MEDICAL MUTUAL®

Mutual News

Fourth Quarter, 2019

Stay Informed with the Provider Manual

Sub-sections Revised — Current updates to the Provider Manual include:

- Section 1 — Overview
  - Contact Information
- Section 3 — Clinical Quality and Health Services — Overview
  - Ensuring Medically Necessary and Appropriate Services
  - Prior Authorization
  - Clinical Review Process
  - Availability Goals and Accessibility Standards
- Section 7 — Forms and Publications
  - Forms
- Section 10 — Institutional Remittance Schedule and Summary
  - Explanation of Remittance Schedule
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  - Explanation of Notice of Payment (NOP)
- Section 12 — Medicare Advantage Plans and Guidelines
  - Appeals
  - Hospice Service Guidelines
  - Obligations of Federal Funds

Contact Us

Visit **MedMutual.com/Provider** 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

General Information

Notice of Material Amendment to Contract: Network Fee Schedule Update

The Medical Mutual updated network fee schedule will be available for reference Jan. 1, 2020, via our secure Provider Portal located at MedMutual.com/Provider. Revisions will be effective for dates of service beginning April 1, 2020.

In addition to the network fee schedule update effective April 1, 2020, fees in the network fee schedule for certain codes are updated on a more frequent basis.

The Centers for Medicare and Medicaid Services (CMS) updates its fee schedule for J-codes and radiological materials on a quarterly basis. Similarly, Medical Mutual will continue to update the fees in its network fee schedule for J-codes and radiological materials as described below:

- The fees for J-codes and radiological materials in Medical Mutual's fee schedule are 100% of the then current Medicare fee schedule and will be updated on a quarterly basis to be effective on Jan. 1, April 1, July 1, and Oct. 1 of each year. Fees will reflect the quarterly updates made by CMS to the CMS Average Sales Price (ASP) file and by the Medicare Administrative Contractor for the state of Ohio (currently CGS Administrators, LLC) to its ASP file.
- Each quarter, the updated network fee schedule with revised fees for J-codes and radiological materials will be available via Medical Mutual's Provider Portal.

Medical Mutual will continue to update the fees in its network fee schedule for immunizations as described below:

- Fees for immunizations are updated on a semi-annual basis on Jan. 1 and July 1 of each year to be 100% of the then-current average Average Wholesale Price (AWP) for all known and active National Drug Codes (NDCs) associated with a particular immunization code.
- In addition to the fee updates on Jan. 1 and July 1 of each year, if any, the fees for flu vaccines will be updated to be effective on Aug. 1 of each year to be 100% of the then-current average AWP for all known and active NDCs associated with the particular flu vaccine code.
- When Medical Mutual makes updates to immunization fees, the updated network fee schedule with revised fees for immunizations will be available via our Provider Portal.

The Medical Mutual Provider Portal offers search features based on a provider's individual National Provider Identifier and Tax Identification Number to view contract rates by:

- Procedure code submitted by your practice most frequently
- Commonly submitted procedure codes for specialties
- Contracted fees for individual procedure codes

If you have any questions regarding this update, please contact your Medical Mutual Provider Contracting representative.

Notice of Changes to Prior Authorization Requirements: New Prior Authorization Vendor for Medical Drugs

As previously announced in Medical Mutual's Third Quarter Mutual News, effective Jan. 1, 2020, Medical Mutual will engage Magellan Rx Management to provide prior authorization services for specialty drugs when they are administered by professional and outpatient institutional providers to Medical Mutual members under the member's medical benefit. Magellan Rx Management is a utilization management company that will improve the efficiency of Medical Mutual's drug utilization review process.

You can review a complete list of medical drugs that require prior authorization by visiting MedMutual.com/Provider and selecting Tools & Resources, Care Management, Medical Policies, Prior Approval & Investigational Services. In addition, you can review corporate medical policies and associated prior approval forms by visiting MedMutual.com/Provider and selecting Tools & Resources, Care Management.

