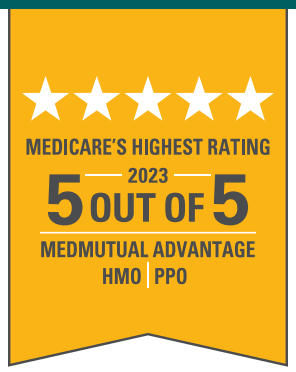
MEDICAL MUTUAL®

Mutual News

Second Quarter, 2023



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:
  - Coding Instructions for Selected Services and Related Billing Policies and Procedures
- Section 3 — Clinical Quality and Health Services Overview: The following sections were revised:
  - Ensuring Medically Necessary and Appropriate Services
  - Prior Authorization
  - Clinical Review Process
  - Member Programs
  - Standard Benefit Exclusions
- Section 12 — Medicare Advantage Plans and Guidelines: The following section was revised:
  - Clinical Quality and Health Services Programs, HEDIS and Stars

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

Reimbursement Policy

- Effective Aug. 1, 2023, Medical Mutual is implementing the Incident to Billing Reimbursement Policy (Policy Number RP-202303).

To view this policy, please visit MedMutual.com/Provider and select Policies and Standards > Corporate Reimbursement Policies.

Medical Mutual Supports Our Providers in Improving Blood Pressure Rates for Members with Hypertension

According to the Centers for Disease Control and Prevention (CDC), hypertension affects nearly half of all adults in the U.S. and increases the risk for heart disease and stroke, two leading causes of death for Americans. Tens of millions of adults in the U.S. have high blood pressure, and many don't have it under control.

The Healthcare Effectiveness Data and Information Set (HEDIS®) Controlling High Blood Pressure (CBP) measure was developed by the National Committee for Quality Assurance (NCQA) as a performance improvement indicator for blood pressure control. The CBP information helps us identify members with uncontrolled hypertension so steps can be taken to improve health outcomes and prevent complications.

Documenting Blood Pressure for CBP Measure

Below is information on the CBP measure from our 2023 HEDIS Documentation Reference Guide, which is available at MedMutual.com/Provider > Resources.

HEDIS Measure	Description
Controlling High Blood Pressure (CBP)	Percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mmHg) during the measurement year.
Best Practices	Compliant BP is LESS THAN 140 systolic/90 diastolic ▪ If BP is greater than 140/90, retake and document both blood pressures. ▪ If multiple readings are recorded on a single date, the lowest systolic and lowest diastolic BP will be used to determine if the member's BP is controlled. ▪ BP readings taken by the member using any digital device and reported to a provider during a visit are acceptable for use. – Documentation must be specific enough to link it to a date: "last Wednesday", "yesterday", "last week", etc. ▪ Telehealth Accepted: Member reported home blood pressures using any digital device are acceptable for this measure. ▪ A BP documented as an average is acceptable. ▪ Document any conditions that might exclude the member (see table on next page).

Codes for Documenting Care Gap Closures for Members with Hypertension

The following CPT II codes reflect systolic and diastolic readings.

CPT®-CAT II Code	Definition
3074F	Most recent systolic BP <130 mmHg
3075F	Most recent systolic BP 130–139 mmHg
3077F	Most recent systolic BP >/= to 140 mmHg
3078F	Most recent diastolic blood pressure < 80 mmHg
3079F	Most recent diastolic blood pressure 80–89 mmHg
3080F	Most recent diastolic blood pressure >/= to 90 mmHg

The following conditions or services can be captured via claims to exclude members from the measure thus improving your CBP measure rates.

CBP Measure Required Exclusions	Hospice care during the measurement year
	Palliative care during the measurement year
	End Stage Renal Disease (ESRD) diagnosis
	Chronic Kidney Disease, Stage 5
	Hemodialysis or Peritoneal dialysis
	Total or partial nephrectomy
	Kidney transplant or history of kidney transplant
	Pregnancy during the measurement year

Reduce the need for chart review/data opportunity

Blood pressure readings/codes can be added to your claim submission or accepted as supplemental data. Contact your Medical Mutual provider representative to discuss data exchange opportunities.

Medical Mutual Support Programs

We offer programs that can help support our members who are your patients that have hypertension.

