient communications
To address diverse language needs and enable important communications between providers and patients, Medica offers a free, telephonic Language Line for language

assistance/interpreter services. This service is available 24/7 to in-network providers who need to interact with Medica members who have limited English language proficiency. Medica providers may request language assistance by calling 844-526-1386.

Magellan refreshes its website for medical pharmacy guidelines

Magellan Rx Management has updated its website that includes the Health Plan's medical pharmacy guidelines. See Magellan's home page for our medical pharmacy guidelines. From this page, providers can access our medical pharmacy drug policies as well as related prior authorization forms, hemophilia program details, and Site of Service program information.

Providers should use this new Magellan website link going forward, replacing any internal links to ensure quick access to our guidelines and programs related to medical pharmacy medications.

Notification necessary for provider demographic changes

Please don't forget to update NPPES information too!

Medica is committed to ensuring that our provider directories are accurate and current for the members who rely on this information to find in-network providers for their care. Additionally, Centers for Medicare & Medicaid Services (CMS) and other regulatory and accreditation entities require us to have and maintain current information in our provider directories.

To help accomplish this, providers must notify their designated Medica Provider Network Consultant of any updates to their information on-file with us as soon as they are aware of the change.

On a quarterly basis, outreach is provided by our vendor BetterDoctor requesting providers to validate that their information on-file with us is current and accurate. Information regarding a provider's ability to provide services via telehealth are part of these attestations. Providers should not wait for these reminders to update their information with the Health Plan.

As our provider directories accommodate additional information for our in-network providers and additional requirements in the future, please review your directory information regularly at medica.com/find-a-doctor to verify it reflects current and accurate information for you and your organization. Report any updates for the following to your Provider Network Consultant:

- Ability to accept new patients
- Practice location address
- Location phone number
- Provider specialty
- Languages spoken by provider
- Provider terminations
- Other changes that affect publicly posted provider accessibility and demographics information. This includes, but is not limited to:
  - Practice location's handicap accessibility status
  - Hospital affiliation
  - Provider specialty

- Languages spoken by office staff
- Provider website URL

Providers are also encouraged to review and update their National Plan and Provider Enumeration System (NPPES) information when they have changes. NPPES provides information such as name, specialty, address, and telephone number for virtually every provider in the country in a machine-readable format. NPPES data serves as a valuable resource to improve provider directory reliability and accuracy.

Accessibility of services standards

It is important for Medica network providers to understand the Accessibility of Services standards. Medica is committed to ensuring that members using the provider network for their care have appropriate appointment accessibility.

The Accessibility of Services standards for members pertain to services provided by primary care, specialty care, and behavioral health care clinic locations and can be found under the Quality Improvement section of the Medica Provider Manual.

Mission of the Provider News

Medica publishes a monthly Provider News to facilitate communication between Medica and our network of contracted providers. A standing section of this e-newsletter is the Medical Policy Committee Updates which features recent medical and drug policy revisions, new policies, and formulary updates. In addition, each newsletter contains timely information relevant to our in-network providers.

The goals of Provider News are to:

- Educate providers on new or changed guidelines that may affect the care of Medica members.
- Introduce new services, initiatives, or programs that benefit our members and may affect providers.
- Create an extension of the Provider Manual to share information that is needed by the provider network.

Go to our Provider News web page to access current and past newsletters.

Medical Policy Committee updates

Highlights of recent policy revisions, new policies, and formulary updates approved by the Health Plan's Medical Policy Committee, as well as information on how to locate policies and criteria are published as part of our newsletter, linked below.

See Provider News Policy Notice, Jan. 1, 2024

Drug policies
Drug policies are applicable to all Health Plan products, unless directly specified within the policy. **NOTE: All changes to the policies may not be reflected in the written highlights**

in our Provider News Policy Notice. We encourage all prescribers to review the current policies.

Medical policies
In addition to our medical policies, all other clinical guidelines used by the Health Services Division, such as MCG (formerly known as Milliman) and the American Society of Addiction Medicine, are accessible to the provider upon request. To request the clinical guidelines, contact the Health Services Division at 800-356-7344, ext. 4012.

Coverage of any medical intervention in a medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate and applicable state and/or federal laws. A verbal request for a prior authorization does not guarantee approval of the prior authorization or the services. After a prior authorization request has been reviewed in the Health Services Division, the requesting provider and member are notified. Note that prior authorization through the Health Services Division is required for some treatments or procedures.

Prior authorization requirements for self-funded plans (also called ASO plans) may vary. Please refer to the member's Summary Plan Document or call the Customer Care Center number found on the member's card for specific prior authorization requirements.

We contract with NIA Magellan for authorization of physical and occupational therapy, high-end radiology services, and musculoskeletal services. A link to the NIA Magellan portal is available on our Account Login page. Providers can contact NIA by phone at 866-307-9729 Monday-Friday from 7 a.m. to 7 p.m. CST or by email at RadMDSupport@MagellanHealth.com.

Make exercise more fun

Do workouts seem like, well work? Add some fun! Here are four ways to do that (and maybe help you exercise more often).

JOIN A TEAM

One reason for pickleball's enormous popularity? It's a social activity. If you're on a team, you're more likely to show up. Friendly competition and conversation also make exercise more of a game and less of a chore.

GET OUTSIDE

Hiking, biking, skiing, and walking are great ways to get out of the house and closer to your health goals. Plus, sunshine, fresh air, and time spent in green spaces are all proven mood-boosters.

MOVE LIKE A KID

Get back to the activities you loved as a child — biking, swimming, skating, and the like. Really want to bring out your inner kid? Hit the swings at a nearby park.

PUT IT TO MUSIC

Does a quiet walk seem like a drag? Put in your earbuds and pick up the pace with some tunes. Numerous studies have found direct links between fast-paced music and athletic performance.

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