MEDICAL MUTUAL®

Mutual News

Third 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 – Claims Overview: The following section was revised:
  - Molecular Diagnostic Tests Sub-section of the Coding Instructions for Selected Services and Related Billing Policies and Procedures Section
- Section 10 – Institutional Remittance Schedule and Summary: The following section was revised:
  - EFT and ERA Enrollment Section
- Section 12 – Medicare Advantage Plans and Guidelines: The following sections were revised:
  - Plan Options Section
  - Pharmacy Programs Sub-section of the Clinical Quality and Health Services Programs, HEDIS® and Stars 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

Medical Mutual Engaging Change Healthcare to Utilize Diagnosis (Dx) Gap Advisor

Medical Mutual is engaging Change Healthcare to utilize Diagnosis (Dx) Gap Advisor starting in October. Dx Gap Advisor is an analytics tool designed to increase coding accuracy and close risk gaps for members covered under Medical Mutual's Medicare Advantage plans, as well as Individual Affordable Care Act (ACA) plans offered through the federal health insurance marketplace. Dx Gap Advisor helps ensure complete and accurate diagnosis coding occurs upon claim submission, which may reduce requests for medical records and reduce billing mistakes.

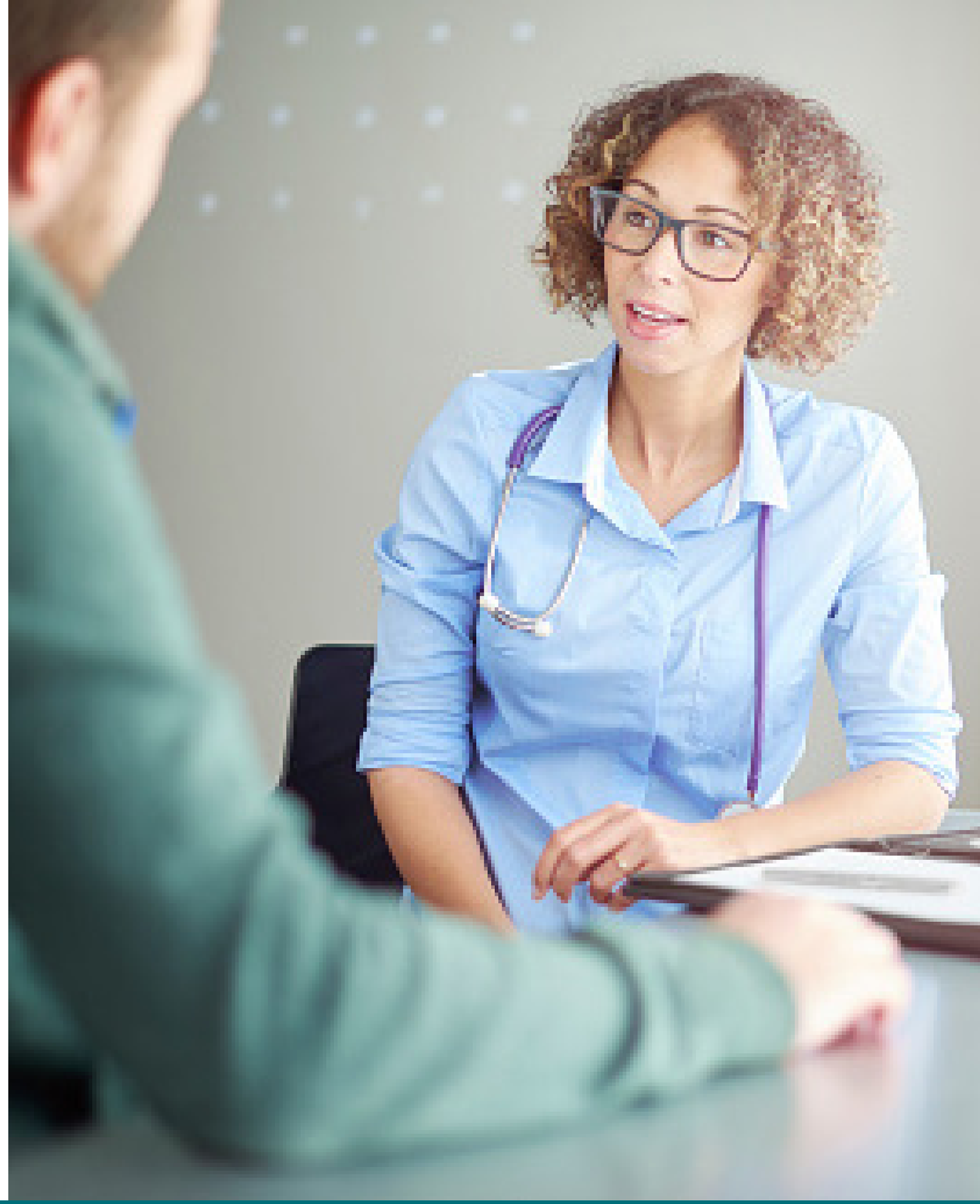
How it Works

Dx Gap Advisor uses our Medicare Advantage and Individual ACA claims data to identify members with chronic conditions. If you submit a claim for one of these members that does not address all the chronic conditions known to be present in the member's claim history, a real-time or