For select specialty drugs administered with a date of service on or after Jan. 1, 2020, prior approval requests must be submitted one of the following ways:

- Online at IH.MagellanRx.com
- By fax at 1-888-656-1948
- By phone at 1-800-424-7698

Requests are accepted electronically, or via facsimile, 7 days a week, 24 hours a day. Requests may be submitted by phone Monday through Friday, from 8:00 a.m. to 7:00 p.m., EST/EDT.

Note: If a provider would like a member to obtain a specialty drug through a retail network or mail/specialty delivery pharmacy under his/her prescription drug benefit, please contact the member's pharmacy benefit manager (PBM) at the number on the member's ID card for prior approval requirements. In some circumstances, a member may have a separate PBM prescription drug card.

Information related to Magellan Rx Management will be updated in the Prior Authorization sub-section of Section 3 — Clinical Quality and Health Services Overview of the Provider Manual as of Jan. 1, 2020.

Reducing Childhood Obesity: How PCPs Can Help

According to a 2017 National Youth Risk Behavior Survey by the Centers for Disease Control and Prevention, more than 30% of U.S. high school students are considered overweight or obese.

Primary care providers (PCPs) play a critical role in helping to reduce childhood obesity by monitoring the lifestyle habits of their patients and providing guidance around proper nutrition and exercise. Medical Mutual wants to work with the PCPs in our networks to help fight childhood obesity and ensure the health and wellness of our members.

One opportunity to do this is through annual wellness exams many children receive. These exams are a great opportunity for providers to promote healthy practices and provide educational resources to patients and families. We have identified three key problem areas to focus on during these exams.

1. **Weight Documentation**—documenting BMI percentile, height, and weight
   - Providing a clinical growth chart as a resource can help patients monitor growth

2. **Unhealthy Eating Habits**—discussing and documenting counseling for nutrition, such as:
   - Typical eating habits
   - How to improve or maintain healthy eating
   - Referral for help with nutrition or weight
   - Utilizing a nutritional checklist
   - Providing educational materials on ways to improve or maintain a healthy diet

3. **Physical Inactivity**—discussing and documenting counseling for physical activity, such as:
   - Typical exercise habits, sports, activities
   - How to improve or maintain exercise
   - Referral for help with physical activity or weight
   - Utilizing a physical activity checklist
   - Providing educational materials on ways to improve or maintain healthy physical activity

Some of the childhood obesity resources that providers can pass along to patients and their families include valuable information from the American Academy of Pediatrics on Healthychildren.org, as well as educational information that can be included in the After Visit Summary provided to patients.

How PCPs Can Improve Coordination of Care by Recommending Adjunctive Therapy in Combination with Medication for Treating Attention Deficit Hyperactivity Disorder

Children with attention deficit hyperactivity disorder (ADHD) are often started on medications by their primary care providers. While this can be an effective treatment, to ensure coordination of care, Medical Mutual recommends these children and their parents be guided to a behavioral healthcare specialist, as well.

Behavioral healthcare specialists can help by utilizing adjunctive therapy to help manage ADHD. Examples of adjunctive therapy include behavioral therapies, such as applied behavioral therapy, cognitive behavioral therapy and social skills groups.

Applied Behavioral Therapy

- Per the American Academy of Family Physicians, treatment of children younger than six should begin with applied behavioral therapy. This treatment involves teaching children different methods of responding to situations more positively, and focuses on rewarding positive behavior and punishing negative behavior. If a child's ADHD symptoms are moderate to severe and do not respond to this behavioral therapy, then medication may be considered.
- For children over the age of six, treatment should start with medication, while the inclusion of behavioral therapy is also recommended. The therapy can be particularly helpful if medication response is poor or causes adverse effects.

AAFP.org/AFP/2014/1001/p456.html

Cognitive Behavioral Therapy

- Per the ADHD Institute, cognitive behavioral therapy is an effective treatment for adolescents and adults with ADHD. It involves self-instructional training to help patients with ADHD to develop a more planned and reflective approach to thinking and behaving, including social interactions. Recent studies have shown that this therapy, in combination with medication, may significantly reduce ADHD symptoms.

