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November 2008

Medica Announces Recipients of ‘Raising the Bar’ Innovation Award for 2008

To reward excellence in cutting-edge care delivery, Medica launched a new innovation award in 2008. Medica is now pleased to announce the winners and finalists for this “Raising the Bar: Rewarding Care Delivery Innovation” award.

Winners

	<p>Access Psychiatric Home Health established an in-home nursing program for mental health patients to ensure proper drug compliance.</p>
	<p>SMDC Health System committed to outreach for conducting well-child immunizations across 14 clinics.</p>
	<p>WestHealth developed a comprehensive quality improvement process redesign for its outpatient clinic staff.</p>
	<p>Western Wisconsin Medical Associates used a whole-patient approach to focus on providing both preventive care and chronic-care services at all clinics.</p>

(Continued on page 2)

- Medica’s Provider Service Center is available toll-free at 1-800-458-5512.
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(*'Raising the Bar' Innovation Awards, cont.*)

Finalists

 <p>ALLINA MEDICAL CLINIC <i>Allina Hospitals & Clinics</i></p>	<p>Allina Medical Clinic implemented a comprehensive chronic-care model to redesign the way its clinic staff works using a patient-centered team approach, making patient visits more effective.</p>
	<p>Cedar Riverside People's Center reconfigured its clinic flow to be more patient-centered, improve administrative efficiencies, and optimize patient-support functions.</p>
 <p>MARSHFIELD CLINIC <i>Don't just live. Shine.</i></p>	<p>Marshfield Clinic enhanced its care management process for patients with high cholesterol.</p>
 <p>ST. PAUL HEART CLINIC</p>	<p>St. Paul Heart Clinic improved an Emergency Department process for patient cardiac care.</p>

Award winners received \$25,000 and an award plaque to recognize their achievement. Finalists also received a plaque.

With its “Raising the Bar” innovation award, Medica seeks to recognize the work of provider groups — from single-site practices to healthcare systems — that are undergoing unique changes to improve patient care and have proven results, through measures of clinical outcomes or effectiveness, for example. As Medica has adjusted its pay-for-performance programs to align more with other community initiatives, this award will similarly recognize the provider community’s work in defining healthcare excellence.

The award highlights programs outside the standard care paradigm through which provider groups have established a commitment to integrating a change model. Providers demonstrate how they are leading the way in improving quality of care and setting up systems and processes to sustain it.

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Medica Foundation Announces Provider Recipients of First-Round 2008 Grants

The Medica Foundation has concluded its first round of grant-making in 2008, awarding program grants totaling \$613,908 to 20 nonprofit agencies. Program grants were awarded to several provider groups and healthcare foundations:

- Catholic Charities of St. Paul & Minneapolis – for a pediatric integrated-care project at St. Joseph’s Home for Children’s Community Health Clinic
- MeritCare Health System (Fargo, N.D.) – to implement the “We Can!” (Ways to Enhance Children’s Activity & Nutrition) program in Roosevelt Elementary and Ben Franklin Middle Schools in Fargo, N.D.
- Minneapolis Heart Institute Foundation – for the “Girls and Moms on the Move” program targeting girls, ages eight to 12 years of age, and their moms, encouraging them to engage in joint activities that support the development of a positive body image
- Open Cities Health Center (St. Paul) – for an African American social worker and Southeast Asian mental health worker to create and implement an integrated behavioral health care model
- Park Nicollet Foundation (St. Louis Park) – for an after-school program focused on healthy lifestyles targeted to youth residing in the Meadowbrook neighborhood in St. Louis Park
- Regents of the University of Minnesota (Minneapolis) – for a development and feasibility study of using a community health worker in a multi-agency collaborative model to link Latino families to mental health services
- RESOURCE, Inc. (Minneapolis) – for the “Spectrum Intensive Treatment Team” providing coordinated mental health services for young adults
- YWCA of Minneapolis – for the “Strong Fast Fit Youth” program serving Latino and Native American youth and their families

This cycle of grant-making focused on two priorities: “Behavioral Health: Filling the Gaps” and “Healthy Living.” The foundation also awarded 18 general community grants totaling \$108,790 in the first half of 2008.

Information on the Medica Foundation’s 2009 funding priorities and grant application periods will be available on March 1, 2009. Details about grant recipients, funding opportunities, giving guidelines and application deadlines are available online at www.medica.com in the “[Medica Foundation](#)” section.