next-day message from Dx Gap Advisor will be sent to you via a standard 277CA EDI transaction. The message will ask you to review the medical record to confirm the original diagnoses submitted on the claim are complete and accurate. The message will address up to five of the most frequently noted chronic condition diagnosis codes in the member's history that have not been addressed on the claim.

What You Need to Do

If you receive a message from Dx Gap Advisor, please reviewv the medical record. If coding on the claim is complete and accurate, simply resubmit the claim. **If changes are needed, make the change to the diagnosis code(s) and resubmit the claim using the original claim ID. All claims must be resubmitted whether or not changes are made.**

For more information about the program, please contact your Medical Mutual Provider Contracting Manager at 1-800-625-2583.



New HEDIS® Measure Promotes Follow-up After Emergency Department Visit for People with Multiple High-risk Chronic Conditions

For Medicare patients, following up with a provider after visiting an emergency department (ED) is important, especially if they have high-risk chronic medical conditions. That is why the National Committee for Quality Assurance (NCQA) developed the Healthcare Effectiveness Data and Information Set (HEDIS) measure Follow-up After Emergency Department Visit for People with Multiple High Risk Chronic Conditions (FMC). FMC measures the rate of follow-up within seven days of a Medicare patient's ED visit when they have two or more specific chronic conditions.

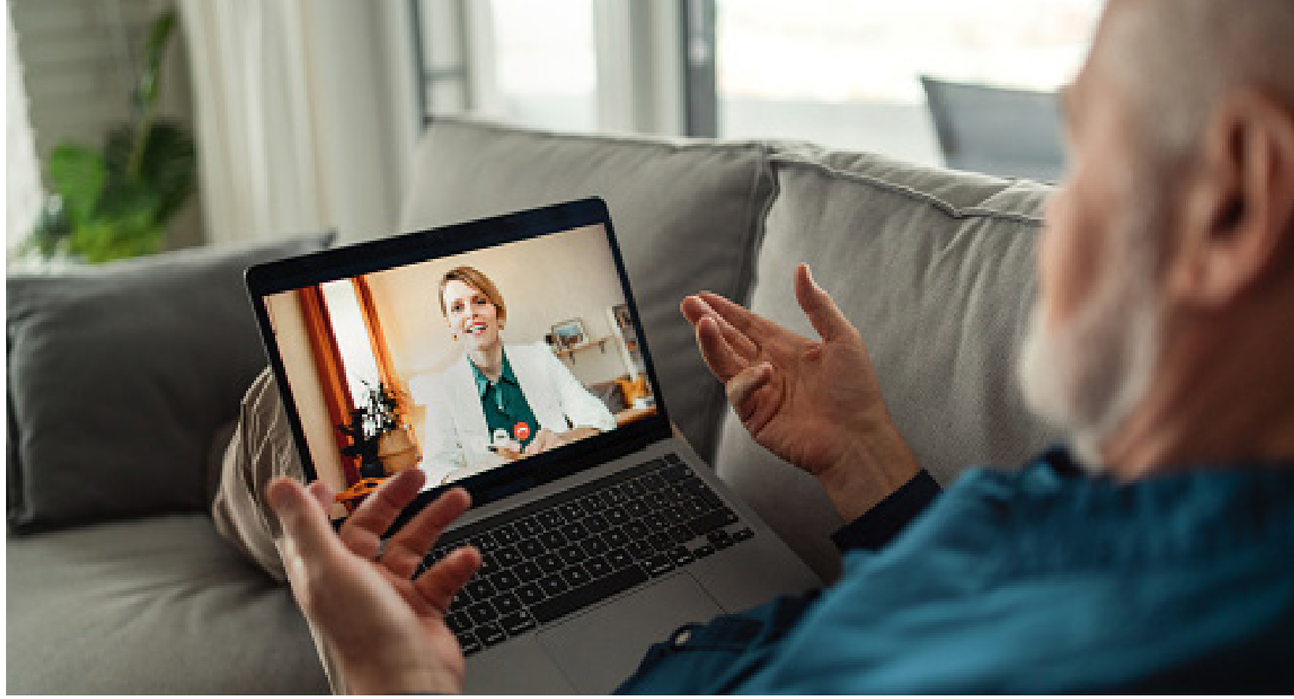
Chronic Conditions Included in the FMC Measure