ADHD-Institute.com/Disease-Management/Non-Pharmacological-Therapy/Cognitive-Behavioural-Therapy-CBT/

Social Skills Groups

- Social skills groups are a common form of child ADHD treatment focused on peer relationships. Children with ADHD who participate in social skills groups experience a significant decrease in emotional problems, conduct problems, hyperactivity and peer problems. An increase in pro-social behavior is also noted as a significant result of the training, and parents reported significant improvement in overall behavior at home, and less complaints from teachers.

MedInd.NIC.in/aaf/t14/i2/aaft14i2p30.pdf

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.

Medical Mutual recommends that members with ADHD should have at least three follow-up care appointments with a behavioral healthcare specialist within a 10-month period, the first being within 30 days of when the first ADHD medication is prescribed.

There are a number of resources available to share with your patients with ADHD and their families:

1. Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)—CHADD.org
2. ADDitude Living Well with Attention Deficit—AdditudeMag.com
3. Attention Deficit Disorder Association—ADD.org
4. American Academy of Child and Adolescent Psychiatry—AACAP.org

For additional information on ADHD follow up care and guidelines, please review Medical Mutual's ADHD guidelines which are located on our provider portal at MedMutual.com/Provider > Tools & Resources > Care Management > Clinical Quality > Clinical Practice Guidelines, then select Attention Deficit/Hyperactivity Disorder (ADHD) from the drop-down list in the chart.

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.

Providing Care for Members with Depression: Focus Areas for PCPs

As a PCP, your patients may rely on you for more than their physical concerns. Often, patients will start with PCPs when experiencing symptoms of depression or other mental health concerns. Medical Mutual wants to work with the PCPs in our networks to make sure our members receive quality care for their depression. With that in mind, we have identified four key focus areas for treatment.

1. Conducting a Thorough Diagnostic Assessment

All patients should receive an initial screening, such as the Patient Health Questionnaire-2 (PHQ-2) or Patient Health Questionnaire-9 (PHQ-9) to help identify patients at risk for depression. Based on the results of that screening, a more comprehensive assessment may be needed to establish the diagnosis of major depressive disorder, and identify other psychiatric or general medical conditions that may require attention.

A thorough evaluation includes information such as:

- A history of the present illness and current symptoms
- A psychiatric history, including identification of past symptoms of mania, hypomania, or mixed episodes and responses to previous treatments
- A general medical history
- A personal history including information about psychological development and responses to life transitions and major life events
- A social, occupational, and family history (including mood disorders and suicide)
- Review of the patient's prescribed and over-the-counter medications.

For additional information on this assessment, Medical Mutual recommends reviewing the APA Guidelines.

2. Treatment Options: Initiation and Continuation Phases

According to APA Guidelines, the initial phase of treatment should focus on achieving the remission of major episodes of depression and returning patients to their baseline level of functioning. Treatment can include medication, psychotherapy or a combination of medication and psychotherapy. It can also include somatic therapies such as electroconvulsive therapy, transcranial magnetic stimulation or light therapy. The selection of treatment should be influenced by factors such as severity of symptoms, the presence of other disorders, patient preference and prior treatment experiences. It is advised that treatments can be most effective when integrated with psychiatric management.

If antidepressants are used in the initial phase, patients should be encouraged to remain on the medications for at least 12 weeks. Patients should understand potential side effects, time it takes for medications to be fully effective, and a plan for when re-evaluation of symptoms will occur. Patients should be advised to call their provider before stopping their medication.

During the continuation phase of treatment, patients should be closely monitored for signs of possible relapse. The ongoing assessment of symptoms, side effects, adherence and functional status is important and may be done by using provider and/or patient-administered rating scales. Patients who have been treated successfully with antidepressants in the initial phase should continue treatment with these medications for 4–9 months. To prevent a relapse of depression in the continuation phase, depression-focused psychotherapy is recommended.

Response to treatment (typically defined as ≥50% reduction in measured severity) can be measured using various tools, such as the Patient Health Questionnaire-9 (PHQ-9).