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Medica Helps to Develop New Statewide Collaborative Credentialing Tool *Electronic 'ApplySmart' Process to Save Practitioners Time*

Medica, as part of the Minnesota Credentialing Collaborative, is pleased to announce the implementation of the "ApplySmart" Web-based credentialing application process, which will be available to providers in the coming months. Medica has been instrumental in the planning and development of this new community-wide, collaborative credentialing effort, which enables healthcare practitioners and clinics to electronically submit credentialing applications.

A centralized clearinghouse for credentialing information, ApplySmart will streamline and simplify the application process for practitioners when they complete and submit credentialing applications, through an easy-to-use online tool to prepare, save and send credentialing applications that are accepted by health plans and hospitals. This project does *not* involve decisions regarding credentials or privileges and does *not* provide primary source-verification of any information.

The Minnesota Credentialing Collaborative involves hospitals, clinics and health plans. It was created by the Minnesota Medical Association (MMA), the Minnesota Hospital Association (MHA) and the Minnesota Council of Health Plans (MCHP). It is also supported by the Minnesota Medical Group Management Association (MMGMA). The collaborative and the ApplySmart project were born out of a Credentialing Improvement Survey conducted by the Minnesota Medical Association in 2006.

Benefits for both submitters and recipients

By using ApplySmart, practitioners and clinics:

- Spend less time on credentialing/privileging work
- Only need to complete the Minnesota Uniform Credentialing Application once
- Have an easy and secure way to submit credentialing applications electronically to one or more health plans and hospitals
- Reduce the time it takes to create a completed, acceptable application
- Store data so future applications can use existing information rather than starting from scratch.

Health plans and hospitals receiving the new electronic credentialing applications will find they can:

- Ensure that applications are complete on the first submission
- Decrease the amount of staff time needed in some organizations to type information from paper forms into the organization's system
- Decrease the amount of staff time needed to track down missing information
- Enable their systems to receive information electronically, to prepare for future capabilities.

Further details

Providers interested in this new credentialing tool may visit <http://www.mncred.org/> for more details, including fees for use of ApplySmart. Providers may also contact Program Manager Tracey Torgersen at tracey@mncred.org or (612) 360-9793.

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Provider Offices Should Find it Easy to Get News From Medica

All it takes is a few clicks of the keyboard and mouse. For all the latest news from Medica, network providers are encouraged to sign up for e-mail distribution lists for Provider Alerts and the monthly *Medica Connections*[®] provider newsletter. Those who haven't already done so should be sure to sign up for these news bulletins from Medica as well as Medica Provider College notifications for training and e-learning opportunities. Providers can also encourage their colleagues to sign up for these Medica e-mail notices.

These electronic notifications are an important resource for providers. *Medica Connections* is the primary means by which Medica gives providers advance notice of changes to its administrative requirements, an essential component of provider contracts with Medica. Medica Provider Alerts urgently notify the provider network of coding, reimbursement, and other issues, while Medica Provider College notifications keep providers informed of training and e-learning opportunities.

To get “looped in” with Medica news, providers can simply go to the 30-second [sign-up form online](#) (available through the Medica Provider College). Providers just enter their e-mail address and select “Subscribe.” It's also a good idea to update information for these lists — to add or remove e-mails when necessary to keep this list as current as possible. To remove one, subscribers just enter their details including their old e-mail address, then select “Unsubscribe.”

'Find A Doctor' Tool to be Enhanced With More Provider Details

In response to member feedback and through a continuous effort to provide quality resources for members to get the information they need quickly and easily, Medica is making several changes to its “Find A Doctor” search tool online. The upgrade will offer:

- More options to search for providers
- The ability to perform side-by-side comparisons of doctors
- More drill-down information on a clinic and its affiliates
- Enhanced Google mapping technology with the ability to view pharmacy, clinic, and hospital locations all on one map
- An updated look with more intuitive, icon-based navigation
- A new left-hand menu to easily refresh results

Changes are planned for late October 2008. “[Find A Doctor](#)” is available through the [www.medica.com](#) home page.

Note: These changes to the member tool will *not* have an impact on the secure “Provider Search” tool in the “Providers” section of [www.medica.com](#), available through “Electronic Transactions.”

