

CONTRACT NEWS

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January 2008

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• Edition 1

SSM MCO Contract Updates

ExclusiveChoice

As you probably know by now, effective January 1, 2008 there will be several changes related to Exclusive Choice:

- ✚ Exclusive Choice members will no longer be required to designate a primary care physician. As a result of this change, the method of reimbursement for primary care physicians will change from primary care capitation to fee for service.
- ✚ Exclusive Choice members will be able to self-refer to in-network Exclusive Choice participating PCPs or Specialists.
- ✚ Members can be referred to www.ssmhealth.com/mco to verify participating providers.
- ✚ If you are a dual-boarded physician (i.e. internal medicine and rheumatology) always collect the PCP copay amount of \$15 whether you are providing primary care or specialty services.
- ✚ Authorization is still required for many services including but not limited to: inpatient admissions, outpatient surgical procedures, sleep studies, ultrasounds greater than 2 per pregnancy, etc. A full list of authorization requirements can be found at www.ssmhealth.com/mco. If in doubt, you can contact SSM Medical Management at 314-989-2355 or 877-989-2355.
- ✚ If you have any additional questions about the changes, you may call SSM Provider and Network Relations at 314-989-2370.

GHP

SSM and GHP have a new agreement that will go into effect March 1, 2008. Please note: If you are currently participating in ANY of the GHP products listed below through the SSM MCO contract you still need to return the acceptance form, in order to prevent being reported to GHP as being deleted from all products. **This is an all-products contract.** Signing the acceptance form means that you will participate in ALL of the GHP products listed below:

- ✚ Group Health Plan Commercial
- ✚ Advantra HMO
- ✚ Gold Advantage

- ✚ Coventry National products
- ✚ First Health products
- ✚ Workers' Compensation products^{1,2}

Coventry National products, First Health products and Workers' Compensation products are new to this agreement. Previously, GHP had closed panels to the SSM Network and only those joining a group of providers already participating in the GHP product were eligible. This is an opportunity for all physicians to join the Group Health Plan Network.

This contract is being opened up to the entire SSM MCO network. Behavioral Health providers are eligible for First Health, Coventry National, and GHP ASO products without participating in MHNnet. The SSM MCO does not have delegated credentialing, so if you are new to the GHP network, you will be required to complete a GHP application before you are able to become a participating provider.

Action Required By Provider:

- ✚ If you are currently an SSM MCO GHP Participating Provider and wish to remain a provider through SSM MCO, you must sign and return the acceptance/declination form.
- ✚ If you are not currently an SSM MCO GHP Participating Provider and wish to become a provider through SSM MCO, you must sign and return the acceptance/declination form.
- ✚ If you are currently an SSM MCO GHP Participating Provider and no longer wish to remain a provider through SSM MCO, you can either sign the acceptance/declination form and return to SSM MCO or do nothing.
- ✚ If you are currently participating in the SSM MCO GHP Contract and If SSM MCO does not receive an acceptance/declination form by January 15, 2008, you will be reported to GHP as a termination from the SSM MCO GHP contract.

¹ If you currently do not accept Workers' Compensation patients, you are not required to accept workers' compensation members under the new agreement.

² Should the situation occur where a patient receives services covered by workers' compensation laws, this contract would apply only until the patient is transferred to another provider.

Harmony Healthcare

Illinois

Access and availability requirements for primary care providers

It is the Plan's policy to follow access and availability standards set by federal and state requirements. To assure Harmony members have adequate access to their physicians, the following criteria have been adopted for Medicaid and Medicare

Primary Care Physicians:

1. Provide medical coverage 24 hours a day, seven days a week.
2. See scheduled appointments within 30 minutes of the appointment time.
3. Schedule and see emergent referral appointments immediately.
4. Schedule and see urgent referral appointments within 24 hours.
5. Schedule and see routine "sick" care appointments within one week or five business days, whichever is earlier.
6. Schedule and see "well" care appointments within 30 days of a Member's request.

