Provider News

December 1, 2023

Your monthly Medica (formerly WellFirst Health) Provider News!

The new year is right around the corner as we get ready to move Individual and Family (IFB) plans to our new, long-term business platforms, effective for dates of service on and after Jan. 1, 2024. Go to our Provider News and Provider Communications pages to refer back to the articles and communications we have released throughout the year to help providers prepare for these changes.

In this edition:

Join a live webinar featuring the new provider portal

Join us for a live preview of Availity Essentials, our new provider portal for Individual and Family Business (IFB) plans for dates of service on and after Jan. 1, 2024.

We're offering live webinars in early December on Eligibility and Benefits, Claims, and Authorizations portal functions for our health plans within the Medica family which includes Dean Health Plan, Prevea360 Health Plan, and Medica (formerly WellFirst Health). Each session is hosted by Availity and health plan experts who can guide you through the tools you need to successfully navigate the new provider portal.

Overview webinar dates and times:

- For Dean Health Plan: Dec. 11, 2 to 3 p.m. CT
- For Prevea360 Health Plan: Dec. 4, 11 a.m. to 12 p.m. CT
- For Medica (formerly WellFirst Health): Dec. 6, 1 to 2 p.m. CT

Sessions will be recorded and available online. Additional training will be offered later in December and January.

For more information about the portal, creating an account, and training opportunities, go to availity.com/medica-health-plans.

Remember, Availity Essentials will only be for IFB business initially, identified by payer ID 41822. You must retain your Dean Health Plan, Prevea360 Health Plan, or Medica (formerly WellFirst Health) Provider Portal account for all other lines of business under payer ID 39113.

Missed our Availity announcements? See our Fall 2023 and November 2023 Provider News editions.

New electronic data interchange Gateway

As our new electronic data interchange (EDI) clearinghouse, Availity will facilitate the transfer of electronic HIPAA transactions exchanged between us and providers under new payer ID 41822 for Individual and Family Business (IFB) plans for dates of service on and after Jan. 1, 2024. See our HIPAA transactions web page for EDI setup information for payer ID 41822.

Remember, the current EDI transactions under our existing payer ID 39113 will continue to be used for all non-IFB plans.

Do you work with a clearinghouse for your current transactions? Check with your clearinghouse to see if you have connectivity with Availity.

Be ready to receive 2024 IFB payments

Your organization should have received a letter from our vendor InstaMed with instructions on how to register for free electronic funds transfer (EFT). We've contracted with InstaMed to manage payment services under our new payer ID 41822 which will be effective for Individual and Family Business (IFB) plans for dates of service on and after Jan. 1, 2024. InstaMed services will include provider remittance advices, paper and electronic Explanations of Payments (EOPs), electronic funds transfer (EFT), and paper checks.

Remember, current payment services for our existing payer ID 39113 will remain for all other business.

If you have questions about the letter or registration, please contact InstaMed at connect@instamed.com.

Upcoming WellFirst Health to Medica changes

As we continue to update our provider resources and systems to reflect the WellFirst Health to Medica name change, here's a few changes that will occur in December.

New email for Provider Network Consultant Team
Effective immediately the Provider Network Consultant (PNC) group email, ProviderRelations@wellfirstbenefits.com, has changed to

ProviderRelations@medica.com. This is an email for in-network providers to contact the Medica (formerly WellFirst Health) PNC Team with in-depth inquiries that can't be address using our self-service resources or customer care center.

To facilitate a smooth transition, emails sent to the "wellfirstbenefits.com" address will be automatically forwarded for a period of time. However, we strongly encourage using the new "medica.com" address now when contacting the PNC Team.

Emails from the PNC Team will also be from ProviderRelations@medica.com, so be sure to check your spam and/or add the new email address to your preferences, depending on your email platform, to ensure you receive responses from us.

Rebranded WellFirst Health Provider Portal
As a reminder, the WellFirst Health Provider Portal will be rebranded as Medica. This is planned for December. This is a name change only. Continue to use the provider portal as you do today **except** for Medica Individual and Family (IFB) plans with dates of service on and after Jan. 1, 2024, which must go through the Availity Essentials provider portal.