- Alzheimer's disease and related disorders
- Depression
- Atrial fibrillation
- Heart failure
- Chronic kidney disease
- Myocardial infarction (acute)
- COPD and asthma
- Stroke and transient ischemic attack

Best Practices for the HEDIS FMC Measure

- Schedule your Medicare patients with chronic conditions for an office, telehealth or telephone appointment within seven days of an ED discharge, and educate them on why it is important that they have a follow-up visit within 7 days of going to the ED.
- Educate your Medicare patients on ED avoidance and other care options like telehealth, telephone or urgent care.
- Use the HEDIS CPT codes shown below to document follow-up visits for the FMC measure.

HEDIS® Value Sets	CPT codes*
Outpatient Visit	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483
Telephone Visit	98966, 98967, 98968, 99441, 99442, 99443
Transitional Care Management	99495, 99496
Telehealth Point of Service	02 – Telehealth provided not in the patient's home 10 – Telehealth provided in patient's home



Medical Mutual Programs and Resources

We offer programs and resources that can help support you and our members that have chronic health conditions.

- **24-hour/7 day a week Conduit Nurse Line** - available to answer members' questions and help to guide care, 1-888-912-0636.
- **Case Management** - Offers help and support with complex medical needs. Provider referral: Medicare Advantage Case Management referral: 1-855-887-2273 or CaseMgmt-MedAdv@medmutual.com
- **Chronic Care Management Program (CCMP)** - Members are identified through predictive modeling, or the members can be referred. Please call 1-800-590-2583 to refer a member.
- **Aspire In-Home Palliative Care** - You can refer a member to the palliative care program or members can self-refer, by calling Aspire toll free at 1-844-232-0500.
- **Dispatch Health In-home Urgent Care Services (availability based on member location)** - To schedule an appointment call 1-855-213-2998 or go to www.dispatchhealth.com.

Incorporating Antibiotic Stewardship in Your Practice

The impact of antibiotic resistance is growing. There are more than 2.8 million antibiotic-resistant infections occurring in the U.S. each year, resulting in more than 35,000 deaths.1 The Centers for Disease Control and Prevention (CDC) estimates approximately 47 million courses of antibiotics are prescribed unnecessarily each year.

Two important measures you should be aware of that are monitored by the National Committee for Quality Assurance (NCQA) related to antibiotic use are:

- Appropriate Treatment for Upper Respiratory Infections (URI)
- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

Antibiotic stewardship, the effort to measure and improve how antibiotics are prescribed, can help you stay diligent and ensure appropriate antibiotic use with your patients. Here are guidelines for developing an antibiotic stewardship program within your practice.

