MEDICAL MUTUAL®

Mutual News

Second Quarter, 2022

Stay Informed with the Provider Manual

The Provider Manual is available at MedMutual.com/Provider > Provider Manual. It is updated quarterly to include the latest policies, procedures and guidelines providers need to work effectively with Medical Mutual.

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

- Section 2—Overview: The following section was revised to update EFT enrollment information:
  - Contact Information section
- Section 3—Clinical Quality and Health Services Overview: The following section was revised to update the medical drug management phone number:
  - Clinical Review Process section
- Section 10—Institutional Remittance Schedule and Summary: The following section was revised to update EFT enrollment information:
  - EFT and ERA Enrollment section

Contact Us

The phone number for our Medical Mutual Provider Contracting team is now 1-800-625-2583. This number is being used in all of our provider contracting regions.

If you do not know who your Provider Contracting Representative is, you can find the information on the Contact Us page of MedMutual.com/Provider.

General Information

Expanded Eligibility/Benefit Response for Coordination of Benefits Questionnaire

Medical Mutual is expanding its eligibility/benefit response (271) to ensure complete communication for when a member has not yet responded to a Coordination of Benefits (COB) questionnaire. This will give you an opportunity to ask your patients to complete it so there is not a delay in claim payment.

What you will receive is an eligibility (EB) coverage segment and a corresponding message text (MSG) segment starting in the third quarter of 2022; specifically:

- EB01 – 5- Active – Pending Investigation; and
- MSG01: Pending receipt of the coordination of benefits questionnaire from the patient.

*This notification is informational only. There is **no action required** on your part. This status shows that the member is still **ACTIVE**.*

For members that have responded to the COB questionnaire, there will be no changes to the response. The status returned will continue to be Active.

- EB01 – 1- Active

Frequently Asked Questions

What is the Coordination of Benefits questionnaire and is this a new process?

This is a questionnaire we send to most medical members once every two years to help us obtain information on other health insurance members may have. We have utilized this questionnaire process for many years and are now making it more transparent for you through the 271.

How does this impact a member's eligibility?

Members still maintain active eligibility with Medical Mutual and have valid health insurance coverage with our organization.

How does this impact a member's claim payments?

Members receive the questionnaire and have 45 days to respond. During the 45-day period, claims are held (not responded to) awaiting response from the member/patient. During this period, we continue to send additional communications to the member/patient. If no response is received within 45 days, claims are denied.

If you have any questions regarding Medical Mutual's response to an eligibility/benefit request (271), please contact Medical Mutual's Customer Care Department at 1-800-362-1279 or EDISupport@MedMutual.com.

Medical Mutual and Aspire Health Provide In-home Palliative Care Program for Members

Medical Mutual offers a palliative care program to our members who experience critical health needs that require specialized care. Our program is available with the assistance of Aspire Health, a nationally recognized leader in home-based palliative care.

The benefits of our palliative care program with Aspire Health include:

- Interdisciplinary, physician-led comprehensive care 24 hours-a-day, 7 days-a-week
- Collaboration between a patient, their family and the primary care provider to develop a personalized care plan
- Primary care and palliative care physicians who share responsibility and co-manage care for optimal clinical outcomes
- Palliative-care-specific assessments, pain control and tracking of outcomes
- After-hours service that connects patients with providers if an urgent need arises
- Improved patient satisfaction through care provided in the comfort of the patient's own home

Coordinated care between a member's primary care provider and the Aspire Health team aims to reduce the number of days individuals spend in acute-care settings and to improve their health outcomes.

To refer one of your patients who is a Medical Mutual member for palliative care, please use the referral information below.

Medicare Advantage Referrals
Email (preferred): CaseMgmt-MedAdv@MedMutual.com
Phone: 1-800-221-2640

Commercial Plan Referrals
Email (preferred): CaseMgmt-Triage@MedMutual.com
Phone: 1-800-258-3175

Medical Mutual Definition of Specialist for Specialist Copay

Medical Mutual's definition of a Specialist in its benefit books only includes Physicians who practice in other than family practice, general practice, geriatrics, internal medicine, pediatrics, neonatology, obstetrics, or gynecology. Specialist does not include a Certified Nurse Practitioner or Physician Assistant. Therefore, when office services are rendered by a Certified Nurse Practitioner or Physician Assistant, the PCP office visit copay will apply, if applicable, regardless of the provider's specialty.

