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Mutual News

Second Quarter, 2019

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Mutual News

Second Quarter, 2019

Stay Informed with the Provider Manual

The Provider Manual is available at Provider.MedMutual.com > [Tools & Resources](#). It is updated quarterly to include the latest policies, procedures and guidelines providers need to work effectively with Medical Mutual.

Updates to the Provider Manual can be found in the following sections:

- Section 1—Overview
 - Modified the Essential Health Benefits sub-section of the Healthcare Reform section to remove 2015-specific information
- Section 3—Care Management Programs Overview
 - Renamed Clinical Quality and Health Services Overview and given a new description
 - Added new content about Urgent/Expedited Care Requests and Medical Mutual's prior authorization vendors in the Prior Authorization sub-section
 - Deleted reference to Home Healthcare Request Forms in the Fax Forms sub-section of the Prior Authorization sub-section
 - Modified the Clinical Review Process sub-section, including the deletion of content related to Post-discharge Follow-up
 - Modified the Case Management and Quality Improvement Program content in the Member Programs sub-section
- Section 7—Forms and Publications
 - Deleted reference to the Home Healthcare Request Forms in the Forms sub-section
- Section 11—Forms and Publications
 - Modified the Network Products sub-section to reflect Medical Mutual's current networks and products

Contact Us

Visit Provider.MedMutual.com to log in to the Provider Portal.

If you have questions, please contact your Medical Mutual Provider Contracting representative:

**Central/Southeast Ohio
(Columbus Office)**

1-800-235-4026

**Northeast Ohio
(Cleveland Office)**

1-800-625-2583

**Northwest Ohio
(Toledo Office)**

1-888-258-3482

**Southeast Ohio/Kentucky
(Cincinnati/Dayton Office)**

1-800-589-2583

Medical Policy Updates

Medical Policy Updates

Medical Mutual's Corporate Medical Policies (CMPs) developed, revised or retired between Jan. 1, 2019, and March 31, 2019, are outlined in the following charts. CMPs are regularly reviewed, updated, added or withdrawn, and therefore are subject to change. For a complete list of CMPs, please visit Provider.MedMutual.com and select Tools & Resources > Care Management > [Corporate Medical Policies](#).

Medical							
Policy Number		Title		Policy Number		Title	
94041	●	Obstetrical Policy		201621	●	Pneumatic Compression Device	
94005	●	Hyperbaric Oxygen Therapy		201723	●	Applied Behavioral Analysis	
95004	●	Surgical Management Sleep Apnea		201843	●	Transcranial Magnetic Stimulation	
200233	●	Skin Substitutes		2011-C	●	Wireless Gastrointestinal Motility Monitoring System	
200704	●	Intensity Modulated Radiation Therapy		201913	▲	Prostatic Urethral Lift (UroLift) for Benign Prostatic Hypertrophy	
201303	●	Genetic Testing and Genetic Counseling General Policy		2019-A	▲	Wireless Pulmonary Artery Pressure Monitoring (CardioMEMS)	
201537	●	Radiofrequency Treatment for Pain					