1. Design and implement practices to reduce antibiotic resistance
   a. Recommend watchful waiting practices (when appropriate)
   b. Recommend symptom relief that can be obtained over-the-counter

2. Monitor your antibiotic prescribing practices
   a. Evaluate prescribing habits
   b. Participate in continuing education courses
   c. Track quality improvements

3. Educate patients about antibiotic stewardship
   a. Educate patients about virus vs. bacteria and how each responds to treatment options
   b. Help patients understand the practices you've implemented to prevent antibiotic resistance for their health and the health of the greater community

If you need help starting an antibiotic stewardship program, or are looking to assess if your current program is working, here are tools from the CDC.

- The Core Elements of Hospital Antibiotic Stewardship Programs www.cdc.gov/antibiotic-use/healthcare/pdfs/assessment-tool-P.pdf
- Continuing Education related to antibiotic resistance and antibiotic prescribing: www.cdc.gov/antibiotic-use/training/continuing-education.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fantibiotic-use%2Fcommunity%2Ffor-hcp%2Fcontinuing-education.html
- The Core Elements of Outpatient Antibiotic Stewardship www.cdc.gov/antibiotic-use/community/pdfs/16_268900-A_CoreElementsOutpatient_check_1_508.pdf

References and Resources

1. Antibiotics Aren't Always the Answer. Centers for Disease Control and Prevention. www.cdc.gov/antibiotic-use/pdfs/AntibioticsArentAlwaystheAnswer-H.pdf
2. Over Prescribing Antibiotics in a Pandemic. Pharmacy Benefit News (Issue #387). https://propharmaconsultants.com/pbn.html
3. Antibiotic Resistance Threats In the United States 2019. Centers for Disease Control and Prevention. www.cdc.gov/drugresistance/pdf/threats-report/2019-ar-threats-report-508.pdf
4. Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB). NCQA. www.ncqa.org/hedis/measures/avoidance-of-antibiotic-treatment-for-acute-bronchitis-bronchiolitis/
5. Antibiotic Resistance Questions and Answers. Centers for Disease Control and Prevention. Available at: https://www.cdc.gov/antibiotic-use/community/about/antibiotic-resistance-faqs.html.

New HEDIS Kidney Health Evaluation Measure Addresses Disease Identification in Patients with Diabetes

According to the Centers for Disease Control and Prevention, kidney disease affects an estimated 37 million people in the U.S., and approximately 90% of those with kidney disease are unaware they have the condition1. The National Kidney Foundation (NKF) and the National Committee for Quality Assurance (NCQA) developed a HEDIS measure, Kidney Health Evaluation for Patients with Diabetes (KED), to identify kidney disease for early treatment.

The KED measure tracks the percentage of adults with diabetes ages 18-85 who received an annual kidney health evaluation. This evaluation includes:

- At least one estimated glomerular filtration rate (eGFR) during the measurement year.
- At least one urine albumin-creatinine ratio (uACR) during the measurement year by either:
  - Having both a quantitative urine albumin test and a urine creatinine test with service dates four or less days apart.
  - A uACR test.

A Kidney profile, which was developed by the NKF and can be found at www.kidney.org/CKDintercept/laboratoryengagement, combines the eGFR and the uACR to assess kidney damage. Results of this profile can provide you and your patients with the information you need to identify chronic kidney disease (CKD) and develop a treatment plan.

CPT* Codes for HEDIS KED Measure

Code Class	Codes	Description
CPT	80047; 80048; 80050; 80053; 800069; 82565	Estimated Glomerular Filtration Rate Lab Test
CPT	82043	Quantitative Urine Albumin Lab Test
CPT	82570	Urine Creatinine Lab Test
LOINC	13705-9; 14958-3; 14959-1; 30000-4; 32294-1; 44292-1; 59159-4; 76401-9; 77253-3; 77254-1; 89998-9; 9318-7	Urine Albumin Creatinine Ratio Lab Test

https://www.kidney.org/news/newsroom/fsindex

Best Practices for the HEDIS KED Measure

- Order an eGFR and uACR annually for patients with a diagnosis of type 1 or type 2 diabetes.
- Reinforce with patients how diabetes can affect their kidneys and what can be done to help prevent kidney damage such as:
  - Controlling their blood pressure, blood sugars, cholesterol, and lipid levels.
  - Taking medications as prescribed that can protect kidney function, such as ACE inhibitors or ARBs.
  - Discussing medications that can be harmful to the kidneys such as NSAIDs like naproxen or ibuprofen
  - Discussing limiting protein intake and salt in their diet.
- Coordinate care with specialists, such as endocrinologists or nephrologists, as needed.

