

## MEDICAL MUTUAL UNANSWERED QUESTIONS FROM PAYOR UPDATE

1. Question: Why do you send the e.o.b. to the patient with “minutes” next to the CPT code?  
**Medical Mutual Response: The “minutes” are included in the definition of the CPT code billed.**
  
2. When /date did the clear mastercard role out to patients?  
**Medical Mutual Response: The Clear Mastercard was made available to members in July 2008.**
  
3. Are the prior approval tools available on the emdeon website? Or is it just a tool for eligibility and claims?  
**Medical Mutual Response: The list of procedures that require Prior Approval are on our website, MedMutual.com. Emdeon Office is used to check eligibility, benefits and claim status.**
  
4. Can/will we be able to have ERA’s to our clearinghouse?  
**Medical Mutual Response: If you are registered with Emdeon, you can already receive ERA’s. Later this year, you will be able to register for and receive ERA’s directly from Medical Mutual via the secure Provider Portal located at Medmutual.com. Electronic Funds Transfer is available now. For more information, contact your local contracting representative.**
  
5. Why does MMO not allow radiology professional claims to be paid in a facility setting that don’t have prior approval? All the other major carriers allow.  
**Medical Mutual Response: Medical Mutual requires prior approval on a limited number of radiology services. The list of radiology services that require prior approval can be found on our website, MedMutual.com. It is the ordering physician’s responsibility to obtain prior approval for these services.**
  
6. Currently, claim status must be checked through Emdeon. Will this be or can we view on eportal in the future?  
**Medical Mutual Response: Yes, we anticipate that you will be able to begin receiving ERA’s via the E-portal during the third quarter of 2009.**
  
7. When are benefits and eligibility going to be available online? In particular OB benefits?  
**Medical Mutual Response: Benefits and eligibility are available through Emdeon Office, or by calling Provider Inquiry at 1.800.362.1279.**

8. Are you accepting new provider registrations? Or does the provider still need to go through the Emdeon web site link?

**Medical Mutual Response: Yes, we are accepting new provider registrations. If you have specific contracting questions, please contact your local contracting office. Phone numbers and addresses for our local contracting offices are located on our website, Medmutual.com.**

9. Can we collect “deposit” on deductible and or co-insurance at time of service if it has been verified that patient has unmet deductible?

**Medical Mutual Response: Providers can collect the copay amount at the time of service. Providers may only bill for the coinsurance and deductible after receipt of the remittance advice or payment from Medical Mutual.**

10. What is your process for take backs?

**Medical Mutual Response: In all cases when an overpayment adjustment is done by MMO, a refund request is issued to the provider as an invoice. The payment of the invoice is due within 35 calendar days of the invoice date. During the 35 day period, the provider has the option of paying the invoice, appealing the overpayment adjustment or letting the invoice due date expire. In accordance with Ohio Law, when the invoice due date expires without an appeal or payment, Medical Mutual can offset the invoice amount against future payments.**

11. Real time adjudication is great. However, it does not address surgical procedures.

**Medical Mutual Response: Medical Mutual is currently developing the capability for Real Time Claims Adjudication. We will provide more detailed information in the coming months.**

12. High deductibles associated with surgical procedures are a major problem what steps are being taken by MMO to change contract language to permit practices to require money upfront.

**Medical Mutual Response: Provider may only bill for the coinsurance and deductible after the receipt of the remittance advice or payment from Medical Mutual. We are in the process of developing the capability for Real Time Claims Adjudication.**

13. How can a TPA be allowed to override MMO pricing and payment issue. And deny claims for needing additional information or prior authorization/approval?

**Medical Mutual Response: Network Access clients are not permitted to override our pricing determinations. However, they are responsible for applying benefits.**