Patient Validation for Claim Processing

To prevent a claim processing delay, it is important to use the subscriber's name or the patient's name (if the patient is different than the subscriber) as indicated on the Medical Mutual member identification card. Using a nickname may cause the claim to be returned to you for correction and resubmission.

In addition, accurate reporting of the subscriber's or patient's date of birth and the patient's relationship code to the subscriber (if the patient is different than the subscriber) will enable matching the patient to our member:

- 01 — Spouse
- 19 — Child
- 20 — Employee
- 21 — Unknown
- 39 — Organ Donor
- 40 — Cadaver Donor
- 53 — Life Partner
- G8 — Other Relationship

If you have any questions, please contact Medical Mutual's Customer Care Department at 1-800-362-1279 or EDISupport@MedMutual.com.

Osteoporosis Management for Women with a Fracture Member Outreach Program

Medical Mutual is working with Quest HealthConnect to perform in-home bone density screenings using a portable device. These screenings will help close the care gap for Medical Mutual Medicare Advantage members with a recent fracture. Below is additional information on how our Osteoporosis Management for Women with a Fracture (OMW) outreach program works.

Our Clinical Quality Improvement (CQI) team contacts targeted female members based on information received from claims data that tells us the members suffered a fracture. The outreach process to these members is as follows:

1. A letter is sent to members encouraging them to get a bone density scan, and we offer help in scheduling it.
2. A Medical Mutual registered nurse calls the members to schedule them for a bone density scan, which can either be completed at home or by connecting them with their primary care provider (PCP).
3. A fax is sent from our Clinical Quality department to the member's PCP to make them aware of the results of the member outreach. Those results could be:
   - A The member completed an in-home scan.
   - B The member wants a provider to schedule the scan.
   - C The member refuses our outreach.
4. PCPs are asked to return the faxed information back to our Clinical Quality department regarding their intent to provide the bone density scan if a member refuses an in-home scan.
5. PCPs are also asked to fax our Clinical Quality department the results of a completed bone density scan and/or any osteoporosis medication incorporated into the member's treatment plan, including the name of the drug, dosage information and the start date.

Our Clinical Quality fax number is 1-216-687-1882.

If you have any questions about our member outreach program for OMW, you can contact our CQI team at 1-800-586-4523, option 1.

Medical Policy Updates

The Corporate Medical Policies (CMPs) developed, revised or retired between Mar. 1, 2022 and May 31, 2022 are outlined in the following charts. CMPs are regularly reviewed, updated, added or withdrawn, and are subject to change. For a complete list of CMPs, please visit MedMutual.com/Provider and select Policies and Standards > Corporate Medical Policies.

Medical Drug CMPs

CMP Name	Policy Status
Abraxane	Revised
Actemra	Revised
Actemra_IV	Revised
Adbry	New
Adcetris	Revised
Aduhelm	Revised
Aranesp	Revised
Arcalyst	Revised
Arzerra	Revised
Asparlas	Revised
Bavencio	Revised
Bendamustine	Revised
Beovu	Revised
Bevacizumab	Revised
Bevacizumab_ONCO Cimzia	Revised
Blenrep	Revised
Blincyto	Revised
Bortezomib	Revised
Cabenuva	Revised
Carvykti	New
CGRP	Revised
Cimzia	Revised
Cinryze/Haegarda	Revised
Cosela	Revised
Cosentyx	Revised
Crysvita	Revised
CSF-fligrastim	Revised
Cyramza	Revised

