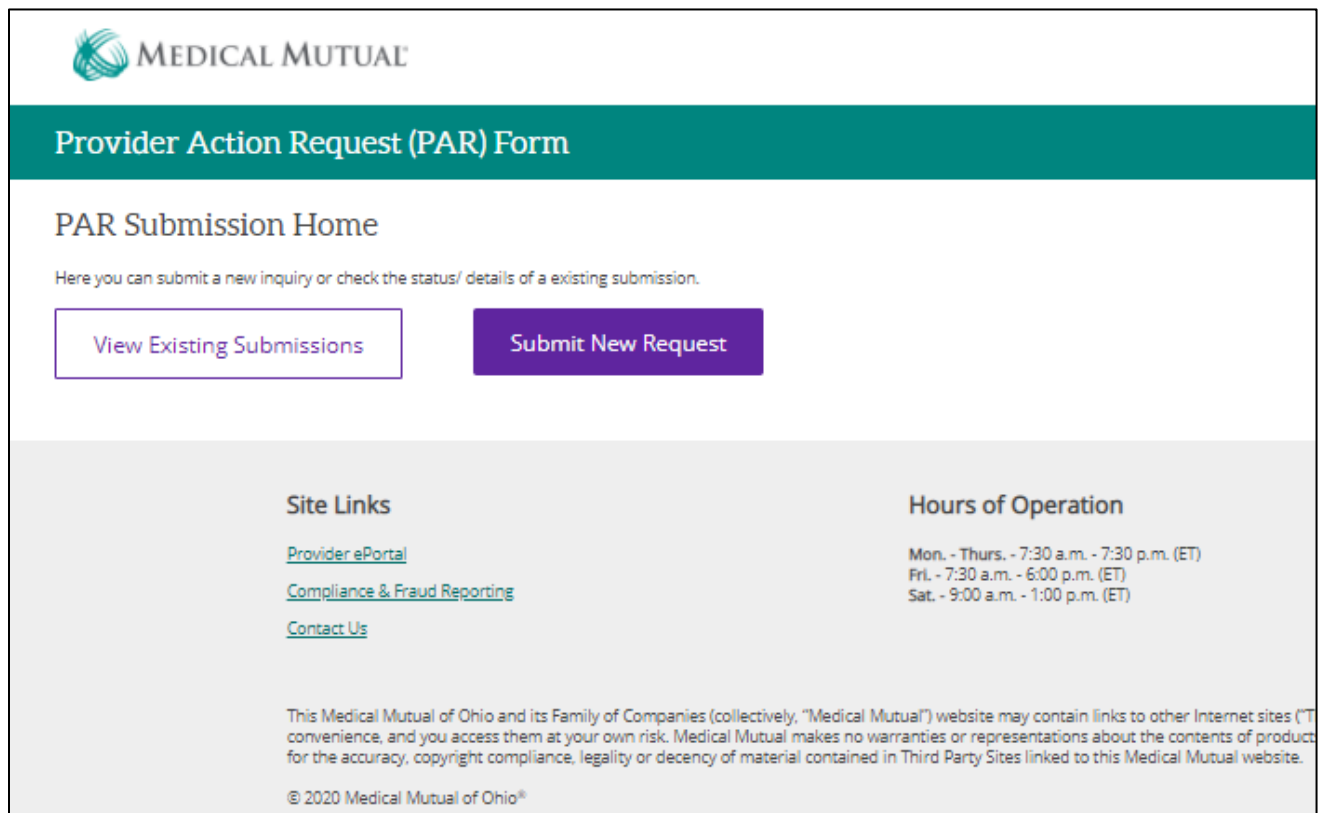


Updates to our Medical Mutual Provider Portal on Availity Effective Oct. 1, 2021

1. Change to email addresses – you will no longer be permitted to modify the PAR Form email address.
 - a. For security reasons, Medical Mutual cannot accept email address changes on PAR forms, over the phone or through email, and cannot email sensitive member information to an email address that has not been validated through the provider portal.
 - b. All email communication with providers will be sent to the provider’s email address that is registered and validated on the provider portal.
 - c. To change your email address that has been registered in the provider portal, go to My Account Dashboard and select My Contact Info from the drop down.
2. New option between “Submitting a New Request” or “Viewing Existing Submissions” for PAR forms.