Medical Mutual Support Programs

Medical Mutual has a stratified approach to managing our members with diabetes.

- Lark Health is available for members who are stable. Members are targeted by diagnosis, but also can be referred by case management, physician or self-referral. Please call 1-800-590-2583 to refer a member.
- For moderate-risk members that are unstable, we offer a Chronic Care Management Program. Members are identified through predictive modeling, or members can be referred. Please call 1-800-590-2583 to refer a member.
- High-risk members are managed through our Case Management Program. Please call 1-800-258-3175 to refer a member.
- Referral to a Medical Mutual telephonic diabetes educator. Please send referral requests to ccmptriage@medmutual.com with the subject line "Diabetes Educator Referral" and provide the source and reason for the referral.

1. https://www.cdc.gov/kidneydisease/publications-resources/ckd-national-facts.html

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.

None of the information included in this article is intended to be legal advice. It remains the provider's responsibility to ensure that all coding and documentation are done in accordance with applicable state and federal laws and regulations.

Coding and Documentation Best Practices for Peripheral Arterial Disease and Peripheral Vascular Disease

Accurate coding and documentation of peripheral vascular disease (PVD) and peripheral artery disease (PAD) is important to help provide a comprehensive view of your patients' overall health.

When completing documentation and coding for PVD and PAD, the terms arteriosclerosis and atherosclerosis may be used interchangeably. You should also keep in mind the following to help ensure complete and accurate documentation.

For documentation purposes, remember to include:

- Cause (e.g., atherosclerosis, stenosis)
- Location of vein/artery affected (leg, foot, heal, ankle, calf, thigh)
- Status of the artery (e.g., native, bypass graft, autologous, non-autologous biological)
- Complications, such as rest pain, intermittent claudication, ulceration (document ulcer site) or gangrene
- Laterality – specify left, right or bilateral

For coding purposes

- When PAD or PVD are documented, and it is unknown whether it is due to atherosclerosis, then code 173.9 should be assigned.
- If PAD or PVD is documented, and it is due to atherosclerosis, assign a code from I70.xxx. Coding for PAD/PVD and diabetes
- If the patient has diabetes and PAD/PVD, this is an assumed linkage.
- Be sure to specify whether it is E11.9- Type 2 Diabetes or E10.9 Type 1 Diabetes.
- I73.9- Peripheral vascular disease, unspecified (PAD/PVD) is not coded separately from linked diabetes.
- E11.51- Type 2 Diabetes with diabetic peripheral angiopathy without gangrene, or E10.51- Type 1 Diabetes with diabetic peripheral angiopathy without gangrene, would be the only code reported.

Supporting documentation

Document diagnostic test results and any clinical findings that support PVD along with disease status and treatment plan and include the following details when applicable:

- Risk factors (e.g., tobacco use, high cholesterol)
- Counseling provided to patient (e.g., smoking cessation)
- Co-morbidities such as hypertension, diabetes mellitus, and hypercholesterolemia, with disease status and treatment plan

For additional information, please consult your ICD-10-CM book.

https://www.usavascularcenters.com/blog/understanding-differences-pad-vs-pvd/?nowprocket=1

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6363542/

https://www.mayoclinic.org/diseases-conditions/peripheral-artery-disease/diagnosis-treatment/drc-20350563

https://www.cms.gov/files/document/fy-2022-icd-10-cm-coding-guidelines-updated-02012022.pdf

None of the information included in this article is intended to be legal advice. It remains the provider's responsibility to ensure that all coding and documentation are done in accordance with applicable state and federal laws and regulations.

Reminder to Register with One Inc for EFT Claim Payments

We are working with One Inc to leverage their ClaimsPay® electronic payment enrollment system, which provides faster, easier and more secure payments. With One Inc, we are able to provide the following benefits to you.