Case Management

Offers help and support with complex medical needs. Provider referral:

- For Medicare Advantage Case Management referral, call 1-855-887-2273 or email CaseMgmt-MedAdv@MedMutual.com.
- Commercial Case Management: 1-800-258-3175 option 2 (members) or option 3 (providers) or email CaseMgmt-Triage@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.

- Remote Patient Monitoring Program
- Telephonic coaching
- Digital Hypertension (scale and BP cuff available to members)
- Quarterly Survey program for disease surveillance after completion of programs

Pharmacy assistance for cost or access to medications

Express Scripts® Coverage Management 1-800-753-2851. Mail order, 90-day supply prescriptions are available for our members to help avoid any access issues.

Medical Nutritional Therapy

This benefit is available through the health plan and supports lifestyle changes that are important to controlling high blood pressure. Members may call the number on the back of their insurance card to learn about this benefit coverage.

Weight Watchers

WeightWatchers.com

Silver Sneakers

Tools.SilverSneakers.com

Tobacco Cessation Support

Members may call 1-866-845-7702 or log in to My Health Plan and click Healthy Living, then Quit Tobacco.

24-hour/7 day-a-week Conduit Nurse Line

Members may call 1-888-912-0636 to speak with a nurse for any questions and help in guiding care.

Providing quality care for our members—your patients—is a team effort. Thank you for working with us to help care for our members with hypertension.

Source: CDC.gov/BloodPressure

Medical Mutual Working with Strive Health to Provide our Members with Chronic Kidney Disease (CKD 4 & 5) and End-stage Renal Disease (ESRD) Enhanced Care Services

Medical Mutual is working with Strive Health (Strive) to provide our members with Chronic Kidney Disease (CKD 4 & 5) and End-stage Renal Disease (ESRD) enhanced care services. Strive's care model will enhance services to our members and support our mission to make a lasting difference in our members' lives by improving their health and well-being.

Beginning July 1, 2023, Strive's nurse practitioners, RN care managers, social workers, dietitians and care coordinators will work closely with our members, as well as their providers, to deliver disease management, comorbidity management, and wraparound case management, along with education, nutrition and social determinants of health (SDOH) support.

Strive works with providers to offer additional care and resources to our members, and Strive works with a member's nephrologist and other specialists to ensure they understand and comply with a member's care plan. The benefits for our members include:

- Close coordination between Strive and your office on patient care
- 24/7 access to a team of clinicians
- Connections to resources like transportation and meal programs
- A personalized nutrition plan and coaching
- Education about their kidneys and their condition
- Appointment and care coordination

For providers, Strive helps to streamline member care, and they work as an extension of a member's care team. Strive also helps improve outcomes, which can lead to a reduction in hospital admits, ED visits and the total cost of care for members.

For more information on Strive's services, contact Libby Donathon at 937-654-1481 or email LDonathan@StriveHealth.com.

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 log in 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.

Ohio to Resume Routine Medicaid Eligibility Requirements

Effective April 1, 2023, Ohio resumed its normal Medicaid operations, which were suspended in response to the COVID-19 public health emergency. This means Medicaid beneficiaries who no longer meet eligibility requirements will be disenrolled and need to find new health coverage.

If you have a patient who is losing their Medicaid coverage, they will qualify for a Special Enrollment Period that allows them to enroll in new health coverage. They have a variety of health plan options to choose from depending on their situation.

Individual and Family ACA Coverage
MedMutual Individual and Family plans offer comprehensive health coverage as well as extra benefits like $0 prescription drugs, wellness rewards, pet wellness features and more. They also may qualify for subsidies that can be used to help pay their monthly premiums.

Medicare Advantage Coverage
If they are 65 or older, they can enroll in a Medicare Advantage plan.

Short-term Health Coverage
If they have missed their Special Enrollment Period, they can still enroll in short-term health coverage. Short-term plans can be purchased at any time of the year and offer flexible coverage lengths, up to 364 days.

Employer Coverage
They can contact their Human Resources department for information on how to enroll in employer-sponsored health benefits.