CMP Name	Policy Status
Darzalex_IV	Revised
Darzalex_SQ	Revised
Elaprase	Revised
Empliciti	Revised
Enbrel	Revised
Enhertu	Revised
Enjaymo	New
Entyvio	Revised
Epoetin alfa	Revised
Erbitux	Revised
Erwinaze	Revised
Evenity	Revised
Evkeeza	Revised
Faslodex	Revised
General Oncology	Revised
Global PA	Revised
Halaven	Revised
Humira	Revised
Imfinzi	Revised
Imlygic	Revised
Infliximab	Revised
Inhaled Nitric Oxide	Revised
Ixempra	Revised
Jemperli	Revised
Jevtana	Revised
Kadcyla	Revised
Kevzara	Revised
Keytruda	Revised
Kimmtrak	New
Kyprolis	Revised
Leukine	Revised
Levoleucovorin	Revised
Libtayo	Revised
Lucentis	Revised
Margenza	Revised
Mircera	Revised

CMP Name	Policy Status
Nulibry	Revised
Ocrevus	Revised
Oncaspar	Revised
Onivyde	Revised
Opdivo	Revised
Opdualag	New
Orencia SC	Revised
Pegfligrastim	Revised
Pemetrexed	Revised
Perjeta	Revised
Phesgo	Revised
Pluvicto	New
Portrazza	Revised
Reblozyl	Revised
Rituximab IV	Revised
Rituximab SQ	Revised
Ruconest	Revised
Rybrevant	Revised
Rylaze	Revised
Saphnelo	Revised
Sarclisa	Revised
Simponi	Revised
SOC	Revised
Spravato	Revised
Stelara	Revised
Synagis	Revised
Taltz	Revised
Tecentriq	Revised
Trastuzumab SQ	Revised
Tremfya	Revised
Trisenox	Revised
Trodelvy	Revised
Trogarzo	Revised
Vabysmo	New
Vectibix	Revised
Velcade	Revised

CMP Name	Policy Status
Vyepti	Revised
Xgeva	Revised
Yervoy	Revised
Yescarta	Revised
Yondelis	Revised
Zaltrap	Revised
Zepzelca	Revised
Zynlonta	Revised

Medical CMPs

CMP Name	CMP Number	Policy Status
Manipulation Under Anesthesia	95029	Revised
Pressure Reducing Support Surfaces	95037	Revised
Contact Lenses	200131	Revised
Endoscopic Thoracic Sympathectomy for Treatment of Hyperhidrosis	200313	Revised
Recombinate Human Bone Morphogenetic Protein-2 and Protein-7	200403	Revised
Intrastromal Corneal Ring Segments for the Treatment of Keratoconus	200504	Revised
Infrared Coagulation and Laser Hemorrhoidectomy	200515	Revised
Focal Articular Cartilage Defect Treatment Osteochondral Allograft	200613	Revised
Tumor Treating Fields	201607	Revised
Percutaneous left atrial appendage closure (LAAC) for non-valvular atrial fibrillation	201718	Revised
Surgical Treatments for Glaucoma	201721	Revised
Actigraphy	2018-C	Revised
Fractional flow reserve derived from computed tomography (FFRCT)	201931	Revised
Corneal Cross Linking	201946	Revised
Implanted cardiac contractility modulation generator – Optimizer	202205	New

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

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 Policies and Standards > Corporate Medical Policies.
This page also includes all current Corporate Medical Policies and information about our prior approval services and Magellan Rx's secure provider portal, a web-based tool at MagellanRx.com that providers can use to manage prior approval requests for medications.

For drugs covered under the pharmacy benefit

Select Policies and Standards > Prescription Drug Resources, then click the link under 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.

Update to Medical Benefit Product Coverage for Medical Mutual Commercial and Affordable Care Act (ACA) Plans

In response to unprecedented price increases, Medical Mutual has updated the preferred infliximab products list effective June 15, 2022. Members who are on existing therapy will be required to try the preferred drug at the time of prior approval renewal. For members new to the therapy, Medical Mutual will require a trial of the preferred drug before a non-preferred drug can be prescribed. If the provider believes that a member has already satisfied the step therapy requirement or a non-preferred drug is medically necessary, the provider should follow the Medical Mutual prior authorization process to request the non-preferred drug.

The preferred and non-preferred infliximab products for Medical Mutual commercial and ACA plans are noted in the following chart.

Preferred Drugs*	Non-Preferred Drug
Inflectra (Q5103) or Remicade (J1745)	Avsola (Q5121) Renflexis (Q5104)

Change in preferred products effective June 15, 2022

For more information, please visit MedMutual.com/For-Providers > Policies and Standards > Corporate Medical Policies.