3. Evaluating Suicide Risk

A careful and ongoing evaluation of suicide risk is important for all patients with major depressive disorder. This assessment includes:

- Questioning about suicidal thoughts, intent, plans, means, and behaviors
- Identification of specific psychiatric symptoms (e.g., psychosis, severe anxiety, substance use) or general medical conditions that can increase the likelihood of acting on suicidal ideas
- Assessment of past and recent suicidal behavior
- Defining current stressors and potential protective factors (e.g., positive reasons for living, strong social support)
- Identification of any family history of suicide or mental illness

It is important to note that many times providers feel members need continued hospitalization due to persistent thoughts of suicide. It is important that a thorough evaluation of suicide risk is conducted using a standardized suicide risk assessment tool to provide medically necessary support for hospitalization.

4. Assessing a Patient's Level of Self-care

In addition to assessing suicide risk, it's also important to evaluate a patient's level of self-care, hydration and nutrition, which can be affected by severe depression. As part of the assessment, impulsivity and potential for risk to others should be evaluated, including any history of violence or violent or homicidal ideas, plans or intentions. Once assessed, it is important to provide the support and resources patients need to take an active role in their treatment and get the most that they can out of it.

For additional information on depression follow-up care and guidelines, please review Medical Mutual's depression guidelines, which are located on our provider portal at MedMutual.com/Provider > Tools & Resources > Care Management > Clinical Quality > Clinical Practice Guidelines, then select Depression from the drop-down list in the chart.

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.

Reducing Accessibility Barriers and Providing Care for Members with Disabilities

According to the Centers for Medicare and Medicaid Services (CMS), approximately 20 percent of U.S. adults report having at least one disability. Adults with disabilities are also more likely to report unmet healthcare needs because they are unable to access a doctor's office or clinic.

To help our members have improved access to care, Medical Mutual would like to share an important resource developed by CMS' Office of Minority Health called Modernizing Health Care to Improve Physical Accessibility: Resources Inventory.

This summary of resources and tools can help you reduce accessibility barriers to provide access to care for patients with disabilities. It includes:

- Federal standards and guidance on how to increase the physical accessibility of medical services
- Tools to assess a practice's or facility's accessibility
- Tips, training and resources to support improvements such as facility adjustments, equipment/infrastructure upgrades, policy and procedure changes and staff training.

This useful guide can be found here: CMS.gov/About-CMS/Agency-Information/OMH/Downloads/OMH Modernizing-Health-Care-Physical-Accessibility.pdf

What Medical Mutual Offers Members with Disabilities

For members to use your services, they need to be familiar with their health insurance benefits. That's why Medical Mutual makes materials and resources available in multiple formats, including but not limited to braille, large print and audio recordings.

We encourage you to discuss these options with your patients with disabilities during appointments. Medical Mutual members can get additional information by contacting Medical Mutual's customer care at 800-382-5729.

Medical Mutual's Quality and Safety Review Department – Improving the Quality of Care for our Members

Medical Mutual's Quality and Safety Review department improves the quality of care for our members by allowing for consistency of case reviews and early detection and recognition of patterns or trends in safety and quality.

For providers, the department represents the commitment Medical Mutual has for patient safety, with an emphasis on preventing harm, continuous improvement and promoting a culture of safety. These are goals we work to achieve by:

- Improving quality of care through process improvement of identified clinical issues
- Improving member experience through the prompt resolution of complaints and other problems
- Improving the value of care by recognizing negative trends related to potentially harmful events

The Quality and Safety Review department consists of registered nurses, including some with Certified Professional in Healthcare Quality certification. The nurses have an average of 29 years of experience in acute inpatient and outpatient care settings, claims, credentialing and disease management.

