

July 1, 2024



Your monthly Medica Provider News

In this edition:

- Training available for MSK, cardiology, and radiology authorizations under new program
• Coming soon - attachments and provider location lookup in Availity Essentials
• New star-based quality program for SNF providers
• Are you calling the right number?
• Health equity and Medica
• Accessibility of services standards
• Notify us of changes to your provider information
• Medical Policy Committee updates

Training available for MSK, cardiology, and radiology authorizations under new program

As previously announced, we'll soon partner with Carelon for prior authorization on select musculoskeletal (MSK), cardiology, and radiology services. Carelon, a utilization management (UM) program third-party vendor, will support the provider submission and medical necessity review process for related authorizations.

Register for a provider training so you become familiar with the Carelon website and the new prior authorization process. See the upcoming Carelon training dates below - open to all in-network providers.

Table with 4 columns: Service type/topic, Date, Time (CT), Registration

Radiology/Cardiology (full training)	Aug. 13	2 – 3 p.m.	<a href="#">Click to register.</a>
Radiology/Cardiology (full training)	Aug. 15	2 – 3 p.m.	<a href="#">Click to register.</a>
MSK (full training)	Aug. 19	2 – 3 p.m.	<a href="#">Click to register.</a>
MSK (full training)	Aug. 21	2 – 3 p.m.	<a href="#">Click to register.</a>
MSK (Q&A only)	Sept. 9	2 – 3 p.m.	<a href="#">Click to register.</a>
Radiology/Cardiology (Q&A only)	Sept. 10	2 – 3 p.m.	<a href="#">Click to register.</a>

To learn more, visit [Carelon.com](https://www.carelon.com) or see [clinical guidelines](#) available from Carelon.

## Coming soon - new functions in Availity Essentials

We'll be activating additional prior authorization functionality in the Availity Essentials provider portal for plan types under payer ID 41822.

Coming soon, you'll be able to electronically attach supporting clinical documentation through Essentials. This new function will allow you to submit timely documentation with your authorization requests. We're also enhancing the provider location lookup function in Essentials so that you'll be able to search by National Provider Identifier (NPI), then select the servicing provider's address. This enhanced functionality will enable more concise search results.

Details on how to navigate these new features will be available in the future in the [Availity Learning Center](#) (from your secure Essentials account).

## New star-based quality program for SNF providers

Effective Oct. 1, 2024, upon re-credentialing for currently contracted skilled nursing facilities (SNFs), we'll implement a new SNF quality program. Contracted SNFs in the Medica provider network will be required to maintain a quality rating of three stars (or higher) in the Five-Star Quality Rating System reported annually by the Centers for

Medicare and Medicaid Services (CMS). This CMS program is focused on quality ratings for providers who see Medicare patients.

A quality rating of one-star will result in additional review by Medica, and a possible request for the SNF to complete a Corrective Action Plan (CAP), due within 60 days. Each CAP needs to include specific action plans and timelines for the SNF to improve its quality rating. A quality rating of two stars may incur additional review by the health plan as well. Medica staff dedicated to the Five-Star Quality program from CMS will be available to help SNF providers as they implement changes needed to increase a star rating.

## Are you calling the right number?

Please make sure you're calling the correct phone number when you need to contact Provider Customer Care. Phone numbers may vary by payer ID, benefit plan, or even date of service (DOS) as we move benefit plans to our new business platforms under payer ID 41822. Refer to the member's ID card to identify which phone number to call. It'll save time and help you get the help you need.

- Medica Individual + Family Business [IFB]/Affordable Care Act [ACA] plans for *DOS on and after Jan. 1, 2024*: **1 (800) 458-5512**
  - Medica IFB/ACA plans for DOS before Jan. 1, 2024: **1 (866) 514-4194**
- Medica Advantage plans for *all DOS*: **1 (877) 301-3326**
- Medica SSM Health Employee Health Plan for all DOS: **1 (877) 274-4693**
- Medica Employee Health Plan for all DOS: **1 (833) 942-2159**

**Save yourself a call!** Use online self-service resources at [Central.Medica.com](https://Central.Medica.com) and [MO-Central.Medica.com](https://MO-Central.Medica.com) for 24/7 access.

## 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 [Cultural Awareness & Health Equity web page](#) 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, we offer a free, telephonic Language Line for language assistance/interpreter services. This service is available 24/7 to Medica in-network providers who need to interact with Medica members who have limited English language proficiency. You can request language assistance by calling **844-526-1386**.

## **Accessibility of services standards**

It's 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.

## **Notify us of changes to your provider information**

We're committed to ensuring that our provider directories are accurate and current for the members who rely on this information to find in-network 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.

Review your directory information regularly at [central.medica.com/Find-A-Doctor](https://central.medica.com/Find-A-Doctor) and [mo-central.medica.com/Find-A-Doctor](https://mo-central.medica.com/Find-A-Doctor) to verify it reflects current and accurate information for you and your organization. Notify the Provider Network Consultant team of any updates to your information on-file with us, including changes to any of the following:

Practitioner Data Elements	Location Data Elements
Practitioner Name	Location Name
Degree/Title	Address
Specialty	Phone Number
Ability to Accept New Patients	Handicap Accessible
Board Certification	Website URL
Gender	Accepted Plan Types at Location
Language(s) Spoken by Practitioner	Language(s) Spoken at Location
Telehealth Available <ul style="list-style-type: none"> <li>○ Telehealth Optional / Telehealth Only</li> <li>○ Modalities (chat, phone &amp; video)</li> <li>○ 3<sup>rd</sup> Party Caregiver</li> </ul>	Handicap Accessible
Language(s) Spoken by Practitioner	Services
Participating Hospital Affiliation(s)	
Practice Locations	

Also notify us of terminations for individual practitioners, clinics, facilities, and any other locations under your organization. Terminations need to be communicated in writing to the Provider Network Consultant team with as much advance notice as possible.

Our vendor BetterDoctor performs quarterly outreach to confirm our on-file information for you is correct. However, please don't wait for these reminders to update your information.

#### **National Plan and Provider Enumeration System (NPPES) information**

We also encourage you to review and update your National Plan and Provider Enumeration System (NPPES) information and keep it updated. NPPES provides information such as name, specialty, address, and phone number for virtually every provider in the country in a machine-readable format and serves as an important resource for provider information.

## **Medical Policy Committee updates**

Highlights of recent medical and drug 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, July 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 National Imaging Associates (NIA) (also referred to as Magellan Healthcare) for authorization of **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, 7 a.m. - 7 p.m. CT, Monday – Friday, or by email at [RadMDSupport@MagellanHealth.com](mailto:RadMDSupport@MagellanHealth.com).



[Contact Us](#) | [Privacy](#) | [Terms of Use](#) | [Unsubscribe](#) | [Manage Preferences](#)

© 2024 Medica.

This email was sent by: **Medica**  
401 Carlson Pkwy Minnetonka, MN, 55305, USA