



MEDICAL MUTUAL®

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Mutual News Bulletin

Medical Mutual Partners with Altegra Health for Risk Adjustment and Member Engagement Support



Medical Mutual is working with Altegra Health, a leading provider of business, technology and consulting solutions that improve healthcare organization performance.

You may hear from Altegra Health on our behalf as they help us meet Affordable Care Act (ACA) requirements by providing:

- Chart audit and coding assistance
- Risk adjustment support
- Member engagement services

Altegra Health's analytics and outreach will help Medical Mutual partner with you to provide our members a high-quality approach to healthcare.

Altegra Health will help members make medical appointments, obtain preventive services, and enroll in community and social programs. It will also perform chart retrieval and abstraction services to aid Medical Mutual in the risk adjustment process.

We are confident this initiative will deliver ongoing support and make it easier for you to connect with patients. Together, Medical Mutual, our network providers and Altegra Health can provide our members with more efficient and effective care.

On the following pages are answers to questions you may have about Altegra Health's services and outreach. We will share more information with you in the near future. If you have any additional questions in the meantime, please contact your Medical Mutual provider contracting representative.



Questions and Answers

What is risk adjustment?

ACA provisions related to reinsurance, risk adjustment and risk corridors—collectively known as the Premium Stabilization Programs, or the “3 Rs”—are designed to lessen the financial risk issuers and exchanges face when enrolling individuals and small groups. The 3 Rs are intended to mitigate the impact of adverse selection and encourage issuers to compete based on cost and quality, rather than by attracting the healthiest, lowest-cost enrollees.

Why is Medical Mutual partnering with Altegra Health?

Medical Mutual is partnering with Altegra Health to provide a number of services to enhance our members’ benefits and help us meet ACA reporting requirements. Altegra Health’s services include member and provider engagement and chart retrieval and abstraction.

Why will Altegra Health reach out to my patients and me?

Altegra Health will communicate with members and look at claims data to identify patients who may be overdue for important preventive care, screenings or annual wellness exams. Members who meet this criteria may receive appointment scheduling and transportation assistance. These members will be encouraged to share health concerns with and visit their doctor on a regular basis. When providing appointment scheduling assistance, an Altegra Health Advocate will be on the phone along with your patient.

How will I be compensated for appointments made with the assistance of an Altegra Health Advocate?

You can submit a claim for the patient’s visit according to your existing billing procedures. Medical Mutual will process it based on the member’s benefits.

Why will Altegra Health look at claims data?

By looking at Medical Mutual’s claims data, Altegra Health can identify members who have not visited their physician this year or have gaps in care. An example of a member who has a gap in care would be someone with a diagnosis for which they have not submitted any claims this year. Identified members will be contacted by an Altegra Health Advocate, who will encourage and assist in scheduling a doctor’s visit.



Why can't Altegra Health just look at claims data? Why will they ask to see my patients' charts?

In some cases, Altegra Health may request a patient's medical records as a supplement to their claims information. By analyzing both claims data and a patient's chart, Altegra Health may be able to identify members who have incomplete or inconsistent health records.

Is providing my patients' health information to Altegra Health HIPAA compliant?

Yes. Altegra Health is a business associate of Medical Mutual and, as such, has agreed in writing to protect and maintain the confidentiality and security of our members' information.

Will I be compensated for providing Altegra Health the information they request?

Compensation is not provided for participating members and physicians.

Do I have to participate in the Altegra Health initiative?

There is no penalty for declining to participate.

Why should I participate in the Altegra Health initiative?

While this initiative is voluntary, we believe it will improve our members' quality of care and help you better connect with your patients.

If a patient I recently saw is contacted about scheduling an appointment, do they have to come back to see me again?

If the service or condition indicated by Altegra Health was not addressed during the patient's visit(s) within the current benefit year, Altegra Health will encourage him or her to make an appointment with you. If the service or condition has been addressed within the current benefit year, Altegra Health will ask you to share the patient's updated health records.

What if I am contacted about a patient that I have never seen/no longer see?

You may be listed as the patient's physician based on claims data or because he or she selected you. To be removed from further communications related to this patient, please contact your Medical Mutual provider contracting representative.

How often will I be contacted by Altegra Health?

Altegra Health conducts outreach based on a patient's health status and visit history. Frequency of communication with Altegra Health will vary by provider and practice.

When will Altegra Health begin their outreach to providers?

Altegra Health's outreach will likely begin in the fourth quarter of this year. We will share more information with you in the near future.



MEDICAL MUTUAL®

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Medical Mutual Partners with Altegra Health for Risk Adjustment and Member Engagement Support
Altegra Health May be Contacting You and Your Patients

To contact us or for additional information, visit Provider.MedMutual.com.

THIS MATERIAL IS CONSIDERED PART OF THE PROVIDER MANUAL

Mutual News Bulletin is published for network providers serving Medical Mutual