
Managed Care Monthly Update October 2019

Mutual of Omaha FAQ's

- **Referrals Required** even within TriHealth Group; all specialist, home healthcare, outpatient therapy, Cardiac and Pulmonary Rehab
- **Referral NOT needed:** Preventive women's care (all other requires referral), flu shots, pneumonia vaccine, emergency/urgent care, dialysis, dental, routine eye, audiology evaluations
- **Portal Issues** contact Lumeris CustomerSupport@lumeris.com or 1-866-397-2812.
- MoO Follows the Medicare IPO list
- The information has been loaded to the **Managed Care Bridge** page under the Mutual of Omaha tab.

If you experience any issues with Mutual of Omaha or would like **additional training for your team** please notify the Managed Care Team- ManagedCare@TriHealth.com or TriHealth THPO- tpho@trihealth.com .



Mutual of Omaha Tip for
Making referen...



1-866-397-2812...

Medical Mutual of Ohio MedFlex Plan: NON PARTICIPATING PLAN

Situation

TriHealth received notification of Medical Mutual of Ohio patients presenting SuperMed Plus cards at Point of Service but actually have Medical Mutual's MedFlex HMO Plan coverage. TriHealth **DOES NOT** participate in this plan. (Mercy & CCHMC plan participation in the region)

Next Steps/Update

- Medical Mutual confirmed new cards were printed for patients.
- Managed Care is working with Medical Mutual on a resolution on outstanding claims.
- **Please be sure to check the Epic Response on ALL Medical Mutual of Ohio plan** (see the EPIC Response on next slide).

**Please note patients do have Emergent Coverage that will bill through Medical Mutual and all Emergent to Inpatient notifications need to be processed on ReviewLink.

Lines of Business for
Participation:

- ✓ SuperMed POS
- ✓ SuperMed PPO
- ✓ HMO Health Ohio
- ✓ SuperMed
HMO/PPPO/OPS/Preferred/
Classic/Traditional
- ✓ Medicare Advantage

Plan Updates & Policy Changes



Anthem National Accounts Standard Precertification list for 2020

Please note, TriHealth participates in the Anthem GreenPass program, which supersedes the requirements for this policy.

Inpatient Admission:

- Acute Inpatient
- Acute Rehab
- LTACH
- Skilled Nursing Facility
- OB Delivery beyond Federal Mandate
- Emergency Admissions

Diagnostic Testing

- Durable Medical Equipment/Prosthetics
- Gender Reassignment
- Human Organ & Bone Marrow/Stem Cell Transplants

Outpatient and Surgical Services

- Cardio-Vascular
- Musculo-Skeletal
- Plastic/Reconstructive
- Radiation Therapy/Radiology Services
- Mental Health/Substance Abuse

Out of Network Referrals:

Out of Network Services for consideration of payment at in-network benefit level (may be authorized, based on network availability and/or medical necessity)

Anthem National Accounts 2020 Standard Pre-certification list

Inpatient Admission:

- Acute Inpatient
- Acute Rehabilitation
- LTACH (Long Term Acute Care Hospital)
- Skilled Nursing Facility
- OB delivery stays beyond the Federal Mandate minimum LOS (including newborn stays beyond the mother's stay)
- Emergency Admissions (Requires Plan notification no later than 2 business days after admission)

Diagnostic Testing:

- Cardiac Ion Channel Genetic Testing
- Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Developmental Disorder) and Congenital Anomalies
- Gene Expression Profiling for Managing Breast Cancer Treatment
- Genetic Testing for Breast and/or Ovarian Cancer Syndrome
- Preimplantation Genetic Diagnosis Testing
- Wireless Capsule for the Evaluation of Suspected Gastro and Intestinal Motility Disorders
- Prostate Saturation Biopsy

Durable Medical Equipment (DME)/Prosthetics:

- Augmentative and Alternative Communication (AAC) Devices/ Speech Generating Devices (SGD)
- Dynamic Low-Level Prolonged-Duration Speech Devices
- Electrical Bone Growth Stimulation
- Functional Electrical Stimulation (FES); Threshold Electrical Stimulation (TES)
- Implantable Infusion Pumps
- Lower Limb Prosthesis and Microprocessor Controlled Lower Limb Prosthesis
- Oscillatory Devices for Airway Clearance including High Frequency Chest Compression and Intermittent Positive Ventilation (IPV)
- Ultrasound Bone Growth Stimulation
- Wheelchair Mobility Devices: Wheelchairs-Powered, Motorized, With or Without Power Steering Systems and Power Operated Vehicles (POV)
- Prosthetics: Electronic or externally powered and select other prosthetics- (myoelectric-LUE)
- Standing Frame

Gender Reassignment Surgery:

- If the benefit is covered, pre-certification is required. Clear confirmation that the group has excluded the benefit is required.

Complete list of Medical Policies and Clinical Guidelines is available by visiting www.Anthem.com and using the Provider tab for accessing information.



Caresource Portal Enhancements

Caresource added additional enhancements to their Provider Portal that include:

- ✓ Ability to submit requests to update authorization requests (i.e. add additional documentation or change dates of service).
Uploading of consent forms for Hysterectomy, Sterilization, and supporting documents.

- ✓ **Claim Disputes** - Availability to submit claim dispute only applies to:
 - ✓ Ohio- Medicare Advantage and MyCare
 - ✓ Feature will be available for Ohio Medicaid Providers November 1, 2019.

- ✓ Rejected Claims Visibility – View rejected claims from previous two years (24 months) search by Provider ID, Tax ID, or NPI.
 - ✓ Ohio – Applicable to All Lines of business

<https://providerportal.caresource.com/OH>

Log into the provider portal, select “Prior Authorization & Notifications”

Portal Assistance and/or Questions Email:
CiteAutoAssistance@caresource.com



New Prior Authorization Vendor for Medical Drugs

Effective January 1, 2020 Medical Mutual will be utilizing Magellan Rx Management to provide authorization services for specialty drugs administered by professional and Outpatient institutional.

To locate a complete list of medical drugs requiring prior authorization by visiting www.MedMutual.com/Provider

- Tools & Resources, Care Management, Medical Policies, Prior Approval & Investigational Services.
- Review corporate medical policies and associated prior approval forms by visiting MedMutual.com/Provider and selecting Tools & Resources, Care Management.
- For select specialty drugs administered with a date of service on or after Jan. 1, 2020, prior approval requests must be submitted one of the following ways:
 - Online at IH.MagellanRx.com
 - Fax at 1-888-656-1948
 - Telephone at 1-800-424-7698 Requests are accepted electronically, or via facsimile, 7 days a week, 24 hours a day. Requests may be submitted by phone Monday through Friday, from 8:00 a.m. to 7:00 p.m., EST/EDT

New Controlled Substance e-Prescription Requirement for OptumRx

Beginning **January 1, 2020**, Optum Rx will only accept e-prescriptions for Opioids and other controlled substances for home delivery pharmacy service.

- Non-electronic prescriptions will not be filled.
- Nationwide effort to help prevent opioid misuse and addiction.

<https://professionals.optumrx.com/epcs.html>

- Video to learn about shifting to mandatory e-prescribing
- Preparing our EMR system for e-prescription submission