- Receive claim payments electronically through ACH Direct Deposit
- Improve cash flow by receiving payment sooner
- Eliminate bank fees associated with depositing paper checks or lockbox processing
- Dispense with physically tracking paper checks and deposits
- Receive online access to EOB (Explanation of Benefits)

If you are not part of the One Inc Network, it is easy to register. Register your organization in the One Inc Network at providers.oneinc.com. You will need your company's Tax ID Number (TIN) and your One Inc enrollment code. If you need assistance during the registration process, please contact One Inc at 1 (877) 313-4898 or providers@oneinc.com.

If you have any questions, please contact your Provider Contracting Manager toll free at 1-800-625-2583.

Sign Up Now for Email Communications from Medical Mutual

If you are currently registered with Medical Mutual in the Availity provider portal, but have not signed up to receive email communications from us, please do so now.

To receive electronic communications, please take the following actions:

- Enroll or login to Availity at Availity.com/medicalmutual.
- Locate the Medical Mutual payer space, go to the Applications Tab and input the applicable email address.

By not signing up for e-communication, you will miss out on:

- Faster and more timely communication of important information
- Easier sharing and referencing of prior communications
- Convenient access to additional information/resources through email links

If you have any questions, please contact your Medical Mutual Provider Contracting Representative. If you don't know who your Provider Contracting Representative is, please visit the Contact Us page at MedMutual.com/Provider.

Medical Policy Updates

The Corporate Medical Policies (CMPs) developed, revised or retired between June 1, 2022 and Aug. 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
Adcetris	Retired
Aduhelm	Revised
Alimta	Retired
Amondys45	Revised
Arcalyst	Revised
Bavencio	Revised
Bendamustine	Revised
Benlysta	Revised
Botox	New
Botoxulinum toxins A and B	Retired
Breyanzi	Revised
CGRP	Revised
Cimzia	Revised
Cyramza	Revised
Dupixent	Revised
Dysport	New
Enhertu	Revised
Erbitux	Revised
Exondys51	Revised
Eylea	Revised
Fasenra	Revised
Faslodex	Retired
Gazyva	Revised
General Oncology	Revised
Global PA	Revised
Growth Hormone	Revised
Halaven	Retired
Hemlibra	Revised

CMP Name	Policy Status
Ilumya	Revised
Imfinzi	Revised
Infliximab	Revised
Inhaled Prostacyclins (Tyvaso, Ventavis)	Revised
Jemperli	Revised
Jevtana	Revised
Kadcyla	Revised
Keytruda	Revised
Krystexxa	Revised
Kyprolis	Revised
Medicare ST	Revised
Mybloc	New
Opdivo	Revised
Palynziq	Revised
Pegfilgrastim	Revised
Pemetrexed	Revised
Perjeta	Revised
Remodulin	Revised
Rituximab IV	Revised
Ryplazim	Revised
Siliq	Revised
Site of Care	Revised
Soliris	Revised
Spinraza	Revised
Tecentriq	Revised
Trastuzumab IV	Revised
Tysabri	Revised
Ultomiris	Revised
Vectibix	Revised
Velcade	Revised
Viltepso	Revised
Vyondys53	Revised
Xeomin	New
Xolair	Revised
Yervoy	Revised
Yondelis	Revised