The screenshot shows the Medical Mutual website interface for the Provider Action Request (PAR) Form. At the top left is the Medical Mutual logo. Below it is a teal header with the text "Provider Action Request (PAR) Form". Underneath the header is the section "PAR Submission Home" with the subtext "Here you can submit a new inquiry or check the status/ details of a existing submission." Two buttons are displayed: "View Existing Submissions" (a white button with a purple border) and "Submit New Request" (a solid purple button). Below the buttons are two columns of links: "Site Links" containing "Provider ePortal", "Compliance & Fraud Reporting", and "Contact Us"; and "Hours of Operation" listing "Mon. - Thurs. - 7:30 a.m. - 7:30 p.m. (ET)", "Fri. - 7:30 a.m. - 6:00 p.m. (ET)", and "Sat. - 9:00 a.m. - 1:00 p.m. (ET)". At the bottom, there is a disclaimer and a copyright notice: "© 2020 Medical Mutual of Ohio®".

3. New PAR form special claims routing information on the submission screen for: Dental, MHS, Aetna

MEDICAL MUTUAL

Provider Action Request (PAR) Form

Submit a Request

The PAR Form is used for all provider inquiries and appeals related to reimbursement. Providers may request corrective adjustments to any previous payment using this form. Medical Mutual will review the requests and make adjustments within 12 months from the date the initial claim was processed.

Note: Please use one form per patient or inquiry. Any fields with incomplete information may delay or cause your request to be returned unprocessed.

Questions or Postal Mailings? Please reference the [PAR Form Instructions](#) to determine the supporting documentation required for each type of request or what to do when a claim is returned unprocessed.

Step 1: Claim Identification

Current Date: 07/20/2021

TIN Number:*

Claim Number:*

[Get Claim Info](#)

Special Claims Routing Information

Certain types of claims are not eligible for this Provider Action Request Form (PAR). Please see information below for submitting select types of these requests.

- **Medical Mutual dental claims (non-medical)**
P.O. Box 6018
Cleveland, OH 44101
Phone: 866-336-9251
- **Mutual Health Services claims**
P.O. Box 5700
Cleveland, OH 44101
Phone: 800-367-3762
Fax: 330-666-6685
[Mutual Health Services](#)
- **Medical Mutual claims priced by Aetna**
[Aetna - Disputes and Appeals](#)

4. Revised message displayed when a claim is not finalized or found in Availity.

Please correct the following errors:

- Your claim is either not finalized or not eligible for online processing in Availity. Visit medmutual.com/provider for an alternate submission method.

5. Revised message advising Claim and TIN combo are not valid.

Please correct the following errors:

- No data was found for the provided TIN and Claim Number combination.

6. Message advising that a prior submission exists if you submit a claim that is on file.

This claim already has an inquiry request that was submitted through MMO's Payer Space on Availity. Do you wish to continue?

[Continue](#) [Cancel](#)

7. New fields on electronic PAR form:
- Submitter Contact Phone Number
 - Patient Account Number

Step 1: Claim Identification

| | | | |
|---------------|------------|------------------|------------|
| Current Date: | 07/20/2021 | Patient Name: | [REDACTED] |
| TIN Number: | [REDACTED] | Patient ID: | [REDACTED] |
| Claim Number: | [REDACTED] | Date of Service: | 10/30/2019 |

Step 2: Contact Information

Contact Name:*
Kathleen Haines

Email Address:
kathleen.haines@medmutual.com

Contact Phone Number:
() - -

Patient Account Number:

Type of Request:*
 Claim Payment Dispute/Benefit Question
 Medical Necessity Review/Appeal

Reason for Inquiry:
(250 Character Maximum)*

Attach Additional Documents:
(Please select all necessary files when prompted)

No File(s) Chosen Choose File(s)

Maximum number of files is 10. Maximum size per file is 20MB. Maximum total limit is 75MB.