Quality and Safety Review nurses are responsible for various monitoring and reporting activities in support of the National Committee for Quality Assurance Accreditation and Centers for Medicare and Medicaid Services for our Medicare Advantage members. A few examples of the department's surveillance and tracking activities include:

- Centers for Medicare and Medicaid Services clinical grievances submitted by members
- Member experience concerns, including:
  - Clinically related member complaints
  - Complaints about providers from members
  - Service-related member complaints about a provider or provider office staff
- Provider issues for recredentialing purposes
- Quality of care referrals from other Medical Mutual departments regarding member care concerns
- Serious reportable events / Hospital-acquired conditions monitoring
- Elderly patient abuse / neglect
- Facility falls
- Skilled nursing facilities STARS monitoring
- Related process improvements in support of member safety

The following are Quality and Safety Program examples:

- Our Quality and Safety Review team monitors claims submitted with specified codes for detecting elder abuse and neglect. This includes reporting of identified abuse and neglect to the Department of Health & Human Services.
- We also monitor and investigate all falls, which were identified as the most common facility quality of care occurrence.
- We track and trend potentially harmful events such as frequent readmissions to facilities, infections and other hospital-acquired conditions. The focused review and monitoring of these trends offers providers a good overview of the magnitude of these events, which in turn can assist in making key determinations around quality of care and services that are offered to our members.

Keeping patients safe in healthcare settings is fundamental to achieving high quality health for our members. Our current initiatives aim to increase patient safety and deliver quality services through a dedicated network of quality providers and facilities.

If you have questions related to what our Quality and Safety Review department does, or would like more information, please call 216-687-7319.

Medical Policy Updates

Medical Policy Updates

The Corporate Medical Policies (CMPs) developed, revised or retired between July 1, 2019 and Sept. 30, 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 MedMutual.com/Provider and select Tools & Resources > Care Management > Corporate Medical Policies.

CMP Number	CMP Name	Revised or New
201312	Aranesp	Revised
201405	Avastin	Revised
201816-CC	Bavencio	Revised
201829-CC	Besponsa	Revised
201815	Calcitonin Gene-Related Peptide (CGRP) Antagonist 1. Aimovig 2. Ajovy 3. Emgality	Revised
201812	Crysvita	Revised
201928	Dextenza	New
201704	Dupixent	Revised
201423	Entyvio	Revised
201832	Epoetin Alfa Agents 1. Retacrit 2. Epogen 3. Procrit	Revised
201412-CC	Erbitux	Revised
99002	Viscos/Hyaluronic Acid Derivatives 1. Euflexxa 2. Gel-One 3. Gelsyn-3 4. GenVisc 850 5. Hyalgan 6. Hymovis 7. Monovisc 8. Orthovisc 9. Synvisc 10. Synvisc-One 11. Supartz/Supartz FX 12. TriVisc	Revised
201616	Exondys 51	Revised
201813	Ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitor Neupogen 1. Eylea 2. Macugen 3. Lucentis	Revised
201509	Firazyr	Revised
201827	Pegfilgrastim 1. Neulasta 2. Fulphila 3. Udenyca	Revised

CMP Number	CMP Name	Revised or New
201410-CC	General Oncology	Revised
201825	Granix	Revised
201404-CC	Heceptin	Revised
200806	Humira	Revised
201817-CC	Imfinzi	Revised
201429-CC	Kadcyla	Revised
201826	Leukine	Revised
201521	Nplate	Revised
201601	Nucala	Revised
201933-CC	Onivyde	New
201505-CC	Perjeta	Revised
201933-CC	Onivyde	Revised
201505-CC	Perjeta	Revised
201925-CC	Polivy	Revised
201833	Poteligeo	Revised
201528	Praluent	Revised
201529	Repatha	Revised
201317	Immune Globulin SC (SCIG) 1. Gammagard 2. Gammaked 3. Gamunex-C 4. Hizentra 5. HyQvia 6. Cuvitru	Revised
201421	Soliris	Revised
201705	Sprinraza	Revised
201705	Takhzyro	Revised
201606	Taltz	Revised
201602	Testosterone	Revised
201428-CC	Vectibix	Revised
201927	Vyleesi	New
201901	Zolgensma	Revised

For a list of services requiring prior approval or considered investigational, please visit MedMutual.com/Provider and select Tools and Resources > Care Management > Prior Approval & Investigational Services.

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.