Medical Policy Updates

The Corporate Medical Policies (CMPs) developed, revised or retired between March 1, 2023 and May 31, 2023 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**	**CMP Name**	**Policy Status**
Actemra SC	Revised	Imlygic	Revised
Adstiladrin	Revised	Inhaled Nitric Oxide	Revised
Aranesp	Revised	IVIG	Revised
Arcalyst	Revised	Ixempra	Revised
Arzerra	Retired	Jelmyto	Revised
Botox	Revised	Jemperli	Revised
Briumvi (ublituximab)	Revised	Kevzara	Revised
C1 esterase inhibitors—Cinryze, Haegarda	Revised	Keytruda	Revised
Cabenuva	Revised	Krystexxa	Revised
Cimzia	Revised	Kymriah	Revised
Cinryze/Haegarda	Revised	Lamzede (velmanase alfa-tycv)	New
Corticotrophin Gel	Revised	Leqvio	Revised
Cosela	Revised	Leukine	Revised
Cosentyx	Revised	Levoleucovorin	Revised
Crysvita	Revised	Libtayo	Revised
CSF-fligrastim	Revised	Margenza	Revised
Darzalex_IV	Revised	Mepsevii	Revised
Darzalex_SQ	Revised	Mircera	Revised
Dysport	Revised	Myobloc	Revised
Elahere	Revised	Nulibry	Revised
Elzonris	Revised	Ocrevus	Revised
Enbrel	Revised	Onivyde	Revised
Enjaymo	Revised	Opdivo	Revised
Entyvio	Revised	Orencia SC	Revised
Epoetin_alfa	Revised	Padcev	Revised
Erbitux	Revised	Pedmark	Revised
Evenity	Revised	Perjeta	Revised
Evkeeza	Revised	Phesgo	Revised
Eylea	Revised	Polivy	Revised
Fyarro	Revised	Reblozyl	Revised
Gazyva	Revised	Rituximab_IV	Revised
General Oncology	Revised	Rituximab_SQ	Revised
Global PA	Revised	Ruconest	Revised
Humira	Revised	Saphnelo	Revised
Imfinzi	Revised	SCIG	Revised
Imjudo	Revised	Simponi	Revised

Medical Drug CMPs			
CMP Name	**Policy Status**	**CMP Name**	**Policy Status**
Site of Care	Revised	Tremfya	Revised
Stelara	Revised	Trodelvy	Revised
Syfovre (pegcetacoplan)	New	Viscos—HAD	Revised
Tahkzyro	Revised	Xeomin	Revised
Takhzyro	Revised	Xgeva	Revised
Taltz	Revised	Yervoy	Revised
Tecentriq	Revised	Yondelis	Revised
Tecvayli	Revised	Zaltrap	Revised
Tepezza	Revised	Zepzelca	Revised
Tezspire	Revised	Zynlonta	Revised
Tivdak	Revised	Zynteglo	Revised
Trastuzumab_IV	Revised	Zynyz (retifanlimab-dlwr)	New

Medical CMPs		
CMP Name	**CMP Number**	**Policy Status**
Cochlear Implants	202020	Revised
Spinal Unloading Device—Low Back Pain—Scoliosis	201022	Revised
Extracorporeal Shock Wave Therapy for Musculoskeletal Conditions	200139	Revised
Skin Substitutes	200233	Revised
Leadless Cardiac Pacemaker (i.e., MICRA Transcatheter Pacemaker System)	2017-B	Revised
Temporary Ventricular Assist Device	201804	Revised
Computer Assisted Musculoskeletal Surgical Navigation System	2019-D	Revised
Eustachian Tube Balloon Dilation	202305	Revised
Gender Affirming Surgery	201609	Revised
Wireless Gastrointestinal Motility Monitoring System	2011-C	Revised
Subchondroplasty (SCP)	2019-B	Revised
Endoscopic and Laproscopic Therapies for Tx of GERD	200310	Revised
Rhinoplasty & Septoplasty	200509	Revised
Anesthesia Services for Dental Procedures in the Facility Setting	202010	Revised
Rapid Desensitization	99006	Revised
Non-Pneumatic Compression Devices	202203	Revised
Implanted cardiac contractility modulation generator—Optimizer	202205	Revised
Peroral Endoscopic Myotomy	202101	Revised
Rethymic	202201	Revised
Virtual reality cognitive behavioral therapy device	202307	Revised
Pressure Reducing Support Surfaces	95037	Revised

