MEDICAL MUTUAL®

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Mutual News

State Innovation Models (SIM) Initiative

The state of Ohio, through the Governor's Office of Health Transformation, has set a goal to revolutionize the state's healthcare system by rapidly scaling the use of patient-centered medical homes (PCMHs) and using episode-based or "bundled" payment and care delivery models. It also plans on developing the infrastructure necessary to support successful implementation.

Medical Mutual is an active participant in the state's innovation model (SIM) testing grant application. In July, Ohio applied for over $90 million in available grant monies through the Centers of Medicare and Medicaid services (CMS) and plans to be one of 12 states awarded these grants. In its grant application, the state has set a five-year goal to enroll 80 to 90 percent of Ohioans in some form of value-based payment model, which supports the healthcare delivery system transformation.

Ohio's SIM-designed PCMH and episode-based models support a transition that focuses on paying for value, aligning provider incentives, and furnishing data and assistance to promote change. Medical Mutual agrees with the state that the interdependent cost and quality incentives in these two models will encourage better coordination and integration of care across all providers and settings.

Under the SIM initiative, the state of Ohio is initially focusing on five episodes: perinatal, asthma (acute acerbation), COPD acerbation, PCI (angioplasty) and joint replacement (for knees and hips). Beginning November of this year, Medical Mutual will have a template report available for providers to demonstrate their performance under three of these bundled definitions (joint replacement, PCI and perinatal). Beginning January 1, 2016, the SIM initiative goal is to have payment tied to these bundles, with providers being exposed to both upside and downside risk based on their respective performance.

Episodic or bundled payments can provide an effective way to deliver better quality outcomes and more cost-efficient care. These episodes, or bundles, will require that providers meet both quality metrics as well as financial targets so that better cost and quality outcomes are achieved.

The state also seeks to expand use of PCMHs throughout the state by leveraging the efforts in the greater Cincinnati area under CMS's comprehensive primary care initiative. PCMHs, the state believes, will improve quality outcomes and cost of care by holding a single entity — the medical

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Electronic Prior Approval for Specialty Medications

To streamline the review process for medications requiring prior approval under medical benefits, Medical Mutual is providing access to ExpressPAth™, an online application that furnishes a quick and efficient response to these requests.

You are invited to participate in one of our upcoming provider webinars designed to help you and your staff become familiar with ExpressPAth. Sessions will be offered on the following dates:

- Thursday, October 16 from 8:30 – 9:30 a.m. ET
- Thursday, November 20 from 8:30 – 9:30 a.m. ET
- Thursday, December 18 from 8:30 – 9:30 a.m. ET

The webinar will present how to:

- Use ExpressPAth to submit drug review requests outlined under Medical Mutual's medical benefits
- Check the status of prior approval requests
- Add ExpressPAth users or agents
- Renew requests before they expire

This webinar is recommended for all staff who are responsible for submitting medical drug prior approval requests.

Providers should contact expresspathregistration@express-scripts.com to register for a webinar training session or to obtain access to ExpressPAth.

Prescription Drug Prior Approval Update

Effective October 30, 2014, the following prescription medications will require prior approval when requested under the member's medical benefit through Medical Mutual:*

- Cyclophosphamide
- Doxorubicin hydrochloride (Doxil®, Adriamycin)
- Eculizumab (Soliris®)
- Filgrastim (Neupogen®)
- Fulvestrant (Faslodex®)
- Gemcitabine HCL (Gemcitabine HCL, Gemzar®)
- Leuprolide acetate (Eligard®, Lupron Depot)
- Panitumumab (Vectibix®)
- Pegfilgrastim (Neulasta®)
- Sargramostim (Leukine®)
- TBO-Filgrastim (Granix™)

The above list is subject to change. For additional information on prescription medications requiring prior approval or that are considered investigational, visit Provider.MedMutual.com and select *Tools & Resources, Care Management*, Corporate Medical Policies.

* Note: When these medications are provided under a member's prescription drug benefit, please contact the pharmacy benefit manager at the number on the member's identification card for prior approval requirements.