▲ = New

● = Revised

■ = Retired



Pharmacy			
Policy Number	Title	Policy Number	Title
201419 ●	Alpha-1 Proteinase Inhibitor Aralast NP Glassia Prolastin Prolastin-C Zemaira	201317 ●	Immune Globulin SC (SCIG) Gammagard Gammaked Gamunex-C Hizentra HyQvia Cuvitru
201712-CC ●	Gazyva (obinutuzumab)	201021 ●	Firazyr (icatibant acetate)
201307 ●	Copaxone, Glatopa (glatiramer)	201512 ●	Ruconest (C1 esterase inhibitor, recomb)
201707 ●	Kymriah (tisagenlecleucel)	201021 ●	Kalbitor (ecallantide)
201717 ●	Lemtrada (alemtuzumab)	201416-CC ●	Xgeva (denosumab)
201846-CC ●	Halaven (eribulin mesylate)	201430-CC ●	Keytruda (pembrolizumab)
201733 ●	Yescarta (axicabtagene ciloleucel)	201822-CC ●	Kyprolis (carfilzomib)
201705 ●	Spinraza (nusinersen)	201521 ●	Nplate (romiplostim)
201720-CC ●	Global PA	201802 ●	Luxturna (voretigene neparvovec-rzyl)
201805 ●	Hemlibra (emicizumab-kxwh)	201725 ●	Trogarzo (ibalizumab)
201511-CC ●	Opdivo (nivolumab)	201831 ●	Onpatro (patisiran)
201404-CC ●	Herceptin (trastuzumab)	201836 ●	Tegsedi (inoserten)
201807 ●	Inhaled Prostacyclin Tyvaso Ventavis	201517-CC ●	Zaltrap (ziv-aflibercept)
201406 ●	Remodulin (treprostinil)	201410-CC ●	Arzerra (ofatumumab)
201834 ●	Imlygic (talimogene laherparepvec)	201910-CC ●	Treanda, Bendeka (bendamustine)
201616 ●	Exondys 51 (eteplirsen)	201919 ▲	Cablivi (caplacizumab-yhdp)
201410-CC ●	Oncology Medications	201903 ▲	Elzonris (tagraxofusp-erzs)
201711 ●	Darzalex (daratumumab)	201902-CC ▲	Gamifant (emapalumab-lzsg)
201806 ●	Epoprostenol Veletri Flolan	201410-CC ▲	Herceptin Hylecta (trastuzumab/hyaluronidase-oysk)
200807-CC ●	Remicade, Inflectra, Renflexis (infliximab)	201410-CC ●	Lartruvo (olaratumab)
201306 ●	Avonex, Betaseron, Extavia, Plegridy, Rebif (interferon beta)	201410-CC ●	Portrazza (necitumumab)
201619-CC ●	Tecentriq (atezolizumab)	201911 ▲	Spravato (esketamine)
201808 ▲	Lutathera (lutetium Lu 177 dotatate)	201912 ●	Trisenox (arsenic trioxide)
201020 ●	Berinert (C1 esterase inhibitor)	201905 ▲	Ultomiris (revilizumab)
201006 ●	Cinryze/Haegarda (C1 esterase inhibitor)	201916 ▲	Zulresso (brexanolone)
201620-CC ●	Jevtana (cabazitaxel)		
201316-CC ●	Immune Globulin IV (IVIG) Bivigam Carimune NF Flebogamma DIF Gammagard Gammagard SD Gammplex Gamunex-C Octagam Privigen		

▲ = New ● = Revised ■ = Retired

All rights in the product names of all third-party products appearing here, whether appearing with the trademark symbol, belong exclusively to their respective owners.

The following policies are retired because the drugs do not require prior authorizations as of April 1, 2019:

Pharmacy			
Policy Number	Title	Policy Number	Title
201722-CC ■	Cyclophosphamide	201714 ■	Parsabiv (etelcalcetide)
201410-CC ■	Dacogen (decitabine)	201519 ■	Sandostatin IR only (ocreotide acetate)
201415-CC ■	Docefrez (docetaxel)	201415-CC ■	Taxotere (docetaxel)
201719-CC ■	Adriamycin (doxorubicin)	201410-CC ■	Vidzaa (azacytidine)
201716-CC ■	Doxil, Lipodox (doxorubicin liposome)	201417 ■	Zometa (zoledronic acid)
201410-CC ■	Gemzar (gemcitabine)	201701 ■	Xizflex (collagenases clostridium histolyticum)
201702 ■	Nulojix (belacept)	201427-CC ■	Lupron Depot (leuprolide long acting)
201410-CC ■	Eloxatin (oxaliplatin)		

▲ = New ● = Revised ■ = Retired

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For a list of services or drugs requiring prior approval or considered investigational, please visit Provider.MedMutual.com
 > Tools and Resources > Care Management > [Prior Approval & Investigational Services](#).



General Information

Reducing Readmissions for Behavioral Health Patients

To help improve our members' health and reduce rates of relapse and hospital readmissions, Medical Mutual asks all network providers to keep the following three things in mind when treating our members who have behavioral health conditions:

1. Follow-up appointments should occur within seven days of a patient's discharge from the hospital for an acute event.
2. Coordination of care between a patient's primary care physician (PCP) and behavioral health provider may reduce relapses and hospital readmissions.
3. Discussing prescription drug therapy and possible side effects with a patient may help improve his or her medication adherence.

Post-discharge follow-up care

Patients who are hospitalized for an acute behavioral health event should be seen for a follow-up appointment within seven days of discharge with either their PCPs and/or behavioral health providers. This follow-up appointment is useful in preventing relapses and readmissions, emergency room visits and/or medication errors. Helping patients schedule their appointments prior to discharge may make it more likely they will attend the appointment.

Importance of care coordination

Care coordination between a patient's PCP and behavioral health provider may also help prevent relapse, readmission and other negative outcomes. While one of the goals of the Health Information Portability and Accountability Act (HIPAA) is to protect patient privacy, it is important to talk to your patient about giving consent to communication between his or her care teams. This can help improve both outcomes and patient satisfaction. Critical information to share includes member consent, initial evaluation, medication therapy and changes in the member's condition or prognosis. Medical Mutual offers a communication tool to assist with sharing information with the patient's consent. Please refer to our Behavioral Health Patient Summary form, available on the provider portal at Provider.MedMutual.com > Tools & Resources > Care Management > Clinical Quality > [Continuity and Coordination of Care](#), then choose the Continuity of Care Guidelines (Behavioral Health) link.