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Reminder:**Coverage to Change for Immune Globulin Therapy**

As a reminder, the following benefit determination is effective beginning with November 1, 2008, dates of service. It applies to all Medica products including government products unless these products or Medicare or Medicaid requires different coverage.

As of November 1, immune globulin therapy (intravenous and subcutaneous) *will be covered* for the following indications:

1. Immunologic indications
 - A. Treatment of primary immune deficiency disorders, including but not limited to, X-linked agammaglobulinemia, Severe Combined Immunodeficiency (SCID), Common Variable Immunodeficiency Disorder (CVID), Wiskott-Aldrich syndrome and DiGeorge syndrome.
 - B. Treatment of secondary or acquired immune deficiency disorders associated with hematologic malignancies.
 - C. Treatment of secondary or acquired immune deficiency disorders associated with immunosuppressive regimens required by solid organ and bone marrow/stem cell transplantation.
2. Neurologic indications
 - A. Chronic inflammatory demyelinating polyneuritis (CIDP)
 - B. Myasthenia gravis
 - C. Guillain-Barre syndrome (GBS)
 - D. Multifocal Motor Neuropathy (MMN)
 - E. Lambert-Eaton Myasthenic syndrome (LEMS)
3. Rheumatologic indications
 - A. Kawasaki Disease
 - B. Dermatomyositis
 - C. Polymyositis
4. Infectious disease indications
 - A. Prevention of infection associated with HIV
5. Hematologic indications
 - A. Chronic B-cell lymphocytic leukemia
 - B. Acute and chronic idiopathic and immune mediated thrombocytopenia purpura (ITP), including thrombocytopenia associated with Evan's syndrome
 - C. Hemolytic disease of the newborn (HDN)
6. Dermatologic indications
 - A. Pemphigus (autoimmune mucocutaneous blistering diseases)
7. Miscellaneous indications
 - A. Prevention of infection and acute graft versus host disease (GVHD) in bone marrow/stem cell transplant recipients
 - B. Prevention and treatment of rejection in kidney transplant recipients

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(Immune Globulin Therapy, cont.)

Immune globulin therapy is considered investigative and therefore will not be covered as of November 1 for the following indications:

1. All other neurologic indications, including but not limited to:
 - A. Multiple sclerosis
 - B. Cerebellar ataxia
 - C. Intractable epilepsy
 - D. Paraproteinemic demyelinating neuropathies
 - E. Stiff person syndrome
2. All other rheumatologic indications, including but not limited to:
 - A. Inclusion body myositis (IBM)
 - B. Adult and juvenile rheumatoid arthritis (RA)
 - C. Antiphospholipid syndrome (APS)
 - D. Systemic lupus erythematosus (SLE)
 - E. Systemic vasculitis
 - F. Systemic scleroderma
3. All other infectious disease indications, including but not limited to:
 - A. Clostridium difficile infections
 - B. Encephalomyelitis
 - C. Sepsis in adults and neonates
 - D. Toxic shock syndrome
 - E. Cystic fibrosis
4. All other hematologic indications, including but not limited to:
 - A. Autoimmune hemolytic anemia
 - B. Pure red cell aplasia
 - C. Hemolytic uremic syndrome
5. All other dermatologic indications, including but not limited to:
 - A. Stevens-Johnson syndrome
 - B. Toxic epidermal necrolysis
6. All other miscellaneous indications, including but not limited to:
 - A. Chronic fatigue syndrome
 - B. Asthma
 - C. Crohn's disease
 - D. Recurrent spontaneous pregnancy loss
 - E. Prevention and treatment of rejection in solid organ transplants other than kidney

More details about this benefit determination were included in the [September 2008 edition of *Medica Connections*](#) (pages 6-7). **Note:** The wording in the above list of indications has been revised for clarification since the publication of the September 2008 edition of *Medica Connections*.

As of November 1, 2008, the complete text of the coverage policy that applies to this determination will be available at www.medica.com in the "Providers" section, under "Clinical and Quality Resources," then "Medical Policies," under the "[Coverage Policies](#)" heading.

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- Provider information may be accessed at www.medica.com in the "Providers" section.

Medical Policies and Clinical Guidelines Updated

Medica will soon update one or more utilization management (UM) policies, coverage policies, Institute for Clinical Systems Improvement (ICSI) guidelines, and/or Medica clinical guidelines, as indicated below. These policies will be effective December 1, 2008, unless otherwise noted.

