

SSM Contract Updates

ExclusiveChoice

- Contracts Update
 - ExclusiveChoice
 - Aetna
 - GHP
 - Great West Healthcare
 - Harmony Health Plans of Illinois
 - Health Care USA
 - WellCare
- National Provider Identifier (NPI)
- SSM MCO Operations
 - Round Table Meetings
 - Physician Profiles
- Contract News Forms

The new fee schedule for ExclusiveChoice went into effect on March 1, 2007. Please check your claims to ensure you are being paid at the new rate. Remember ExclusiveChoice pays 110% of St. Louis, Missouri Medicare. In an effort to be consistent with other contracted payors in the areas, ExclusiveChoice now pays the facility and non-facility rate.

Your quarterly mailbag includes a letter from F-M-H listing your ExclusiveChoice Unique ID number. Please verify this number so that you are using the correct ID number when filing ExclusiveChoice claims.

REMINDER: Now that the vacation season is coming up, remember that your backup physician needs to be ExclusiveChoice participating. Our members do not have any out-of-network benefits.

Aetna

Aetna announced its support for the Mental Health Parity Act of 2007. The legislation establishes parity between mental health benefits and medical/surgical benefits with respect to financial requirements and treatment limitations for consumers.

The parameters in the Act are important for the administration of mental health benefits, including creating national standards for the country and strengthening the ability of health plans to apply medical management programs to help members navigate the health care system.

GHP

GHP has announced some changes to authorization requirements effective April 2, 2007. The following changes apply to GHP's

Commercial, Medicare, GHP/ASO, and Carpenters members. (these changes DO NOT apply to IBEW Local 1, IBEW Local 309 and LHI.) The codes listed below will no longer require authorization for dates of service on or after April 2, 2007, if done in the outpatient setting:

Hernia repair	49491-49611
Arthroscopy 29805-29866 & 29870 – 29999	
Bone Density	76075-76077, 77080
Benign Lesion Excisions	11300-11303, 11305-11308, 11310-11313, 11400-11471, 24075
Cataract Removal	66830-66990
Hysterectomy/Hysteroscopy	58550-58579 & 58150-58294
Ganglion Cyst Excisions	25111-25112

Addition to the Pre Authorization list as of April 2, 2007, for Carpenters' members only is:

Cochlear Implant	69930
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Great West Healthcare

New Address for Appeals and Grievances

If you need to dispute payment information and/or have a concern about an item on an EOB form, please send a detailed letter supporting the appeal to the Claims Appeal Department at the following address:

Great-West Healthcare
PO Box 668
Kennett, MO 63857

Please include the following information:

- Member Name
- Plan Name
- Provider Name
- Place of Service
- Comments
- Copy of original HCFA/CMS 1500 or UB92
- Member ID
- Plan Number
- Date of Service
- Tax ID
- Copy of EOB

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Great-West (cont)

NOTE: Claims adjustments will not be made if date of service is over one year old. Contact Great-West Healthcare to inquire about the status of a dispute by calling Customer Service at (800) 663-8081.

As always, SSM MCO provider representatives are also available to assist you with any disputes you have with payors, including participation status and claims issues. Please call your provider representative at (314) 989-2370 if you are not able to get the resolution you expect from the payor.

Claims forwarding address has expired.

Please note that effective September 1, 2006, the mailing address for all claims changed to:

Great West Healthcare
1000 Great-West Drive
Kennett, MO 63857

Please update your records immediately. For even faster processing, submit claims electronically to Payor ID 80705. For further information contact EDI support at (303) 737-1040.

**NPI Update - Great-West Healthcare is currently modifying its business processes and systems infrastructure in order to accommodate the use of NPI data. Great-West Healthcare will meet the May 23, 2007 regulatory compliance deadline. Information pertaining to NPI and Great-West Healthcare's NPI compliance efforts can be found by utilizing the links on this page. The company's NPI efforts are ongoing. If you have not already done so, please register now to use our Provider Portal so that we can more effectively and directly communicate important NPI information.*

Harmony Health Plans - Illinois Medicaid

The Illinois Medical Assistance Program will be changing in our area soon! With the introduction of the states Illinois Health Connect program, most people enrolled in the Illinois Healthcare and Family Service (HFS) Medicaid program will be required to establish a medical home through a Primary Care Provider (PCP). PCP's may choose to participate through either the Illinois Health Connect program or with a Managed Care Plan such as Harmony Health Plan.