Medical Policy Updates

The Corporate Medical Policies (CMPs) listed in the table were developed or revised April 1 – June 30, 2014

CMPs are regularly reviewed, updated, added or withdrawn from our website and, therefore, subject to change. For a complete list of CMPs, please visit the *Tools & Resources, Care Management*, Corporate Medical Policies section of Provider.MedMutual.com.

Also available on the same web page is a listing of our Prior Approval & Investigational Services.

Policy Number	Title
2007-E	Uterine-Sparing Fibroid Treatments — Magnetic Resonance Imaging — Guided High Intensity Focused Ultrasound Ablation — Radio frequency Volumetric Thermal Ablation
200805	Etanercept (Enbrel)
200808-CC	Rituximab (Rituxan)
201208	Lumbar Spinal Fusion
201314	Inhaled Nitric Oxide
201404	Trastuzumab (Herceptin) – New
201405	Bevacizumab (Avastin) – New
201406	Treprostinil (Remodulin) – New
201410-CC	General Oncology Policy – New
2014-A	Non-Surgical Treatment of Obstructive Sleep Apnea: Oral Pressure Therapy – New
94007	Evaluation of Vestibular Disorders — Vestibular Function Test — Computerized Dynamic Posturography — Vestibular Autorotation
98006	Botulinum Toxin Types A and B
99002-CC	Intra-articular Viscosupplementation
200419-IQ	Cranial Orthotic Devices — Plagiocephaly

Reminder on Material Amendment to Agreement

This past July, Ohio and Kentucky providers received advanced notice via the *Mutual News Bulletin* that network fee schedules were being updated. The updated network fee schedule is a material amendment to the agreement and can be located within the secure Provider ePortal at Provider.MedMutual.com. The fee schedule revision was available on August 1 and applies to dates of service starting November 1, 2014.

Any questions regarding this update should be directed to your provider contracting representative.

Home Healthcare Billing to Reflect Visits

When home healthcare providers bill with revenue code 551, the units must reflect the *number* of home health visits and should *not* be recorded as *amount of time spent* for the visit. The billing unit is a *visit* measurement, not a *time* measurement.

Using the appropriate billing unit reference ensures home healthcare visits are correctly applied against the number of authorized visits. Providers should avoid using time measurements in home healthcare billing, which can result in claims being denied for exceeding the maximum number of visits allowed.

SIM Initiative

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home — accountable for the patient's coordination of care across the healthcare delivery system. By managing overall care, PCMHs ensure patients receive high-quality, cost-effective care tailored to their specific needs that promises to go beyond today's fragmented, visit-based approach. PCMHs encourage patients to maintain health and wellness, reduce healthcare costs by managing chronic conditions, and avoid unnecessary emergency department visits and admissions.

Ohio's SIM initiative aligns well with Medical Mutual's value-based contracting strategy. Our strategy seeks to improve the health of our members, enhance healthcare that is delivered by network providers, lower cost and improve overall quality. Medical Mutual's value-based agreements use key elements of the PCMH concept to incent providers to better coordinate care. In addition, we plan to supplement the value-based agreements with increased use of episodic or "bundled" payments as part of an effective way to control unit price and clinical variation.

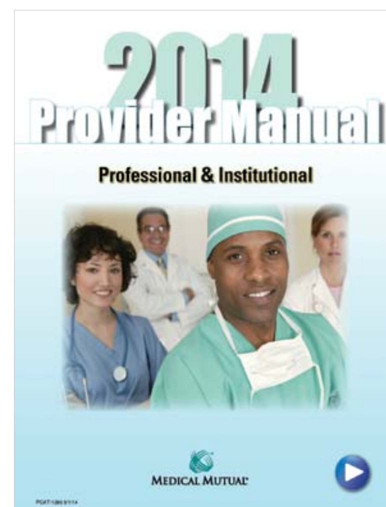
More information on this initiative will be shared as available.

Updates to Provider Manual

Select sections of Medical Mutual's *Provider Manual* are scheduled for review in each quarter and updated as needed. Sections that have been reviewed are announced in the corresponding quarter of the *Mutual News*. When topics are added or updated within a section, an annotation of "new" or "revised" appears in the section's Table of Contents.