And for specialty care providers:

1. Schedule and see emergent referral appointments immediately.
2. Schedule and see urgent referral appointments within 24 hours.
3. Schedule and see routine "sick" care appointments within one week or five business days, whichever is earlier.
4. Schedule and see "well" care appointments within 30 days of a member's request.

Remember that it is a requirement for providers to be available to patients 24 hours a day, seven days a week. The Plan will monitor appointment and after-hours availability of network providers on a routine basis to ensure that access and availability standards are met. The PCP must be available after regular office hours to offer advice and to assess any condition which may require immediate care. This includes referral to the nearest hospital emergency room in the event of a serious illness.

(source: www.harmonyhpi.com)

Missouri

Electronic Funds Transfer is Coming to Missouri Providers

Harmony has partnered with Payformance Corporation to offer providers free electronic funds transfer (EFT) and online electronic remittance advice services (ERA, also known as electronic payment voucher) by registering with PaySpan Health®. The benefits of enrolling for EFT/ERA through PaySpan Health® include:

- ✚ A secure, self-service Web site
- ✚ Absolutely no cost for participating
- ✚ No more waiting for checks or vouchers
- ✚ Improved cash flow through automated deposits
- ✚ Convenient access to view remittance records online, at any time
- ✚ Reporting mechanisms to access adjudicated claims information
- ✚ Ability to import payment data directly into your Practice Management or Patient Account System

Please call Harmony Provider Relations with any questions at 1-866-822-1340. (source: www.harmonyhpm.com)

Medicare Expanding to St. Charles, St. Louis Counties, and St. Louis city

As Harmony continues to expand its business in the state of Missouri, effective January 1, 2008, Harmony will offer Medicare HMO in St. Charles and St. Louis counties and St. Louis City under the name WellCare. SSM hospitals are included in the Wellcare Network. Payor notices were issued early 2007. If you are not sure of your participation status, please call Physician & Network Relations at (314) 989-2370.

(source: www.wellcare.com)

HealthCare USA

Advanced Directives

All HealthCare USA participating providers are required by law (42 U.S.C. 1395 cc) to document in the member's medical record whether or not he/she has executed an advance directive. If an advance directive is completed by the member, a copy must be included in their medical record. Not all adult members are required to have advance directives, but the provider must document a discussion and/or education regarding advance directives in the medical chart.

This can be accomplished on the medical health questionnaire or in the provider's visit notes. The Web sites listed below offer additional information and resources about advanced directives:

- ✚ Full text brochure: www.putinwriting.org/putinwriting_app/content/piiwbrochure.pdf
- ✚ American Bar Association: <http://www.abanet.org/aging/toolkit/home.html>

Authorization Directory Update

Effective October 1, 2007, the authorization requirement for the following inpatient professional codes have been removed:

- ✚ 99251-99255 (medical records may be requested)
- ✚ 99234-99239
- ✚ 99231-99223
- ✚ 99293-99296
- ✚ 99298-99300

DirectProvider.com Authorization Inquiry and Edit

The authorization inquiry and edit function of directprovider.com is now available. This capability allows providers to perform the following authorization functions throughout directprovider.com:

- ✚ View
- ✚ Look-up by number, member, status and provider filters
- ✚ Details and history
- ✚ Update existing authorizations
- ✚ File reconsiderations
- ✚ Submit formal appeals
- ✚ Obtain forms for submitting appeals

Currently, there are no changes related to the submission of authorizations. Providers should continue submitting authorizations online through Emdeon Business Services or by calling HCUSA's Pre-Authorization Department at 800-882-9666.

iScribe

HealthCare USA offers iScribe free of charge to participating HCUSA providers. You can register for this great feature, by logging onto the ePrescribing link found on HCUSA's web site at www.chchcusa.com

MO Healthnet (Formerly Known as Medicaid is Expanding)

The Missouri MO HealthNet program is expanding! On January 1, 2008, HealthCare USA will welcome members located in the counties listed below. Provider Relations is actively recruiting all provider types to service our anticipated membership.