Harmony Health Plan benefits to providers are many, including:

- Competitive, **prompt** and accurate claims and/or capitation payments.
- Enhanced compensation to participating physicians.
- PCP management of care to ensure continuity of care; quality of life.
- Assistance in marketing practice.
- Focus on education, prevention and overall wellness of Harmony Health Plan members.
- Harmony Health Plan Community Relations Representatives are available to educate Harmony Health Plan members on site.
- Attention to detail and customer service commitment resulting in satisfied customers.
- Coordination of discharge planning, home health visits, durable medical equipment and all while ensuring an appropriate network of specialists and tertiary care facilities.
- Open Referral to par specialists
- Local, dedicated Provider Relations staff to assist with your needs.

Harmony Health Plan provides value-added benefits to our members that they do not receive with traditional fee for service Medicaid. Most importantly is the "hands on" approach to assisting you in managing their health care needs. To become a

participating provider or if you have any questions, please call 1-800-608-8156 x2407 Monday-Friday, 8am-5pm Central.

Health Care USA

HealthCare USA providers must fully immunize their patients following the most recent immunization recommendations. Updates have been made to the immunization guidelines for 2007. Listed below is a summary of the changes:

- Influenza vaccination is now recommended for all children ages 6-59 months.
- Varicella vaccinations should be administered at 12-15 months and a newly recommended second dose should be administered at 4-6 years.
- Rotavirus vaccination is now recommended in a 3 dose schedule at ages 2, 4 and 6 months of age. The initial dosage should be administered at age 6 weeks through 12 weeks and subsequent doses at 4-10 week intervals. Rotavirus vaccinations should not be initially administered to infants > 12 weeks and should not be administered after 32 weeks of age.
- The new Human Papillomavirus vaccine (HPV) is recommended in a 3 dose schedule with the second and third doses administered 2 and 6 months after the first. Initial doses can be started in females as young as 9 years of age, but is recommended for females ages 11-12 years. In females age 13-26 years of age "catch up" vaccination can be administered if the female has not been vaccinated previously or was not completed the full series.

Ensure your practice is following the most updated childhood immunization recommendations.

Vaccines for Children Program.

MO Medicaid requires providers who administer immunizations Medicaid eligible children to enroll in the VFC program. HCUSA will pay an admin fee to providers to administer the free vaccine to eligible members. The Department of Health (DOH) administers the VFC program and Providers should contact the DOH as follows for information regarding enrolling in the VFC program and requirements:

Missouri Department of Health
Section of Vaccine Preventable
And Tuberculosis Disease Elimination
phone (800) 219-3224
fax (573) 526-5220

New Payor Notice

HCUSA has provider to the MCO it's new fee schedule which will be going out to HCUSA participating providers after all details are finalized. The new physician fee schedule includes the removal of PCP capitation.

MHNet

Referrals

Remember that for GHP patients with Mental Health / Substance abuse coverage by MHNet the member or provider can contact MHNet directly at 1-800-377-9096. A physician referral is NOT required.

Wellcare

MISSOURI MEDICARE IS LOOKING BETTER IN 2008.

Get Ready! A new and better choice for you and your Medicare patients is just around the corner! Through a unique partnership opportunity between Harmony WellCare and SSM, your participation is easy, convenient and seamless. Give your Medicare patients and your practice the best choice available in healthcare.

Harmony Health Plan, a subsidiary of WellCare, will be rolling out a Medicare Advantage program ("WellCare") in St. Louis city and county, and St. Charles county in

January 2008. WellCare is a leading provider of government sponsored health plans such as Medicaid, Medicare, and State Children's Health Insurance Programs. With over **2 MILLION Medicare and Medicaid members nationwide**, we are the **largest Medicare and Medicaid Company in the United States.**

If you are interested in joining the Harmony / WellCare network it is as easy as calling SSM Physician & Network Relations at (314) 989-2370 and talking with your provider representative.

MCO Operations Medicare Advantage Plans

The SSM MCO has been getting many inquiries about the many Medicare Advantage Plans popping up in the St. Louis Market such as "is the MCO going to get a contract with this plan or that plan?" "Should I see the patient?" "I don't know anything about his plan can you help?"