Provider Manual sections reviewed in the third quarter of 2014 include Care Management Programs, Appeals, Other Carrier Liability, Adjustments and Inquiries, and Forms and Publications.

To view the current updates, please visit Tools & Resources, Provider Manual at Provider.MedMutual.com.



Genetic Counseling Required Prior to Testing

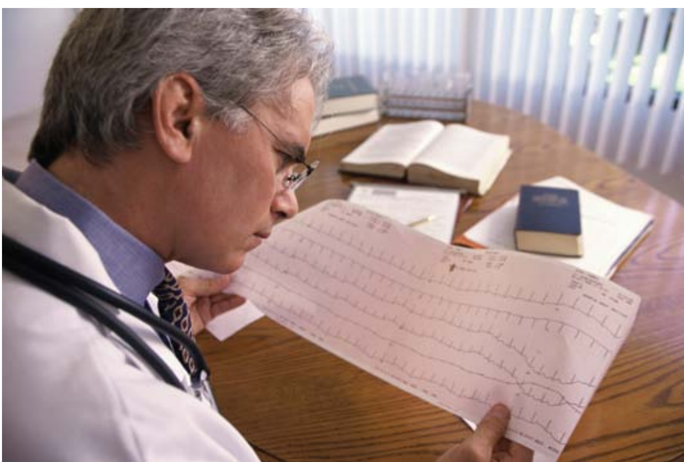
Genetic testing is the analysis of chromosomes (DNA), protein and certain metabolities to detect heritable diseases, related genotypes, mutations, phenotypes or karotypes for clinical purposes. Genetic tests continue to grow in availability, varying complexity and expense. To alleviate anxiety, confusion and unnecessary healthcare to your patients, Medical Mutual has updated our medical policies to require genetic counseling prior to testing in most, but not all, medical policies. To view the genetic testing policies, visit T*ools and Resources, Care Management,* Corporate Medical Policies at Provider.MedMutual.com.

Genetic counselors are trained to tailor, translate and communicate the complexity of genetics into practical decision-making information. By discussing the risks, benefits and implications, counselors are essential in facilitating decision-making regarding the appropriate specific testing that is medically necessary for the individual.

To find genetic counselors within the SuperMed network, use the "Provider Search" tool and follow the steps. First *choose a provider type* (Medical Doctor or Medical Facility), *What state you will receive services in* and *Select your network.* After you select *Go to Provider Search*, scroll to the bottom right-hand corner of that screen page to see a box labeled *Genetic Counseling*. A list of all available "Genetic Counseling Services" will open when you choose *View The Network Providers.*

EKG Interpretation Not Separately Payable When Billed with an Emergency Department Visit

In the Claims Submission section of Medical Mutual's *Provider Manual,* it states that "Separate emergency room (ER) provider fees for interpretation are not billable or payable when a radiologist, pathologist or cardiologist is ultimately responsible for the interpretation and reporting of diagnostic test results." A recent analysis of claims using CPT®* code 93010 for EKG interpretation identified multiple claims being submitted in combination with an ER visit. Code 93010 is defined as "electrocardiogram, routine ECG with at least 12 leads — interpretation and report only."



Please note: While CPT 93010 for EKG interpretation is a payable service, it is not separately payable when billed together with an ER visit. ER physicians cannot bill for EKG interpretation services when a radiologist, pathologist or cardiologist submits a claim using CPT code 99281, 99282, 99283, 99284 or 99285 for services. These claims will be denied as "EKG interpretation included in emergency room visit."

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Breast Cancer Primary Prevention Drug At No Cost

The United States Preventive Services Task Force (USPSTF) is an independent group of national experts in prevention and evidence-based medicine. The group works to improve the health of all Americans by making recommendations about clinical preventive services, such as screenings, counseling services or preventive medications. In keeping with the mandate of the Patient Protection and Affordable Care Act (PPACA), the USPSTF has recommended that clinicians discuss the potential benefits and risks of taking preventive medicines to reduce the risk of breast cancer with their female patients who are at high risk for the disease and at low risk for adverse medication effects.