Pharmacy

Pharmacy 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 will be effective for members. The prior approval criteria for these drugs are detailed in the Global PA/New Drug Prior Approval policy available at MedMutual.com/Provider on the following pages:

For drugs covered under the medical benefit:
Select Tools & Resources > Care Management > Corporate Medical Policies. This page also includes all current Corporate Medical Policies and information about our prior approval services and ExpressPAth, a web-based tool providers can use to manage prior approval requests for medications.

For drugs covered under the pharmacy benefit:
Select Tools & Resources > Care Management > Rx Management, then click Coverage Management (Prior Authorization). This page also includes information about our other coverage management programs (e.g., step therapy, quantity limits) and formularies, as well as a link to the ExpressPAth tool.

Medicare Advantage

First Tier, Downstream and Related Entities (FDR) Attestation

As a designated Medicare Advantage Organization (MAO), Medical Mutual must comply with and meet certain Centers for Medicare & Medicaid Services (CMS) requirements. We are obligated to oversee compliance for our First-Tier, Downstream and Related Entities (FDRs), as well as establish and implement an effective system for routinely auditing and monitoring compliance.

Providers who are contracted with Medical Mutual to provide in-network services to Medicare Advantage Members are First-Tier Entities. An authorized representative of contracted providers must annually attest to their compliance with the Medicare Compliance Program requirements.

In January 2020, contracted providers will receive the FDR attestation instructions with details on how to access and complete the attestation online. Medical Mutual requires the attestation form to be submitted no later than March 31, 2020.

If you have questions, please contact your Medical Mutual Provider Contracting representative. If you are unsure who your Provider Contracting representative is, please visit MedMutual.com/Provider, select Tools and Resources, Contact Us.

New Medicare Beneficiary Identifier (MBI) takes effect on Jan. 1, 2020

As a reminder….

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) required CMS to remove Social Security Numbers (SSN) from all Medicare cards by April 2019. The SSN-based Health Insurance Claim Number (HICN) is being replaced with the Medicare Beneficiary Identifier (MBI).

All new Medicare cards have been mailed and the MBI must be used for traditional Medicare transactions beginning Jan. 1, 2020. Please continue to submit Medicare Advantage member claims to Medical Mutual with the ID number found on the Identification Card.

Any claim submitted to Medical Mutual with a member number other than the Medical Mutual member ID or the MBI will be rejected. You can submit claims with the MBI now. If any of your patients did not receive a new Medicare card with an MBI, please direct them to call 1-800-MEDICARE or visit MyMedicare.gov.

Medical Mutual Working with Optum to Perform the In-Office Assessment Program

Medical Mutual is working with Optum to perform the In-Office Assessment program, formerly referred to as the Healthcare Quality Patient Assessment Form (HQPAF) program. This program is scheduled to begin in 2020, and is designed to obtain the complete and accurate health status assignment for each of our Medicare Advantage Members, some of whom may be your patients. Your participation in the In-Office Assessment program will help enhance the quality of care for these members.

The program uses a HQPAF Form that highlights current and suspected gaps in care, medical history and current chronic illnesses for Medicare Advantage members. This form will allow your office to maximize your time with members during exams.

The form is easy to use and addresses:

- Current and suspected disease conditions, including medication history and adherence measures
- Preventive screening measures
- Medical history as reported to Medical Mutual

If you have patients included in this program, Optum will contact your office and provide you with the form that supports a variety of the Centers for Medicare and Medicaid Services (CMS) programs, including the Healthcare Effectiveness Data and Information Set (HEDIS) and the Five-Star Quality Rating System.

For your participation in the In-Office Assessment program, Optum will reimburse your office a monetary incentive for returning the HQPAF form and corresponding chart notes to Optum. This is in addition to reimbursement from Medical Mutual for the Evaluation and Management service billed for that date of service.

Optum has a business associate agreement with Medical Mutual and, as such, is bound by applicable federal and state privacy and confidentiality requirements in conducting this activity on Medical Mutual's behalf.

MEDICAL MUTUAL®
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Mutual News

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Inside This Issue

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