Medical CMPs		
CMP Name	**CMP Number**	**Policy Status**
Drug Testing	201506	Revised
Infrared Coagulation and Laser Hemorrhoidectomy	200515	Revised
Magnetic Resonance-Guided Focused Ultrasound	202308	Revised
Anal Fistula Plug	2009-C	Revised
Diabetes Management	200117	Revised
Oncotype DX AR-V7 Nucleus Detect Assay	201924	Revised
Genetic Testing and Genetic Counseling General Policy	201303	Revised
Surgical Treatments for Glaucoma	201721	Revised
Manipulation Under Anesthesia	95029	Revised
Endoscopic Thoracic Sympathectomy for Treatment of Hyperhidrosis	200313	Revised
Spinal Fusion Products	200403	Revised
Eustachian tube dilation	2019-E	Retired
Topical Hyperbaric Oxygen Therapy	94055	Retired

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

Learn How to Incorporate Antibiotic Stewardship in Your Practice and Earn Continuing Education (CE) Credits

The impact of antibiotic resistance is growing. There are more than 2.8 million antibiotic-resistant infections occurring in the US 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 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.

Earning CE Credits

To help with this effort, the CDC is offering an online training course on antibiotic stewardship available at CDC.gov/Antibiotic-Use/Training/Continuing-Education. The course includes multiple modules with free continuing education (CE) credits that can be taken in any order.

Course objectives

- Describing the role of the healthcare team in antibiotic stewardship
- Updating healthcare professionals on current antimicrobial resistance threats
- Encouraging open discussion among physicians and patients about appropriate antibiotic prescribing

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

The Core Elements of Hospital Antibiotic Stewardship Programs
CDC.gov/Antibiotic-Use/Healthcare/PDFs/Assessment-Tool-P.pdf

The Core Elements of Outpatient Antibiotic Stewardship
CDC.gov/Antibiotic-Use/Community/PDFs/16_268900-A_CoreElementsOutpatient_check_1_508.pdf

Source: Antibiotics Aren't Always the Answer. Centers for Disease Control and Prevention. www.cdc.gov/antibiotic-use/pdfs/AntibioticsArentAlwaystheAnswer-H.pdf

Important Billing Information for Single-dose Vial Drugs

Effective July 1, 2023, Medical Mutual will require a JZ modifier on claims submissions for drugs and biologicals supplied in single-dose containers (including single-use vials) when there is no discarded amount of the drug. A JZ modifier is a HCPCS Level II modifier reported on a claim to attest that no amount of drug was discarded and eligible for payment. The modifier should only be used for claims that bill for single-dose container (including single-use vial) drugs. The modifier is necessary for processing claims for single-dose containers of drugs subject to Medical Mutual's prior authorization process.

When a billing provider or supplier administers a drug from a single-dose container/vial and there is no discarded amount, the provider or supplier must file a claim with one line for the drug. For the administered amount, the claim line should include the billing and payment code (such as HCPCS code) describing the given drug, the JZ modifier (attesting that there was no discarded amount), and the number of units administered in the units field.

The JZ modifier should be reported on UB-04 and CMS-1500 claims. The JZ modifier does not apply to drugs that are not separately payable, such as packaged OPPS or ASC drugs. A JZ modifier is not required for vaccines.

Effective Oct. 1, 2023, Medical Mutual will deny claims not submitted as requested above. If you have any questions, please contact your Medical Mutual Provider Contracting Manager at 1-800-625-2583.

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 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: Wound Care Diagnosis Coding and Documentation for Risk Adjustment

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

Medical Mutual is hosting a webinar that will discuss risk adjustment coding and documentation for wound care.

The webinar is scheduled for one hour and will provide an opportunity for questions and answers. You must be present for the entire webinar to earn one Continuing Medical Education (CME) or Continuing Education Unit (CEU). AAPC application for CEU has been submitted.

Learning objectives include:

- Wound care and risk adjustment
- Documentation of several types of ulcers and other conditions treated in wound care clinics
- Peripheral Arterial Disease (PAD) and guidance for non-invasive vascular studies
- Wound diagnosis documentation requirements

Please register for one of these times that best suits your schedule:

- Friday, July 28, 2023 from Noon–1:00 PM ET
- Thursday, August 10, 2023 from Noon–1:00 PM ET

To register, email Rebecca McFarland at Rebecca.McFarland@MedMutual.com. A link to the meeting will be provided at that time. Registration will close for each session at 4 p.m. the day prior to the event.

