

## Notify MMO of Changes in Your Practice

Ancillary providers must notify MMO when there is a change in a practice. **Do not use a Provider Information Form.** The contract requires providers to submit changes in writing and on the practice letterhead. The notification must include your tax ID Number. Show current information as well as the new information, and the date of the change.

Among changes MMO must be informed about are:

- Closing a location (show old address) **MMO needs to be explicitly informed that an office location has been closed in order for us to remove that listing from our mailing database.**
- Opening a new location (show new address)
- Changing the name of a business or facility
- Closing the business
- A change in the provider's County Service Area
- A change in the provider's Tax ID number

## Update on NAS Accounts

Medical Mutual of Ohio (MMO) provides Network Administrative Services (NAS) for a number of different client accounts throughout Ohio and to out-of-state accounts with employees living in Ohio. These accounts include self-insured employer groups, third-party administrators, and other insurance companies. Members of NAS accounts carry an identification (ID) card that displays MMO's corporate logo as well as the logo of the MMO product under which the member is covered: Traditional, SuperMed Classic, SuperMed Plus, or SuperMed One.

**For the quickest, most accurate processing, all claims should be submitted electronically.**

All NAS claims for all products should be submitted directly to MMO in the same way other MMO claims are submitted: electronically or to the appropriate Claims PO Box on the back of the member's ID card or on the NAS accounts list starting on page 2 through 6.

MMO recommends that you keep a copy of the member's ID card on file, making a copy of all sides of the card each time a new one is presented. The ID card contains critical information, including the Claims PO Box for the NAS account; the Customer Service number; and instructions for precertification, including the appropriate utilization management phone number. To verify eligibility and benefits for future patient visits, contact the Customer Service number listed on the back of the ID card.

Most NAS accounts manage their own utilization. To verify if precertification or prior authorization is required for services, contact the Customer Service number on the back of the ID card or on the NAS Account list beginning on page 2 of this issue. This list of MMO NAS accounts is current as of July 2003 and updates the list published in *Ancillary News*, Volume II, Issue 1, January 2003. The list includes each Customer Service phone number and an address for paper claims submission. MMO will continue to periodically update and publish this list.

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# In Brief

**Mother/baby Well Check Reminder** -- Home Health Care Agencies should note that only one mother/baby home visit will be authorized and paid by MMO. Do not send two separate claims. Claims should be submitted by the provider for the combination visit under *Skilled Nursing Visit Revenue Code 551*

**Assigned Provider Number Is Not a Contract** -- The Provider Number assigned to a provider on submission of a bill is not recognition of a contract between the provider and MMO. Providers must still negotiate contracts with MMO Ancillary Representatives. All providers, regardless of contracting status, are assigned a number by MMO's processing system. Contact your Ancillary Contracting Representative to discuss contractual matters.

**No Payment for Ambulette Services** -- Unless the contract makes specific provision, MMO does not usually contract with transportation providers for non-emergency transportation services or for any vehicle that is less than a fully equipped and staffed ambulance. Each run billed must be an emergency to fulfill the terms of the contract, unless the contract specifically allows ambulette service.

**MMO to Follow Medicare Rules on Capped DME Items** – Effective July 1, 2003, MMO is following Medicare guidelines on capped DME Items. These items were previously considered exempt from the Purchase Price Cap. The ownership of equipment is based upon the agreement between the DME provider and the card-holder. The card-holder becomes responsible for any service to the capped DME item. Contact your Ancillary Contracting Representative for a complete list, or log onto the Medicare Web site.

## Important Ancillary Contracting Information

Contact the Right MMO Specialist for Your Ancillary Needs				
<b>Specialists</b>	<b>Christina Haggerty</b> Sr. Ancillary Contracting Specialist	<b>Kay Bacho</b> Ancillary Contracting Specialist	<b>Rosalind Willis</b> Ancillary Contracting Specialist	<b>Joanne Bordonaro</b> Institutional Contracting Support Specialist
<b>Phone</b>	<b>216.687.7543</b>	<b>216.687.7446</b>	<b>216.687.2874</b>	<b>216.687.6577</b>
<b>E-mail</b>	Christina.Haggerty@mmoh.com	Kay.Bacho@mmoh.com	Rosalind.Willis@mmoh.com	Joanne.Bordonaro@mmoh.com
<b>Fax</b>	<b>216.687.1450</b>	<b>216.687.1450</b>	<b>216.687.1450</b>	<b>216.687.1450</b>
<b>Freestanding Providers</b>	<ul style="list-style-type: none"> <li>• Dialysis Centers</li> <li>• Ambulance</li> <li>• Home Health Care</li> <li>• Home Infusion Therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Skilled Nursing Facility</li> <li>• Laboratories</li> <li>• Hospital Psych/Substance Abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Ambulatory Surgery Ctrs.</li> <li>• Durable Medical Equipment</li> <li>• Orthotics &amp; Prosthetics</li> <li>• Delegated PT &amp; Rehab</li> </ul>	<ul style="list-style-type: none"> <li>• Sleep Centers</li> <li>• Private Duty Nursing</li> </ul>

# Save This Important Information

**Provider Inquiry** ..... 800.362.1279  
**Case Management** ..... 800.258.3175  
**Electronic Claims** ..... 800.321.7223

**Send Claims to:** ..... Medical Mutual of Ohio  
PO Box 6018  
Cleveland, OH 44101.1018

**NAS Accounts** ..... PO Box 94648  
Cleveland, OH 44101.4648

**Acordia** ..... PO Box 94649  
Cleveland, OH 44101.4649

**Referrals: (to check)** ..... 800.922.1154

**Precertification for Home Health  
and Skilled Nursing Facilities** ..... 800.922.1154

## Predetermination Requests for DMEs Should be Faxed

For DME items, Predetermination requests should be faxed on Form Z3323 to 887.321.6664 (Cleveland) or to 800.517.2583 (Toledo).

If photos or x.rays are required for the review, they should be mailed to the address listed on the form.

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