Diagnosis and follow-up care for substance use disorders

After a patient is diagnosed with a substance use disorder (SUD) in the primary care setting, it's crucial to ensure that the patient receives treatment with a behavioral health provider. Treatment, including medication assisted-treatment, in conjunction with counseling or other behavioral therapies, has been shown to reduce substance-associated morbidity and mortality.

Here's some additional considerations to keep in mind:

- When a primary care provider makes a new diagnosis of SUD, they should schedule a follow-up visit with that patient within two weeks. Two additional visits within a month of the first follow-up visit are also recommended, preferably with a behavioral health provider. Telehealth visits are encouraged.
- If a patient does not want a referral to a behavioral health provider, ongoing follow-up visits with the primary care provider are recommended.
- Claims for follow-up visits with a primary care provider or behavioral health provider should document the same diagnosis as the initial diagnosis.
- Ensure an SUD diagnosis code submitted on the claim accurately reflects the use and severity documented in the medical record (e.g., for a patient who reports binge drinking occasionally but whose overall use pattern is not concerning, use code F10.90 [alcohol use, uncomplicated] instead of code F10.10 [alcohol abuse, uncomplicated]).
- Please be aware that an SUD diagnosis code, such as F11.20 (opioid dependence), should not be reported on claims for patients who are "dependent" on pain medications, but not considered to have an SUD. Instead, these claims should include code Z79.891 (long-term current use of opiate analgesic), which indicates that the patient is using long-term medication for pain but does not denote the presence of an SUD.
- If a patient has a history of abuse or dependence that is not currently active, please remember to use a '1' at the end of the diagnosis code to denote that the condition is in remission (example: F10.21, alcohol dependence, in remission).

Race and ethnicity during provider recredentialing

As part of our National Committee on Quality Assurance (NCQA) accreditation, Medica (formerly WellFirst) follows credentialing and recredentialing processes to select and maintain a high-quality provider network.

We recognize that addressing health inequities and promoting cultural awareness are key for delivering a diverse and inclusive experience for members. As such, we are deeply committed to Health Equity and the CLAS standards.

Understanding the race, ethnicity, and language demographics of our provider network is an important part of our ability to support our members. While race and ethnicity fields are optional fields in the recredentialing process, please consider providing this information so that we can better connect members to practitioners that meet their cultural needs and preferences. For more information about Health Equity, visit our Cultural Awareness & Health Equity web page.

Explore biosimilars

A biosimilar is a biological product that is highly similar to, and has no clinically meaningful differences from, a biologic product already approved by the U.S. Food and Drug Administration (FDA). Biosimilars increase treatment options for patients, create further competition in the marketplace, and contribute to significant cost reductions for both health systems and members. Biosimilars are safe and effective treatment options for illnesses such as psoriasis, ulcerative colitis, or rheumatoid arthritis.

Numerous biosimilars have come to market recently for the reference product Humira. These biosimilar products differ in concentration, citrate content, needle size, and interchangeability status. Biosimilars have no clinically meaningful difference in safety, purity, or potency compared to the reference product.

Our Commercial and Individual and Family Business (IFB) formularies cover the following biosimilars, alongside Humira:

- adalimumab-bwwd (Hadlima)
- adalimumab-adaz (low WAC Hyrimoz)
- adalimumab-fkjp (low WAC Hulio)

Consider investigating the use of these biosimilars for your patients. These products, in addition to Humira, offer copay assistance programs (for $0 member cost share, depending on a member's benefit coverage) and/or a transition program that offers a health care debit card to help defray member costs.

See our Medicare Advantage article below for Part D information regarding Humira biosimilars.

Medicare Advantage - 2024 Benefits for Medica Advantage Plans with drug coverage

This article highlights new benefits for members enrolled in our Medicare Advantage plans with drug (Part D) coverage for 2024. Additionally, see the "2024 Medicare Advantage Plans Preview" article on page 6 of the Fall 2023 WellFirst Health Plan Provider News for more updates.