Very simply, the SSM MCO will not be contracting with these plans. There are no contracts for the physician to sign. If you see the patient you get paid 100% of Medicare.

NPI Updates

Less than 50 days until the National Provider Identifier (NPI) Compliance Date.

Do you have your NPI?

Get it. Use it. Share it.

Once providers have received their NPIs, they should share their NPIs with other providers with whom they do business, and with health plans that request their NPIs. In fact, as outlined in current regulation, providers must share their NPI with any entity that

may need it for billing purposes -- including those who need it for designation of ordering or referring physician. Providers should also consider letting health plans, or institutions for whom they work, share their NPIs for them.

Thank you.

Thank you for submitting your NPI numbers to the SSM MCO. We are currently in the process of forwarding these numbers to the contracted payors.

CMS-1500 Extension

In July 2006, the Form CMS-1500 (12-90) was revised predominantly for the purpose of accommodating the National Provider Identifier. Since that time, the industry has been preparing for the implementation of the revised Form CMS-1500 (08-05).

September 2006, Medicare announced beginning April 1, 2007, the only acceptable version of the form would be the Form CMS-1500 (08-05) and that the prior version, Form CMS-1500 (12-90), would be rejected.

It has recently come to our attention that there are incorrectly formatted versions of the revised form being sold by print vendors, specifically the Government Printing Office (GPO). This resulted in the sale of both printed forms and negatives which do not comply with form specifications.

Given the circumstances, CMS has decided to extend the acceptance period of the Form CMS-1500 (12-90) version beyond the original April 1, 2007 deadline while this situation is resolved.

Contractors will be directed to continue to accept the Form CMS-1500 (12-90) until notified by CMS to cease. At present, we are targeting June 1, 2007 as that date.

In addition, during the interim contractors will be directed to return, not manually key, any Form CMS-1500 (08-05) forms received which are not printed to specification.

By returning the incorrectly formatted claim forms back to you, we are able to make you aware of the situation which will allow you to begin communications with your form supplier.

The following will help you to properly identify the correct form.

The old version of the form contains "Approved OMB-0938-0008 FORM CMS-1500 (12-90)" on the bottom of the form (typically on the lower right corner) signifying the version is the December 1990 version.

The revised version contains "Approved OMB-0938-0999 FORM CMS-1500 (08-05)" on the bottom of the form signifying the version is the August 2005 version.

The best way to identify if your CMS-1500 (08-05) version forms are correct is by looking at the upper right hand corner of the form. On properly formatted claim forms, there will be approximately a ¼" gap between the tip of the red arrow above the vertically stacked word "CARRIER" and the top edge of the paper. If the tip of the red arrow is touching or close to touching the top edge of the paper, then the form is not printed to specifications.

It is important to note that this issue involves the implementation of the new Form CMS-1500 (08-05) only and does not impact the May 23, 2007 implementation date of the NPI.

Clearinghouse:

The MCO has received several requests from physician offices if we will be supplying National Provider Identifier ("NPI") numbers of referring physicians. NPI numbers are becoming a required aspect of medical referral under CMS and potentially other payor systems. There is presently no national clearinghouse for these numbers. In an effort to facilitate the dissemination of these numbers, the SSM Managed Care Organization (MCO) will

provide NPIs to physicians who participate in the MCO. If you are a participating physician the MCO will provide you with other physician NPIs when requested. Per CMS recommendation, NPIs will only be distributed in the following manner:

- Compact disk (CD) mailed via certified mail to verify delivery
- An email via secure email or a password protected zip file. If the NPIs are being sent via a zip file over the internet, a second email with the password to unzip the file will also be sent in a secure e-mail.

Contact Micki Luensmann, Physician and Network Relations (314) 989-2360 if you would like an NPI listing.

The database and the CDs are not yet available, but should be by mid-April.

NOTE: If you do not wish for the MCO to share your NPI number please notify us immediately.



MCO Round Table Meetings

ExclusiveChoice Round Tables meetings scheduled in February, were rescheduled for July in order to provide the most updated ExclusiveChoice information. The next Round Table meetings will be in May, 2007. The guest speakers will be representatives from Aetna. If you have any questions call Dawn White (314) 989-2095 or Ann Carl (314) 989-2312.