As of December 1, these documents may be downloaded at www.medica.com in the “Providers” section, under “Clinical & Quality Resources,” then “[Medical Policies](#).” For printed copies of documents, providers may call the Medica Provider Literature Request Line.

Coverage Policy – New

Name
Immune Globulin Therapy (Intravenous & Subcutaneous) (<i>effective 11/1/08</i>)

UM Policies – Revised

These versions replace all previous versions.

Name	Policy Number
Extended Hours Home Care (Skilled Nursing Services) for Patients with Medically Complex or Medically Fragile Conditions	III-HOM.01
Home Health Care	III-HOM.02
Inpatient (Hospital) Level of Care	III-INP.01
Personal Care Assistant	III-HOM.03
Real-Time Continuous Glucose Monitoring Systems	III-DEV.16
Recombinant Coagulation Factor VIIa (NovoSeven [®]) Therapy	III-DRU.05
Skilled Nursing Facility	III-INP.03

ICSI Guideline – Revised

This guideline is available by visiting www.medica.com in the “Providers” section.

Name
Routine Prenatal Care (<i>released August 2008</i>)

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- Provider information may be accessed at www.medica.com in the “Providers” section.

Effective October 1, 2008:

Medica Formulary Update

Medica has reviewed the following products, for which the Medica formulary status is listed below, effective October 1, 2008, unless otherwise noted. These changes do *not* apply to Medica's Medicare Part D formulary.

generic name (Brand name), dosage form	Medica formulary status	Current formulary alternatives	Restrictions and Comments	Approved therapeutic indications
certolizumab (Cimzia®), injection	Add to formulary	Humira®	Effective October 1, 2008; specialty drug to obtain from Walgreens	Treatment of Crohn's disease
rilonacept (Arcalyst®), injection	Add to formulary	None	Effective October 1, 2008; specialty drug to obtain from Accredo	Treatment of Cryopyrin-Associated Periodic Syndromes (CAPS)
peginterferon alfa 2b (PegIntron®), injection	Remove from formulary	Pegasys®	Effective January 1, 2009. Members with claims history in the most recent 120 days prior to January 1, 2009, will be allowed to complete treatment through 48 weeks.	Treatment of Hepatitis C
fexofenadine, fexofenadine/PSE (Allegra, Allegra-D, Allegra ODT), tablets, capsules, suspension	Remove from formulary	loratadine OTC loratadine-D OTC	Effective January 1, 2009. All forms, generic and brand, will be non-formulary as of January 1, 2009. No grandfathering of members will occur.	Treatment of symptoms related to perennial and seasonal rhinitis
cyanocobalamin (Calomist®), nasal spray	Remain non-formulary	cyanocobalamin, injection	None	Maintenance of vitamin B12 concentrations following normalization with vitamin B12 injections
diclofenac (Flector®), topical patch	Remain non-formulary	naproxen ibuprofen meloxicam diclofenac	None	Topical treatment of acute pain because of minor strains, sprains, and contusions
nebivolol (Bystolic®), tablets	Remain non-formulary	atenolol metoprolol metoprolol XL carvedilol	None	Treatment of hypertension

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(Formulary Update, cont.)

generic name (Brand name), dosage form	Medica formulary status	Current formulary alternatives	Restrictions and Comments	Approved therapeutic indications
estradiol (Evamist [®]), transdermal spray	Remain non-formulary	estradiol tablets estradiol patches Divigel [®] Premarin [®]	None	Estrogen replacement
brimonidine/timolol (Combigan [®]), ophthalmic drops	Remain non-formulary	timololbrimonidine-levobunolol Travatan [®] Travatan Z [®] Xalatan [®] Cosopt [®] Alphagan P [®] Azopt [®] Trusopt [®]	None	Treatment of elevated intraocular pressure
levonorgestrel/ethinyl estradiol (Lybrel [®]), tablets	Remain non-formulary	generic oral monophasic contraceptives	None	Oral contraceptive
bismuth subcitrate/metronidazole/tetracycline (Pylera [®])	Remain non-formulary	Prevpac [®]	None	Treatment of H. pylori in combination with a proton pump inhibitor
Simvastatin/niacin (Simcor [®]), tablets	Remain non-formulary	simvastatin pravastatin lovastatin Crestor [®] Vytorin [®] Zetia [®] Niaspan [®]	None	Treatment of hyperlipidemia
tretinoin gel 0.05% (Atralin [®]), topical gel	Remain non-formulary	tretinoin gel tretinoin cream Differin [®]	None	Treatment of acne

Medica's drug formulary is available at www.medica.com in the "Providers" section under "[Pharmacy](#)." To request a printed copy, providers may call Medica's Provider Literature Request Line.