Maintenance drug savings
Medica Advantage members with Part D coverage can save money by filling prescriptions through our preferred retail pharmacy network or mail order pharmacy.

Effective Jan. 1, 2024, Medica Advantage members will be eligible for:

- $0 copay for Tier 1 drugs for 30-, 60-, or 100-days supply when obtained from a preferred retail pharmacy.
- $0 copay for Tier 1 and Tier 2 drugs with 90-day or 100- day supplies when obtained through the Costco Mail Order Pharmacy Program.

Members don't have to be a Costco member to sign up for the mail order program. Refer to the mail order information on our website for more information about how a member can get their prescriptions through the mail order program, including a link to the online or paper enrollment form. Members can call Costco's customer care help line at 877- 232-7566 (TTY:711) for assistance.

100-day refill cycle
For 2024, we will continue to focus on helping Medica Advantage members with Part D coverage stay on track with refilling their maintenance medications and help promote their medication adherence. Members will be able to receive a 100-day supply of their maintenance medications when filled through a pharmacy or mail order for Tiers 1, 2, 3, and 4 drugs. This means they will be able to get more medication at the same cost as a 90-day prescription and save one copay per year. Narcotics and Specialty medications are excluded.

To start a patient toward realizing these savings, providers should write a new prescription that specifies a 100-day supply instead of a 90-day supply (e.g., Lisinopril 5 mg 1 qd #100 days with 3 refills) and send to the patient's pharmacy.

COVID vaccinations

- Members can receive a COVID Vaccination at $0 cost share when administered either at the doctor's office or at an in-network pharmacy.
- Member cost share for Paxlovid will continue to be waived until the emergency use authorization supply is depleted. At that time, the drug will be placed on Tier 3 or $42 copay for a preferred pharmacy treatment.

Medical injectable drugs
For all Medicare Advantage Part B drugs that require prior authorization:

- Use the Medical Injectable form.
- Reviews and authorization determinations will be based on either National coverage Determination(NCD)/Local Coverage Determination (LCD) or U.S. Food and Drug Administration (FDA) indication and clinical guidance for medical necessity.

Inflation Reduction Act 2024
Effective Jan. 1. 2024, in compliance with the Inflation Reduction Act (IRA), members who reach the catastrophic phase will no longer be charged the 5% coinsurance requirement. The catastrophic threshold will be set at $8,000. This amount includes what Part D

enrollees spend out of pocket plus the value of the manufacturer price discount on brands in the coverage gap phase.

As a reminder, members with formulary insulins for Part D and Part B will pay $30 per month supply when obtained through our preferred pharmacies and $35 per month supply when obtained through a non-preferred pharmacy. In 2024, Medica Advantage members will have a lower cost share without Part D deductibles or impacts within their coverage gap.

Additionally, we're continuing our $0 Part B vaccines (Influenzas, Pneumococcal) OR Part D vaccines (Shingles, TDAP or others listed on the drug formulary) when administered either at the doctor's office or at an in-network pharmacy. We don't restrict where a member can receive their vaccines.

2024 formulary updates
Effective Jan. 1, 2024, expanded coverage of medication in lowering drugs from higher levels to our Tier 1 formulary tier will occur in the following drug categories:

- Antidementia agents
- Anticonvulsants
- Psychotherapeutic and neurological agents
- Selective serotonin reuptake inhibitors

Humira biosimilars
We've evaluated all the biosimilars that have come to market recently for the reference product Humira. Effective Jan.1, 2024, our Medicare Advantage plans will cover both Hadlima (adalimumab-bwwd) biosimilars, alongside Humira on the formulary.

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, Dec. 1, 2023

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.

Medica

Contact Us

Privacy Policy

Missouri individual and family policies underwritten by Medica Central Insurance Company.
Medica Central Insurance Company | PO BOX 56099, Madison, WI 53705-9399

Illinois individual and family policies and Missouri and Illinois Medicare Advantage policies are offered by Medica Central Health Plan.
Medica Central Health Plan | PO BOX 56099, Madison, WI 53705-9399