Medicare Advantage

FDR Compliance Requirements for Medicare Advantage Providers

We value working with you as a first-tier, downstream, or related entity (FDR), and recognize the important role you play in providing administrative and healthcare services for our Medicare Advantage (MA) plans. Fulfilling our contracts with the Centers for Medicare and Medicaid Services (CMS) is a requirement for us; therefore, working with your organization is essential. To ensure we meet the conditions of our CMS contracts, your collaboration and commitment to completing the necessary attestation forms is required. Here are some steps you can take to help ensure success in meeting these requirements.

1. Review the Compliance Requirements

We have developed an FDR Program Guide that can help you review the annual requirements, including:

- 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 is located at MedMutual.com/For-Providers/Resources/First-Tier-Downstream-or-Related-Entities.

2. Implement Policies and Procedures to Satisfy All Requirements

- Establish and Distribute Policies and Procedures
  It is important to establish Policies and Procedures and distribute them to all employees within your organization who support the Medicare Advantage functions and services delegated to you by Medical Mutual.
- Maintain Records
  Evidence must be maintained to document 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 the evidence up to ten years after the event in question.
- Monitor and Audit Subcontracted and Approved Offshore Entities
  Responsibility for compliance with Medicare and Medical Mutual requirements extends beyond just our FDRs. Any subcontractors involved with your business are also required to comply. It is important to note the FDR's responsibility to guarantee that all subcontractors are well-informed and adhere to the same set of requirements. We require approval prior to allowing services to be delegated offshore.

3. Prepare for the Annual FDR Attestation

We use the FDR Attestation Form to track compliance with both Medicare and Medical Mutual requirements. The annual form will be available to complete electronically on our website by July 1, 2023. Printable forms to return by fax or email will also be available.

Both form types can be found at MedMutual.com/For-Providers/First-Tier-Downstream-or-Related-Entities.aspx. The deadline for an authorized representative to attest to compliance requirements is Dec. 1, 2023.

It is important to be prepared and be compliant. If instances of noncompliance are identified, the severity and nature of the issue will determine the follow-up action, ranging from a corrective action plan to the termination of your agreement.

Please contact your Medical Mutual Provider Contracting Manager with any questions regarding compliance requirements or our annual FDR Attestation. 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.

Sources: OIG.HSS.gov, Exclusion; SAM.gov, Search Records; MedMutual.com/For-Providers/Resources/First-tier-Downstream-or-Related-Entities.aspx

Best Practices and Coding to Accurately Capture Follow-up Visits for Transitions of Care (TRC) and Follow-Up After Emergency Department Visit for People With Multiple High Risk Chronic Conditions (FMC) HEDIS Measures

For Medicare Advantage patients, following up with a provider after a hospitalization or emergency department (ED) visit, especially when they have chronic medical conditions, is important. When a patient transitions from a healthcare setting (hospital, rehabilitation, skilled nursing facility or emergency room) to home, proper care coordination is vital to improve safety and reduce the chance of readmission.

That is why the National Committee for Quality Assurance (NCQA) developed two coordination of care measures in the Healthcare Effectiveness Data and Information Set (HEDIS®). Those measures are Transitions of Care (TRC) and Follow-Up After Emergency Department Visit For People With Multiple High Risk Chronic Conditions (FMC).

Transitions of Care (TRC)

This measure assesses four key points for Medicare Advantage members ages 18 and older after discharge from an inpatient facility.

- Notification of Inpatient Admission — Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days). Documentation of a preadmission exam for a planned inpatient admission is also acceptable.
- Receipt of Discharge Information — Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days).
- Patient Engagement After Inpatient Discharge — Documentation of patient engagement provided within 30 days after discharge.
- Medication Reconciliation Post-Discharge (MRP) — Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).