Expanded coverage of tamoxifen and Evista®* (raloxifene) is now offered when used for primary prevention of invasive breast cancer in women at high risk. Although the use of tamoxifen and raloxifene carry significant risks, the benefit of taking the medications outweigh their risks for the small percentage of women who are at increased risk for the disease. Based on this rationale, these medications are included for coverage to eligible patients at no cost upon validation of high risk beginning September 24, 2014.

A formal risk assessment should be conducted on women who have a high five-year projected risk of breast cancer to determine eligibility. Risk factors include:

- Race/ethnicity
- Age at menarche
- Age at first live childbirth
- Personal history of ductal carcinoma in-situ (DCIS) or lobular cancer in-situ (LCIS)
- Number of first-degree relatives with breast cancer
- History of breast biopsy
- Body mass index
- Menopause status
- Breast density
- Estrogen and progestin use
- Smoking
- Alcohol use
- Physical activity
- Diet

Several risk models are available that provide risk calculations. The National Cancer Institute as developed a Breast Cancer Risk Assessment Tool. To view, go to cancer.gov/bcrisktool/.

Eligible patients are women that:

- Are 35 years-of-age or greater
- Do not have a prior history of a breast cancer diagnosis, DCIS or LCIS
- Are being prescribed the medication (tamoxifen, raloxifene or soltamox) for the purpose of primary prevention of invasive breast cancer because the patient is deemed high risk
- For raloxifene — Are post-menopausal
- For soltamox (generic tamoxifen oral solution) — Cannot swallow or has difficulty swallowing tamoxifen tablets

In an effort to assist providers, Medical Mutual will mail letters to providers identifying patients that meet some of the criteria. Providers will also receive information on what steps will need to be followed for the review process, as well as the appropriate fax form that should be used. We must establish high risk and primary prevention before the zero copay program will be offered to comply with the ACA rules.

Visit Provider.MedMutual.com for additional detail.

* Depending on the group's benefits, a brand/generic penalty may still apply.

Tools To Help Patients Make Informed Care Decisions

Do you have a patient who is:

- Thinking about a knee or hip replacement?
- Choosing from several options to treat low back pain?
- Looking for more information about asthma or diabetes?
- Preparing for a scheduled procedure?

Medical Mutual can help.

Medical Mutual now partners with Emmi Solutions®, a healthcare communications company. Together with Emmi, we provide access to an online library of more than 200 audio and video programs to help our members:

- Understand conditions and treatment options
- Learn about risks and benefits
- Make smarter decisions about their health
- Talk to their healthcare providers

Emmi programs — and other shared decision-making tools like them — are not intended to replace patient-provider conversations. Instead, they are designed to help patients with questions about:

- Whether a procedure is needed
  - Do I need surgery?
  - What are my other options?
  - What can I expect from different procedures?
- What to expect when surgery is required:
  - How do I prepare for my procedure?
  - What can I expect if I need anesthesia?
  - What will my recovery be like?
- Chronic conditions, such as diabetes or asthma
- Children's health topics, such as ear tubes or tonsillectomies
- Communicating effectively with healthcare providers to choose the best treatment that meets their values, goals and preferences

Please share the availability of this tool with your Medical Mutual patients. It will help our members partner with you, be better informed and make the right treatment decisions.

For additional information and to view a list of current topics included in Emmi's online video library, go to *In The Spotlight* at Provider.MedMutual.com. The list will be updated quarterly.

Please note: *The Emmi video library includes information about a wide variety of treatments, procedures and surgeries. The inclusion of any topic does not indicate or guarantee coverage by a member's health plan. All material provided, including videos, websites and links, is informational only and does not take the place of professional medical advice, diagnosis or treatment. Members should make decisions about care with their healthcare providers. Eligibility and coverage for treatment or services depend on each member's specific benefit plan.*

MEDICAL MUTUAL®

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To contact us or for additional information, visit Provider.MedMutual.com or scan the QR code.

THIS MATERIAL IS CONSIDERED PART OF THE PROVIDER MANUAL

Mutual News is published for network providers serving Medical Mutual