Following are the currently scheduled Round Table speakers for 2007.

These are subject to change.

May 2007: Aetna
June 2007: Mercy Health Plans
July 2007: ExclusiveChoice
August 2007: Health Care USA
September 2007: Great West HealthCare

We are also attempting to schedule meetings with GHP, Cigna and Tricare. Watch future *Contract News* and your fax machines for locations and times.

SSM MCO Personalized Managed Care Profiles

Annually, at the end of the first quarter, SSM MCO distributes a verification copy of each physician's managed care profile in the Second Quarter Mailbag. The managed care profile is a printout from the SSM MCO provider database. Please review your profile carefully. It includes important information that may impact claims payment. Please mark any changes on the profile, sign and return to SSM MCO Physician & Network Relations at FAX: (314) 989-2264. If the profile is correct, please sign and return as evidence of your review. Inaccurate pro-files result in claims problems and provider directory errors. Your prompt attention to the profile verification copy is appreciated. If you have questions, please call SSM MCO Physician & Network Relations at (314) 989-2370.

**Managed Care Provider Profiles are not individually distributed to physicians affiliated with SSM Medical Group, SSM St. Charles Clinic Medical Group and SSM DePaul Medical Group. Medical*

group administration works directly with SSM MCO to review and update profile information. Any SSM Medical Group, SSM St. Charles Clinic Medical Group or any SSM DePaul Medical Group physician office may contact SSM MCO Physician & Network Relations at (314) 989-2370 at any time for a copy of a physician's personal profile.

NOTIFY THE MCO

Please remember to notify the MCO of any changes to your practice(s). If we do not have the information, we cannot report it to the MCO contracted payors. Most of our contracted payors will only accept demographic changes from the SSM MCO. If the plans do not make the change, you may have claims returned unpaid.



RECIPE FOR KNOWING

Ingredients

1 part of knowing who you are
1 part of knowing who you aren't
1 part of knowing what you want
1 part of knowing who you wish to be
1 part of knowing what you already are
1 part of choosing wisely from what you have
1 part of loving and thanking for all you have

Instructions:

Combine ingredients together gently and carefully, using faith and vision. Mix together with strong belief of the outcome until finely blended.

For Best Results:

Bake Until Blessed. Give Thanks Again.

Yield:

Unlimited Servings.

HELP!

Contract News is a quarterly newsletter for you, the provider's office, and we want the information to be relevant to you and your practice. Please take a minute and let us know what you think. Are there things we should include that would make it more worthwhile? Things we should delete? Right now, most of our information comes from the plans. Do you know of any other resources we could use?

Please e-mail your suggestions for *Contract News* to: Micki_luensmann@ssmhc.com, or fax them on the inquiry form on the back to 314-989-2264, Attn: Micki Luensmann.



Please use these FAX forms to contact SSM MCO

SSM Managed Care Organization, L.L.C.
SSM MCO Inquiry Form: Provider Question/Comment
FAX: (314) 989-2264 - ATTN SSM MCO Physician & Network Relations

Questions/comments regarding SSM MCO issues will be forwarded as appropriate to the SSM MCO Board, SSM MCO Contract Committee or applicable SSM MCO staff. A response will be provided, as needed:

Name (Optional): _____ Phone: _____ Fax: _____

SSM Managed Care Organization, L.L.C.
SSM MCO Notification Form: Provider Address/Phone/TIN Change
FAX: (314) 989-2264 - ATTN SSM MCO Physician & Network Relations
Or
Send via e-mail to [Micki Luensmann@ssmhc.com](mailto:Micki_Luensmann@ssmhc.com)

Please keep the SSM MCO informed of changes pertaining to your practice. The SSM MCO needs this information to update the SSM MCO provider database and to keep your SSM MCO contracted managed care plans informed. Information may pertain to Primary or Secondary office or remittance address. Please specify below. Questions . . . call (314) 989-2360.

Provider Name _____ Specialty: _____
PRINT

Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ TIN: _____
If changing a TIN or adding a TIN please include a signed IRS Form W-9.

Name: _____ Phone: _____
PRINTED NAME OF STAFF PERSON SUBMITTING CHANGE

Clearly describe change including all pertinent details:
 New Information (replaces current)
 Additional Information (in addition to current)

Comments: _____