Follow-Up After Emergency Department Visit for People With Multiple High Risk Chronic Conditions (FMC)

This measure assesses Emergency Department (ED) visits for Medicare Advantage members ages 18 and older who have two or more high-risk chronic conditions and who had a follow-up service within 7 days of an ED visit. Chronic conditions included in this measure are:

- Alzheimer's disease and related disorders
- Atrial Fibrillation
- Chronic kidney disease
- COPD and Asthma
- Depression
- Heart failure
- Myocardial infarction (acute)
- Stroke and Transient ischemic attack

Best Practices for these HEDIS Measures

- Educate Medicare Advantage members on ED avoidance and other care options like telehealth, telephone, or urgent care.
- Develop a daily notification process for Medicare Advantage members discharged from the ED or hospital.
- Embed support services into ED and schedule follow up appointments prior to discharge.
- Utilize EMR daily work queues for Medicare Advantage members discharged from ED or hospital.
- Patient Engagement After Inpatient Discharge (TRC), Medication Reconciliation Post-Discharge (TRC) and Follow-Up After Emergency Department Visit (FMC) can be completed via an office, home, telehealth, or telephone visit.
- If the Medicare Advantage member is unable to communicate with the provider, interaction between the member's caregiver and the provider meets criteria for both Patient Engagement After Inpatient Discharge and Medication Reconciliation Post-Discharge for TRC.
- Medication Reconciliation Post-Discharge can be added to your claim submission or accepted as supplemental data for TRC. Contact your Medical Mutual provider representative to discuss data exchange opportunities.
- Use the below HEDIS CPT codes to document follow-up visits for Patient Engagement After Inpatient Discharge, Medication Reconciliation Post-Discharge, and the FMC measure.

Measure[1]	Opportunity	Code System	Code Set[2]
TRC **FMC**	Transitional Care Management ▪ Patient Engagement After Inpatient Discharge ▪ Medication Reconciliation Post-Discharge ▪ 7-day Follow-up	CPT	99495, 99496
TRC	Medication Reconciliation Post-Discharge	CPT	99483, 99495, 99496, 1111F
TRC **FMC** All these codes may also be used for Behavioral Health outpatient and telehealth visits	▪ Patient Engagement After Inpatient Discharge ▪ 7-day Follow-up	CPT	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, 99483
TRC **FMC**	Telephone Visits	CPT	98966, 98967, 98968, 99441, 99442, 99443
TRC **FMC**	Online Assessments	CPT	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99458
FMC		Place of Service Codes	02 Telehealth provided not in patients' home 10 Telehealth provided in patients' home 11 Office 12 Home 13 Assisted living facility 14 Group home 16 Temporary lodging

1 For the TRC and FMC measures, any members in hospice are excluded from reporting.

2 This is not an all-inclusive list of the value sets codes for TRC and FMC measures.

Medical Mutual Programs and Resources

We offer programs and resources that can help support you and Medical Mutual Medicare Advantage members that have chronic health conditions.

Case Management

Offers help and support with complex medical needs. Is available for both medical and behavioral health conditions.

Provider referral

Medicare Advantage Case Management referral: 1-855-887-2273 or CaseMgmt-MedAdv@MedMutual.com

Chronic Care Management Program (CCMP)

Offers education and support for Diabetes, COPD, Asthma, CAD, CHF, Hypertension. Please call 1-800-590-2583 to refer a member.

Care Navigation

A Medical Mutual program that assesses for social determinants of health (SDoH) barriers to care and provides interventions related to community resources. Toll free 1-877-480-3105, option 2.

MedMutual Resource Connect

A resource that connects members with free or reduced cost services like medical care, food, job training, and more, based on their ZIP Code. This resource can be accessed by visiting MedMutualResourceConnect.com.

Transitional Care

Options for certain members to receive health coaching and support for follow-up care after a hospital stay. Members are identified through internal process.

- Return to Home Telephonic Program
- In-Home/Telephonic Program administered by Area Agency on Aging

In-Home Palliative Care

You can refer a member to the palliative care program by emailing PopHealthSupport@MedMutual.com with the member's name, date of birth and program you are recommending or members can self-refer, by calling toll free 1-844-232-0500.

In-home Urgent Care Services (availability based on member location)

To schedule an appointment call 1-855-213-2998 or go to DispatchHealth.com.

Behavioral Health

Refer a member with behavioral health needs to care coordinators and licensed behavioral health providers for in person or online care in Ohio. Referral forms are available at SonderMind.com/Refer. Submit referrals via phone at 1-888-966-1665, fax 1-844-416-0584, or email CareCoordinators@SonderMind.com.

24-hour/7 day-a-week Nurse Line

Available to answer members' questions and help to guide care, 1-888-912-0636.

MEDICAL MUTUAL®
100 American Road
Cleveland, OH 44144-2322

Mutual News

Second Quarter, 2022

Inside This Issue

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.