Reviewing medications and side effects

Please remember to talk to Medical Mutual members about their medications and any side effects they may experience. Many patients will stop taking a prescribed medication if they believe it is ineffective, if the side effects are perceived as being worse than the symptoms, or if they are afraid of drug interactions. Patients who report having open discussions with their providers about their medications are more likely to be adherent to their therapies. In turn, this will also help prevent relapses and readmissions.

These recommendations are informational only. They are not intended to require a specific course of treatment or take the place of professional medical advice, diagnosis or treatment. Members should make decisions about care with their healthcare providers. Recommended treatment or services may not be covered. Eligibility and coverage depend on the member's specific benefit plan.

Requesting Prior Authorization for Medical Mutual Members

Over the past several years, Medical Mutual has contracted with different vendors for various prior authorization services. Changes are made over time to ensure we are offering effective and efficient services for our providers. Please keep in mind the following information when requesting prior authorization for various services for your patients who are Medical Mutual members:

Outpatient Radiology Services

Medical Mutual works with eviCore Healthcare (eviCore) to manage the prior authorization process for outpatient radiology services for all Medical Mutual members, including those in commercial, individual and Medicare Advantage plans. EviCore accepts prior authorization requests 24 hours a day, seven days a week using any of the following ways:

- Online at eviCore.com/Pages/ProviderLogin.aspx
- By phone at 1-888-693-3211
- By fax to 1-888-693-3210

Therapy Services

For plans that require prior authorization for therapy services, Medical Mutual works with eviCore Landmark. Therapy services include chiropractic/osteopathic manipulative therapy, occupational therapy, physical therapy and speech therapy. Please contact the For Providers phone number on the back of the member's Medical Mutual ID card for specific coverage information. eviCore Landmark accepts prior authorization requests 24 hours a day, seven days a week using any of the following ways:

- Online at Uni.LMHealthCare.com/LHApps
- By fax to 1-888-565-4225 (physical, occupational, speech)
- By fax to 1-800-599-8350 (chiropractic, osteopathic manipulation)

Medical Drug

Medical Mutual currently works with Care Continuum to provide prior authorization services for medical drugs that must be administered in a provider's office or outpatient facility (i.e., not self-administered). Please submit medical drug prior authorization requests to Care Continuum in any of the following ways:

- Online at Express-Path.com
- By phone at 1-866-620-4027 (Monday through Friday, 8 a.m. to 7 p.m.)
- By fax to 1-866-620-4028

Inpatient Services

ReviewLink is Medical Mutual's web-based solution for facilitating electronic requests for inpatient acute hospital, acute physical rehabilitation, skilled nursing and long-term acute care stays. Inpatient requests can be submitted through ReviewLink 24 hours a day, seven days a week. Visit Provider.MedMutual.com and click [ReviewLink](#) under Quick Links.

All Other Services

For all other services requiring prior authorization, such as surgical procedures, durable medical equipment and diagnostic services, Medical Mutual uses NaviNet. NaviNet is a web-based solution from NantHealth that facilitates electronic prior authorization request submissions. Providers should submit all prior authorization requests via the NaviNet portal at NaviNet.Force.com.

The list of services for which Medical Mutual requires prior authorizations is available by visiting us online at Provider.MedMutual.com > Tools & Resources > Care Management > [Prior Approval & Investigational Services Resources](#).

Information about each of these vendors is included in the Provider Manual. Refer to the Prior Authorization sub-section of Section 3—Clinical Quality and Health Services Overview.

Pharmacy

Formulary and Step Therapy Program Changes Effective July 1, 2019

Formulary Changes

With our pharmacy benefit manager, Express Scripts, Medical Mutual is making changes to our formularies effective July 1, 2019. Specific changes are detailed in an In the News article posted on the provider portal in May.

Updated formularies can be found by visiting Provider.MedMutual.com > Tools & Resources > Care Management > [Rx Management](#). Our non-Medicare plan formularies are available by clicking on the Prescription Formulary bar:

- Basic/Basic Plus
- High Performance Plus
- National Preferred/National Preferred Plus

Our Medicare formulary is available by clicking on the Medicare bar.

Members affected by a formulary change received letters from Express Scripts explaining the change and what to do to find alternatives or request a coverage review. Please review this information with your patient(s) to help them make the most of their health plan benefits.

Step Therapy Changes

We are also adding medications to our step therapy program effective July 1, 2019. For more information and to view the list of current medications requiring step therapy, please visit Provider.MedMutual.com > Tools & Resources > [Rx Management](#), then click on the Coverage Management (Step Therapy) bar. If you have patients affected by these changes, you should receive a letter in June.