Selected File(s):

Submit Inquiry

8. New confirmation pop-up advising a submission has been received and an email has been sent.

Your request was received. An email has been sent to
kathleen.haines@medmutual.com.

Your confirmation number is:
288624f6-4a08-4348-a8eb-dd883ec6dc3c

OK

New Status Process for PAR Forms

1. Enter the claim number and confirmation number then click “View Details” to check the submission status.

The screenshot shows the Medical Mutual logo at the top left. Below it is a teal header with the text "Provider Action Request (PAR) Form". Underneath the header is a link "<< Back to Home". The main heading is "View Existing Submissions", followed by the instruction "Here you can check the status/details of an existing submission." There are two input fields: "Claim Number:*" and "Confirmation Number:*". A purple button labeled "View Details" is positioned at the bottom left of the form area.

2. The next screen provides:
 - a. Previously entered data
 - b. Current status – see status codes and meanings in the below table
 - c. Previous emails or attachments associated with the submission

The screenshot shows the Medical Mutual logo at the top left. Below it is a teal header with the text "Provider Action Request (PAR) Form". Underneath the header is a link "<< Back to Home". The main heading is "View Existing Submissions", followed by the instruction "Here you can check the status/details of an existing submission." The form displays the following information: "Claim Number: [redacted]", "Current Request Status: Response Sent ⓘ", "Patient Name: [redacted]", "Patient Id: [redacted]", and "Confirmation Number: [redacted]". A callout box on the right contains the text: "A response has been provided on this submission. Please review the original email, or search the 'View Existing Submissions' option in Availability." Below this is a section titled "Responses" with a table:

| Sent Date | Email Subject/Attachment Name | Document Type | View |
|-----------|---|---------------|------|
| 8/13/2021 | CORR - Email Notification Response Provider - Receipt Date: 8/13/2021, ICN: , Work Item: [redacted] | Email | |
| | CORR - Provider PAR Form (SECURE) - Receipt Date: 8/5/2021, ICN: , Work Item: 1 [redacted] | Attachment | |

*Email attachments are available after 7/27/2021.

At the bottom left, there is a purple button labeled "Find Another Claim".

| Status Code Displayed | Status Code Meaning |
|---|---|
| Duplicate/Combined w/related submission | Your submission has been combined with a related inquiry/appeal |
| Forwarded to another area for resolution | Your submission has been routed internally to the area handling this inquiry/appeal. Please review the member's ID card for the correct contact information for this member's contract. |
| No action required | A request was received and no action was taken based on the type of information submitted. |
| Other | Please contact Medical Mutual for the status of this submission at 1-800-362-1279. |
| Response sent | A response has been provided on this submission. Please review the original email, or search the "View Existing Submissions" option in Availity. |
| In-process | Your submission has been received. Please allow 7-10 business days to review this submission. |
| Received | Your submission has been received. Please allow 7-10 business days to review this submission. |
| Appeal in process | Your appeal is currently in-process. An appeal determination should be provided to you within 30-45 business days of review. |
| 1st level appeal determination sent | Your appeal determination has been sent. Please review the original email, or search the "View Existing Submissions" option in Availity. |
| 2nd level appeal determination sent | Your appeal determination has been sent. Please review the original email, or search the "View Existing Submissions" option in Availity. |
| Requested additional info for appeal | A request for additional appeal information has been sent in a prior communication. Please review the original email, or search the "View Existing Submissions" option in Availity. |
| In-process | Your submission has been received. Please allow 7-10 business days to review this submission. |