- CENTRAL MISSOURI: Benton, Dallas, Hickory, Laclede, Linn, Macon, Maries, Marion, Phelps, Pulaski, Ralls, Shelby
- EASTERN MISSOURI: Crawford, Iron, Madison, Perry, Pike
- WESTERN MISSOURI: Bates, Cedar, Polk, Vernon

(Source: www.chchusa.com)

Humana

Humana Launches ePrescribing Program Through Partnership with RxHub.

Harmony Healthcare is partnering with RxHub to arm care providers with additional information important to medication selection and patient care that could increase patient safety. The initiative will allow the secure flow of data for limited member eligibility, formulary and medication history to offices that use ePrescribing consistent with the ePrescribing Standards.

A July 2007 research report, prepared for the Pharmaceutical Care Management Association (PCMA), finds that federal government options to increase ePrescribing could reduce how much the federal government spends on healthcare by about \$29 billion over the next 10 years. The report also states that actions taken to address medication errors could help physicians prevent nearly 1.9 million adverse drug events during that same period.

(Source: www.humana.com)

HFN

HFN offers a secured on-line Claims Repricing Status functionality at www.hfninc.com. This user-friendly tool allows network providers to review the status of their claims that have been sent to HFN to reprice. Providers also have the opportunity to view claim detail by clicking on the words "view claim detail";

an actual view of the repriced CMS-1500 or UB-04 claim form will appear. The following crosswalk tables compare the relocated items and identify pertinent repricing information in the HFN Repricing Statement for professional and institutional claims.

<u>HFN UB-92 Repricing Statement</u>
Payor's Name: Box 2
Line by line repriced amount: Box 49
Provider's Total Billed Chrgs: bottom of Box 47
Total Repriced Amount: Box 49
Total Savings: Box 56
HFN Claim Number: top line of Box 84
HFN Claim Messages: line two of Box 84
Date claim received: right corner of Box 84
<u>HFN UB-04 Repricing Statement</u>
Payor's Name: above Box 2
Line by line repriced amount: Box 49
Provider's Total Billed Charges: Totals -Box 47
Provider's Total Repriced Amt: Totals -Box 49
Total Savings: top line of Box 80
HFN Claim Number: above Box 1
HFN Claim Messages: below Box 81
Date claim received: Creation Date Box 45

Mercy Care Plus

Molina Healthcare, one of America's largest Medicaid-focused health plans, has announced that it has entered into an agreement to acquire Mercy CarePlus. Molina Healthcare and Mercy CarePlus share a common mission in serving underserved children and families and will soon join forces to make quality health care more available and accessible, better control costs and make the Medicaid health care system work better for providers. For more information about Molina Healthcare, please visit www.molinahealthcare.com.

Watch announcements from SSM MCO concerning this acquisition and what this means for your office.

News for Providers

- OB observations or OB checks that are less than six hours do not require an authorization. These encounters should be billed with Revenue Code 720 or 721.
- When a provider has billed for OB office visits and then submits a claim for global OB services, the global code will deny with Y1.
- MCP has increased the authorization dollar limit of DME. Children requiring DME with under \$300 in

allowed amounts no longer require an authorization.

(Source: www.mercyhealthplans.net)

MHNet

Behavioral Health Providers may have received a letter dated November 14, 2007 from MHNet. This letter indicated a change in the fee schedules for MHNet. Please be advised that this letter was sent in error to behavioral health providers who participate with MHNet through the SSM MCO contract. MHNet has confirmed that the rates contained in the MCO contract will not be affected by the November 14th letter.