To streamline the review process for medications that require prior approval under a member's prescription drug benefit, please submit your request via your existing electronic prior authorization (ePA) software. If you do not have access to electronic prior authorization tools, Medical Mutual offers providers access to ExpressPath at no cost. ExpressPath is a web-based tool you can use to manage prior approval requests for medications. Using it may help reduce your staff's administrative burden and provide your patients with a shorter path to treatment. For more information or to register, visit Provider.Express-Path.com.

Prior Approval Requirements

Medical Mutual requires prior approval for the following drugs, regardless of whether they are covered under the medical or pharmacy benefits:

- All new specialty drugs
- All new drugs with significant safety, clinical, or potential abuse or diversion concerns

This requirement is intended to ensure medications are used safely and effectively by members. The prior approval criteria for these drugs are detailed in the New Drug Prior Approval Policy available at Provider.MedMutual.com.

To view drugs covered under the medical benefit, visit Provider.MedMutual.com > Tools & Resources > Care Management > [Corporate Medical Policies](#), and search for Global PA under the Review Policies section. This page also includes all current Corporate Medical Policies and information about prior approval services and ExpressPAth, a web-based tool providers can use to manage prior approval requests for medications.

To view drugs covered under the pharmacy benefit, visit Provider.MedMutual.com > Tools and Resources > Care Management > [Rx Management](#), then click Coverage Management (Prior Authorization). This page also includes information about other coverage management programs (e.g., step therapy, quantity limits) and formularies, as well as a link to the ExpressPAth tool.

Medicare Advantage

Medicare’s New Star: Statins

The Centers for Medicare & Medicaid Services (CMS) moved its Statin Use in Persons with Diabetes (SUPD) Part D measure from a display measure to an active measure. This change is first effective for 2019 Star ratings, based on 2017 data. CMS has indicated it will become a standing measure. Medical Mutual will therefore be looking for assistance from our providers to help ensure our members are appropriately prescribed statins.

Background

SUPD was originally developed by Pharmacy Quality Alliance. It measures the percentage of a Part D plan sponsor’s members ages 40 to 75 who have been dispensed a medication for diabetes and also a statin. A corresponding adherence measure rates how well patients adhere to their statin therapy by calculating a proportion of days covered (PDC) score. CMS defines adherent as a PDC of greater than 80 percent. The movement of SUPD to an active measure reinforces CMS’ focus on statins and their role in decreasing patients’ risks for heart attack and stroke, particularly patients who are at greater risk due to a co-morbidity with diabetes.

A Part C measure also focuses on statin use in patients with cardiovascular disease (SPC). This measure rates the percentage of a Medicare Advantage plan sponsor’s male members ages 21 to 75 and female members ages 40 to 75 who are diagnosed as having clinical atherosclerotic cardiovascular disease (ASCVD) and who have been dispensed a high- or moderate-intensity statin.

Key Reminders Regarding Statin Use

Patients do not need to be diagnosed with hyperlipidemia to benefit from statin therapy. The American College of Cardiology/American Heart Association cholesterol guidelines recommend statin use in patients whose LDL cholesterol is anywhere from 70 to 189 mg/dL. Use of a maximally tolerated statin is recommended for ASCVD risk prevention.

Patients who indicate a history of muscle pain from statins, or who cannot tolerate statins, could still benefit from taking them. Guidelines recommend patients restart the same statin at the same or lower dose once the muscle pain is resolved, or try a different statin at a low dose.

Prescribing Statins for Eligible Patients

Medical Mutual needs your help. Our providers are key to helping us keep our members healthy and improving the quality of the care they receive. Please consider prescribing a statin to all eligible patients who are Medical Mutual members and may benefit from statin use to decrease their risk of cardiovascular events. Please watch for alerts from Medical Mutual notifying you of members who do not have a history of statin use, but may benefit from a statin prescription.

Examples of Recommended High- and Moderate-intensity Statins

High Intensity	Moderate Intensity
Atorvastatin 40, 80 mg	Atorvastatin 10, 20 mg
Rosuvastatin 20, 40 mg	Rosuvastatin 5, 10 mg
	Simvastatin 20, 40 mg
	Pravastatin 40 mg
	Lovastatin 40 mg
	Fluvastatin XL 80 mg
	Fluvastatin 40 mg BID

These recommendations are informational only. They are not intended to require a specific course of treatment or take the place of professional medical advice, diagnosis or treatment. Members should make decisions about care with their healthcare providers. Recommended treatment or services may not be covered. Eligibility and coverage depend on the member’s specific benefit plan.