Medical CMPs

CMP Name	CMP Number	Policy Status
Varicose Vein Treatment Procedures: Mechanochemical Ablation and Medical Adhesive Therapies	2018-D	Revised
Allogeneic, xenographic, synthetic, and composite nerve grafts and conduits	2019-F	Revised
Microsurgical Treatments for Lymphedema	202011	Revised
Pancreatic Islet Cell Transplant	201102	Revised
Skin Surveillance Technologies	200903	Revised
Vision Training	201103	Revised
Pulsed Electrical Stimulation - Osteoarthritis of Knee	2005-E	Revised
Vertebral Body Tethering	202013	Revised
Anal Fistula Plug	2009-C	Revised
Carpal Tunnel, Tendon Sheath or Ligament, Tendon and Trigger Point Injection	200218	Revised
Funtional Electrical Stimulation for Rehabilitation of Paralyzed Lower Extremities	200604	Revised
Ultrasound Transient Elastography	201935	Revised
Cryoablation of Solid Tumors	200802	Revised
Non-wearable automatic external defibrillator (AED)	201617	Revised
Transcatheter Mitral Valve Repair (TMVr)	202012	Revised
Cosmetic Procedures	201929	Revised
Microcurrent Electrical Therapy	2009-D	Revised
Radiofrequency Treatment Pain	201537	Revised
Bone Mineral Density Studies	94022	Revised
Hydrogen Breath Test for Irritable Bowel Syndrome	2015-D	Revised
Vertebral Axial Decompression (VAX-D)	2005-J	Revised
Interferential Stimulation	2012-A	Revised
Disc Decompression Procedures	2019-G	Revised
Vertebral Artery Angioplasty	202104	Revised
Next-Generation Sequencing for Detection and Quantification of Lymphoid Cancers	201923	Revised
Nonsurgical Treatment of Obstructive Sleep Apnea: Oral Pressure Therapy	2014-A	Revised
Spinal Cord Stimulation for Treatment of Chronic Pain	200602	Revised
Thermography	201324	Revised
Auditory Brainstem Response Testing	200215	Revised
Sacral Nerve Stimulation	200616	Revised

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

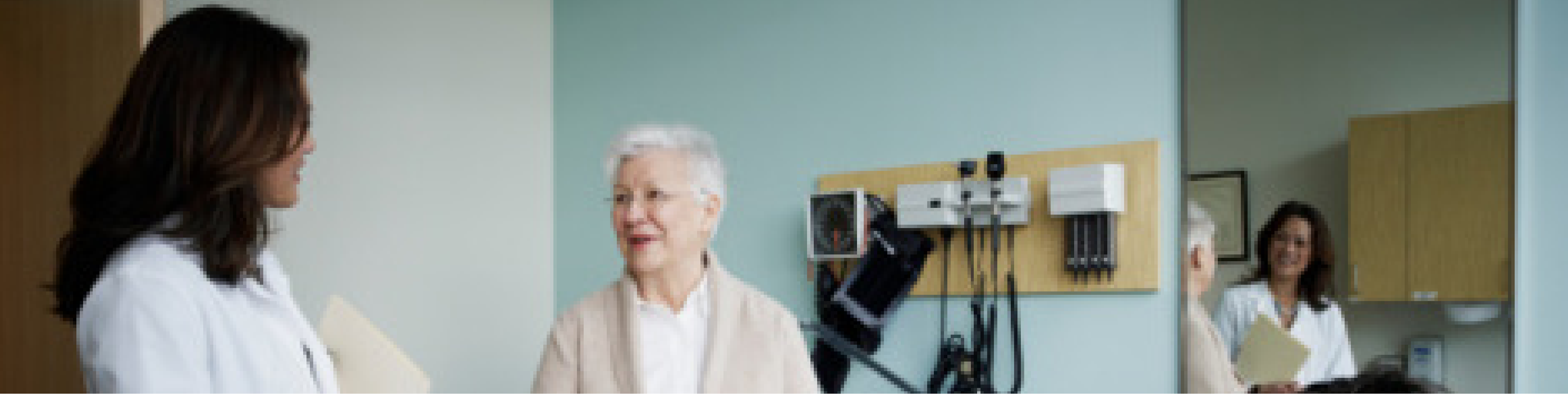
Medical Mutual requires prior approval for the following drugs regardless of whether they are covered under the medical or pharmacy benefits:

- 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 www1.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 to see the list. 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.



Risk Adjustment

Webinar: Did You Know? A Review of AHA's Coding Clinic® Advice, Common HCC Coding Pitfalls and RADV Basics for Medical Records

Earn ONE FREE CME (Continuing Medical Education) or CEU (Continuing Education Unit)

Medical Mutual is hosting a webinar on advice from the American Hospital Association's (AHA) Coding Clinic articles, risk adjustment coding pitfalls resulting in deleted hierarchical condition categories (HCCs), and Risk Adjustment Data Validation (RADV) medical record basics.

