



MEDICAL MUTUAL®

MUTUAL NEWS

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BULLETIN

Update Information for Medicare Advantage Open Enrollment

Open enrollment for Medicare beneficiaries for the 2017 benefit year runs from October 15, 2016, through December 7, 2016. Our members need current information about providers, and we need your help to make sure they have access to the most accurate information. If your office receives a call from a patient about your network participation with Medical Mutual, please clarify if he or she is asking about a Medicare Advantage network or plan so that the most accurate information can be provided.

We also request that providers check and update their directory data on a regular basis. Please visit MedMutual.com to update your practice information. If you have any questions about your status as a network provider for Medicare Advantage, please contact your local Contracting Representative.

HealthSpan

Medical Mutual has acquired the individual health insurance business of HealthSpan Partners. Throughout the open enrollment period, you may receive calls from Medicare Advantage members who were formerly enrolled through HealthSpan. These members may be calling to confirm your network status now that they are with Medical Mutual. Please confirm they are asking about Medicare Advantage, and if so, provide them with accurate information. Please encourage them to call (800) 338-5915 with additional questions.

FDR Oversight

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), and establish and implement an effective system for routinely auditing and monitoring compliance. Medical Mutual requires you to complete the attestation form located at MedMutual.com/FDR, First Tier, Downstream and Related Entity (FDR) Attestation link. The link will be available on November 1, 2016, and all attestations should be completed by December 31, 2016. If you have questions related to this form please contact your designated contracting representative.

Dual Eligible Beneficiaries

Federal law bars Medicare providers from balance billing dual eligible beneficiaries. No Medicare Advantage provider may collect Medicare Part A and Medicare Part B deductibles, coinsurance, or copayments from an individual who is eligible for both Medicare and Medicaid. Medicare providers must either accept Medical Mutual's payment as payment in full or bill the state of Ohio for the applicable Medicare cost-sharing. Please verify that your practice has procedures in place to ensure that you do not discriminate against enrollees based on their payment status, e.g. Qualified Medicare Beneficiary. Specifically, you may not refuse to serve enrollees because they receive assistance with Medicare cost-sharing from a State Medicaid program.



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Coding/Documentation Tips and Timely Submissions

Your responsibilities and agreements as a participating provider are defined in your Provider Agreement with Medical Mutual. As a contracted provider, we want to remind you to accurately report ICD-10-CM diagnosis codes to the highest level of specificity. Please use best efforts to submit claims data expeditiously, generally within 30 days from the date the covered service was rendered.

Billing for Hospital Readmissions

Medical Mutual wants to remind providers of our policy to not allow separate payment for readmission when the condition is related to the first admission.

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