Medication request forms

A medication request form (MRF) should be used when requesting a formulary exception. Such forms are available on www.medica.com in the "Providers" section under "[Pharmacy](#)" or by calling MedImpact at 1-800-788-2949. 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.

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Second-Quarter 2008 PCR Checks to be Mailed in October 2008

By the end of October 2008, Medica plans to mail to eligible providers the physician contingency reserve (PCR) payment for the second quarter of 2008 for fully insured products. This represents a 100-percent return of the second-quarter 2008 PCR withhold, plus interest. Checks will cover PCR withheld for claims with dates of service of April 1, 2008, through June 30, 2008, and dates paid of April 1, 2008, through September 30, 2008.

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Medicare Diagnosis Verification Process to Include Notifications Regarding Chronically Ill Patients

In the coming months, providers may receive notifications about follow-up checkups regarding chronic care for any patients who are Medica Medicare members and who are possibly overdue for such a checkup. These notifications, which target Medica Advantage SolutionSM (i.e., private fee-for-service plan) members, will be mailed directly to physicians overseeing affected patients as well as the patients involved.

This notification component is part of Medica's Medicare diagnosis-review process and is designed to identify patients who have continued to receive chronic-care services but were not re-diagnosed for their chronic condition within the calendar year. During October through December 2008, Medica and MedAssurant (which conducts the chart reviews on Medica's behalf) will be working together to identify these patients and encourage them to seek continued care for their chronic conditions, as necessary. This part of the overall Medicare diagnosis-review process does *not* include chart reviews, but instead focuses on patient and provider notifications.

Medica is contracted with the Centers for Medicare and Medicaid Services (CMS) to offer coverage plans to Medicare beneficiaries. CMS requires Medicare plans to submit and validate diagnosis codes that are used to assess illness severity, and these are provided by physicians and other healthcare professionals. Chronic conditions must be coded by qualified practitioners during each calendar year.

Provider College Sets Administrative Training Topics for November 2008

The Medica Provider College offers educational sessions on various administrative topics throughout Medica's service area. The following educational sessions are available for all Medica network providers.



Training session topics

“Medica State Government Products” (session code: Gov)

This training is designed for providers who need in-depth information on Medica state government products — Medica Choice CareSM and Medica MinnesotaCare. Medica will walk providers through various designs and administrative components and will assist providers in identifying the various requirements of these products.

“Medica's Medicare Products” (session code: MC)

This course will provide information on Medica Medicare products including Medica Prime Solution[®], Medica Advantage SolutionSM, Medica DUAL Solution[®], Medica Complete SolutionSM, Medica AccessAbility SolutionSM, and Medica Select Solution[®]. Topics will include the various product designs and structures, provider networks, referrals, and prior authorization requirements. The course will assist providers in identification of a patient's product and any requirements associated with it.

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- Provider information may be accessed at www.medica.com in the “Providers” section.

Administrative/Operational Information

(Training Topics, cont.)

“Home Health Specialized Training” (session code: HH)

This course covers topics such as billing requirements, specific codes to bill for home healthcare services when billed by a home health care provider vs. a public health provider, and how elderly waiver services for the MSHO product are billed by a participating home health care provider. The course is specifically for participating home health care and public health providers who provide home healthcare services.