*Preferred products are subject to any benefit limitation set forth in a member's benefit certificate.

Update to Medical Benefit Drug Coverage for Medical Mutual Medicare Advantage Plans

In response to unprecedented price increases, Medical Mutual has updated the preferred infliximab products list effective June 15, 2022. For members new to the therapy, Medical Mutual will require a trial of the preferred drug before a non-preferred drug can be prescribed. If the provider believes that a member has already satisfied the step therapy requirement or a non-preferred drug is medically necessary, the provider should follow the Medical Mutual prior authorization process to request the non-preferred drug.

The preferred infliximab products for Medical Mutual Medicare Advantage plans are noted on the left side of the following chart. The non-preferred drugs are shown on the right. To view the Part B Step Therapy policy and all Part B drugs that require step therapy go to:

MedMutual.com/For-Providers/Policies-and-Standards/Medical-Drug-Management.aspx.

Preferred Drugs*	Non-Preferred Drug
Inflectra (Q5103) or Remicade (J1745)	Avsola (Q5121) Renflexis (Q5104)

Change in preferred products effective June 15, 2022

For more information, please visit MedMutual.com/For-Providers > Policies and Standards > Corporate Medical Policies.

*Preferred products are subject to any benefit limitation set forth in a member's benefit certificate.

Medicare Advantage

Medicare FDR Attestations Due by Dec. 1, 2022

Medical Mutual is a Medicare Advantage Organization (MAO) and is responsible for ensuring that First Tier, Downstream and Related Entities (FDRs) are compliant in meeting Medicare laws, regulations, and instructions. If you are part of a provider group that is contracted with Medical Mutual to provide in-network services to MedMutual Advantage members, you are identified as a First Tier Entity.

We want to assist you in understanding the steps for completing the FDR compliance requirements:

Step 1 Review the Compliance Requirements

We have developed an FDR Program Guide that provides you with specific requirements around:

- Fraud Waste and Abuse (FWA) training
- General compliance training
- Code of Conduct distribution
- Exclusion list screenings
- Reporting FWA and compliance concerns to Medical Mutual
- Specific state and federal compliance obligations
- Auditing and monitoring of your subcontractors
- Offshore operations and CMS reporting

The FDR Program Guide can be found at:
MedMutual.com/For-Providers/Resources/First-tier-Downstream-or-Related-Entities.aspx.

Step 2 Implement Policies and Procedures to Meet All Requirements

Establish and distribute policies and procedures

It is important that you establish and distribute policies and procedures to all employees within your organization who support the Medicare Advantage functions and services delegated to you by Medical Mutual.

Maintain your records

You must maintain evidence of your compliance with these requirements (e.g., employee training records, CMS certificate of FWA training completion, etc.) for no less than 10 years. Medical Mutual and CMS may request that you provide evidence of your compliance with these requirements up to 10 years after the event in question.

Monitor and audit subcontracted and approved offshore entities

Any subcontractors with whom you do business are also responsible for being compliant with all Medicare and Medical Mutual requirements. It is your responsibility to ensure that the subcontractors are aware of, and compliant with, the same requirements. Medical Mutual generally does not allow services to be delegated offshore without approval.

Step 3 Complete the FDR Attestation by Dec. 1

Our annual FDR attestation is the method we use to verify that you are adhering to all Medicare and Medical Mutual requirements. The FDR attestation will be available on July 15, 2022 at MedMutual.com/AttestationProvider. You can complete it electronically, or we also offer a fillable PDF version that can be completed and returned via email or fax. By Dec. 1, 2022, an authorized representative from your organization must complete the attestation to confirm that all Medicare and Medical Mutual compliance requirements are being followed. Any identified issues of noncompliance can result in actions ranging from development of a corrective action plan to termination of your agreement.

We are Here to Help

If you have any questions about compliance requirements or our annual FDR attestation, please reach out to your Provider Contracting Manager. If you are unsure who your Provider Contracting Manager is, please visit the Contact Us page on MedMutual.com/Provider or email us at FDRProviderCompliance@MedMutual.com.

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