The webinar is scheduled for one hour and will provide an opportunity for live questions and answers. You must be present for the entire webinar to earn one CME or CEU.

Learning objectives include:

- Examples of what can be learned from the Coding Clinic®
- Common coding errors that result in deleted HCCs
- RADV basic requirements for medical records

Please register for a time that best suits your schedule:

- Friday, Oct. 14, 2022, from 12:00 – 1:00 PM ET
- Thursday, Nov. 3, 2022, from 12:00 – 1:00 ET

Please register in advance. Registration for each date will close at 4 p.m. the day prior to the webinar.

To register, email Rebecca McFarland at Rebecca.McFarland@MedMutual.com. Please provide your first and last name, organization, and preferred date. AAPC membership number is not required. A meeting invitation will be provided after receipt of your email.

Medicare Advantage

Reminder: Medicare FDR Attestations Due by Dec. 1, 2022

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 MedMutual Advantage Members are First-Tier Entities. An authorized representative of these individual providers and healthcare organizations must annually attest to their compliance with the Medicare Compliance Program requirements.

Medical Mutual requires the attestation form to be submitted to us no later than Dec. 1, 2022. You can submit the form electronically at www.MedMutual.com/AttestationProvider, or there is a fillable PDF version available on the same website page that can be submitted via fax or email. Any provider who has self-reported a deficiency will need to remediate the deficiency within 90 days.

If you have questions or need assistance, please contact your Medical Mutual Provider Contracting Manager at 1-800-625-2583. 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.

Ohio Area Agencies on Aging Can Help Your Senior Patients Stay Healthy and Independent

As providers, having the right support and resources available for your senior patients to help them stay healthy and independent is important. The Ohio Area Agencies on Aging (AAA) can connect your senior patients and their families to community resources to assist them with the challenges they face in staying independent and healthy. Ohio has 12 Area Agencies on Aging that together represent all 88 counties. Some of the benefits that these agencies provide for your older adult patients include:

- Helping older adults become and stay healthy. The AAAs offer classes that provide older adults with nutrition education and counseling to meet their dietary needs. The AAAs also coordinate home meal deliveries. Evidence-based Chronic Disease Self-management Programs are offered to help seniors manage chronic conditions such as hypertension, lung disease, arthritis, diabetes, cancer, and chronic pain. Other valuable resources include caregiver workshops and falls prevention programs.
- Helping older adults stay connected and engaged. The AAAs connect older adults to volunteer opportunities that allow them to give back to their communities and establish relationships within their neighborhoods to help eliminate isolation. They also manage programs that provide transportation to medical appointments, business errands, shopping and other activities.
- Helping older adults remain in their homes and communities. AAAs provide access to services for home maintenance and modifications, as well as programs and information to help with the costs of utilities. They also offer caregiver support services and resources.
- Helping older adults access long-term care. The AAAs offer free long-term care consultations to help individuals and families plan for their long-term care needs.

To find their local Area Agency on Aging, your patients can call 1-866-243-5678 or go to http://ohioaging.org/area-agencies for a full listing of agency locations and capabilities.

In addition to AAAs, our Care Navigation Team provides individualized support for our Medicare Advantage members to ensure barriers to care are minimized and/or eliminated. We also provide access to valuable community resources to meet the specific needs of our members. Contact Medical Mutual's Care Navigation department at 1-877-480-3105 option 2.
https://aging.ohio.gov/about-us/who-we-are/area-agencies-on-aging

MEDICAL MUTUAL®
2060 East Ninth Street
Cleveland, OH 44115-1355

Mutual News

Third Quarter, 2022

Inside This Issue

Provider Manual Updates 1
General Information 2
Medical Policy Updates 11
Pharmacy 15
Risk Adjustment 16
Medicare Advantage 17

Receive this Newsletter in Your Email!
Enroll or login to Availity at Availity.com/medicalmutual, locate the Medical Mutual payer space, go to the Applications Tab and input the applicable email address.

This material is considered part of the Provider Manual for Medical Mutual of Ohio® and its subsidiaries. Mutual News and Mutual News Bulletin are published for network providers serving Medical Mutual. To contact us or for more information, visit MedMutual.com/Provider.