Session schedule

Class code	Topic	Date offered	Time	Site	Phone number for directions
Gov-O	Medica State Government Products	Nov. 6	8-10 am	Hilton Garden Inn 420 Inwood Ave. Oakdale, MN 55128	(651) 735-4100
MC-O	Medica Medicare Products	Nov. 6	10 am-noon		
HH-O	Home Health Specialized Training	Nov. 6	1-3 pm		
Gov-M	Medica State Government Products	Nov. 13	8-10 am	Medica offices 401 Carlson Parkway Minnetonka, MN 55305	(952) 992-2900
MC-M	Medica Medicare Products	Nov. 13	10 am-noon		
HH-M	Home Health Specialized Training	Nov. 13	1-3 pm		
Gov-St	Medica State Government Products	Nov. 18	8-10 am	Radisson Hotel 404 W. St. Germain St. St. Cloud, MN 56301	(320) 654-1661
MC-St	Medica Medicare Products	Nov. 18	10 am-noon		
HH-St	Home Health Specialized Training	Nov. 18	1-3 pm		

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. Check-in for each class will begin 15 minutes prior to the start time.

Providers may pass along this invitation to others within their organization as well. Space is limited, so providers should sign up as soon as possible.

Registration

The registration deadline for all classes is one week prior to the class date. To register for the sessions listed, providers may:

- register online at www.medica.com in the “Providers” section under “Events and Training” (or through the link <http://provider.medica.com/C13/ProviderCollege/default.aspx>);
- send an e-mail to providercollege@medica.com with the same details as listed on the registration form;
- fill out a registration form and fax it back to Medica at 952-992-3270; or
- call Medica at 952-992-2290 and include the same details as listed on the registration form.

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Administrative/Operational Information

(Training Topics, cont.)



Medica Provider College Registration Form

PLEASE PRINT CLEARLY

Yes, the following providers will be attending a Provider College training session.

Facility/clinic name: _____

Contact person's name: _____ Phone No.: _____

Address _____

City, State, Zip _____

E-mail: _____ Fax: _____

(Include for receipt confirmation)

Registrant name	Class code(s)			
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

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Medica to Implement FY2009 DRG Changes

(Update to “Medica Claims System Update to Include 2009 MS-DRG Changes” article in the October 2008 edition of *Medica Connections*®, on page 14.)

The Centers for Medicare and Medicaid Services (CMS) published the fiscal-year (FY) 2009 Medicare Severity (MS) Diagnosis-Related Group (DRG) changes in the August 19, 2008, edition of the *Federal Register*. The final rule for the FY 2009 inpatient prospective payment system can be accessed through the following link: <http://www.cms.hhs.gov/AcuteInpatientPPS/downloads/CMS-1390-F.pdf>.

Medica’s claims will be processed in accordance with the FY 2009 DRG changes for discharges on or after October 1, 2008, to be consistent with CMS.

Note: *No action is required by providers.* Providers will *not* need to submit claim adjustments as a result of the FY 2009 DRG updates. These claims will be processed once Medica’s claims system has been updated with 2009 DRG changes, effective November 17, 2008.

Providers who have any questions about this are encouraged to discuss it with their contract manager.

- Medica’s Provider Service Center is available toll-free at 1-800-458-5512.
- Provider materials may be requested through Medica’s Provider Literature Request Line at 952-992-2355 or toll-free at 1-800-458-5512, option 1, then option 5, ext. 2-2355, for those calling from outside the Twin Cities metro area.
- Provider information may be accessed at www.medica.com in the “Providers” section.

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Resource Box		
Provider Service Center	Responds to questions from Medica providers.	1-800-458-5512
SelectCare Provider Service	Part of Medica's Provider Service Center. Responds to questions from SelectCare and LaborCare providers.	952-992-2500 or 1-800-858-9060
Provider Literature Request Line	Ordering provider directories, provider communications, referral forms, formularies, administrative manuals, chart stickers, adjustment request forms, late claim appeal forms, practitioner change forms and other <i>printed</i> materials.	952-992-2355 or 1-800-458-5512, option 1, then option 5, ext. 2-2355
Medica Web site	Medica's Web site contains important resources such as electronic transactions, the Medica formulary, the Medica Provider Administrative Manual, the SelectCare and LaborCare Provider Administrative Manual, medical policies, clinical guidelines, credentialing information, and <i>Medica Connections</i> [®] bulletins.	www.medica.com in the "Providers" section
Fraud Hotline	Confidential phone line to report suspected fraud.	952-992-2237 or 1-800-821-1331
Overpaid claims	For issues related to overpaid claims and/or accounts, such as multiple payments or excessive payments made in error.	E-mail: claimsanalysisrec@medica.com Phone: 952-992-3039 or 1-800-458-5512, option 1, option 5, ext. 2-3039

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