NPN/NPPN

(National Provider Network / National Preferred Provider Network)

MedAvant Healthcare Solutions and Coalition America, Inc. announced they have entered into a definitive agreement to sell MedAvant's National Preferred Provider Network ("NPPNtm") to Coalition America, Inc. The transaction is anticipated to close in the first quarter of 2008, subject to regulatory approvals and customary closing conditions. The transaction includes the sale of PlanVista Solutions, Inc. (f/k/a National Preferred Provider Network, Inc.), National Network Services, LLC, PlanVista Corporation, Medical Resource, LLC and National Provider Network, Inc., all of which are MedAvant subsidiaries that combine to comprise NPPN. Coalition will acquire all of the equity interests in these subsidiaries at closing.

(Source:

<http://www.primenewswire.com/newsrooms>)



Managed Care Organization

SSM MCO Operations

Insure Missouri

Insure Missouri is part of the health care package that Governor Matt Blunt signed into law on July 2, 2007. Insure Missouri will offer health coverage to Missouri's lower income, uninsured workers through approved insurance plans. Insure Missouri is projected to cover nearly

200,000 uninsured; over 130,000 are expected to be enrolled by July 2008. Insure Missouri will be introduced in three phases over 15 months and will give Missourians a choice among competing plans:

- ✚ Phase I – Working parents and caregivers with children in the home with incomes up to 100% of poverty or \$20,650 for a family of four beginning in February 2008.
- ✚ Phase 2 – Starting next summer the same coverage will be offered to working parents and other working adults who are not Medicare eligible with income levels set by the General Assembly.
- ✚ Phase 3 – Making healthcare more affordable for small business owners and their employees. Eligibility will be set by the General Assembly and will include a plan to create a “reinsurance” program.

(Source: www.insuremissouri.org)

The SSM MCO will be offering participation in the programs being offered by the various payors such as Harmony of Missouri, Healthcare USA, and Mercy Care Plus. More information will be sent to your office as it becomes available.

MEDICAID TAMPER-RESISTANT PRESCRIPTION PADS

On August 17, 2007, CMS sent a letter to all State Medicaid directors offering guidance on section 7002(b) of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007, regarding use of tamper-resistant prescription pads – signed into law on May 25, 2007. The law effectively requires that providers writing prescriptions for Medicaid recipients must write the prescriptions on tamper-resistant prescription pads.

The law states the requirement for the use of tamper-resistant prescription pads did NOT apply when a managed care entity pays for the prescription.

The law was originally scheduled to go into effect October 1, 2007, but has now been delayed with a new start date of April 1, 2008. To prepare for this federal requirement, provider offices may want to consider the benefits of e-prescribing.

CMS encourages the use of e-prescriptions as an effective and efficient method of communicating prescriptions to pharmacists. Please note that the Drug Enforcement Administration regulations regarding controlled substances may still require a written prescription. CMS indicates that e-prescribing may reduce instances of unauthorized, improperly altered and counterfeit prescriptions.

MISSOURI MEDICAID BECOMES MO HEALTHNET

On September 1, 2007, Missouri Medicaid changed its name to MO HealthNet. The Division of Medical Services is now known as the MO HealthNet Division (MHD). For more information, please visit their Web site at: <http://www.dss.mo.gov/mhd/index.htm>

Medicaid Expansion.

Effective January 1, 2008, the State of Missouri, Division of Medical Services will be converting over 40,000 Medicaid recipients into the MC+ Medicaid Managed Care program, through expansion into twenty-one (21) additional Missouri counties. HealthCare USA, an MC+ health plan will be an option for recipients residing in these areas.

Annual Dues Policy

SSM MCO second notices for your 2008 Annual Dues have been sent. Invoices were originally issued September 2007.

This is a REMINDER only. *If your payment has already been placed in the mail . . . thank you!* Any dues payments received on or after 01/15/08 will be returned and the physician will be removed from the SSM Managed Care Organization and all insurance plans contracted through the SSM MCO. The provider will be required to reapply for SSM MCO participation after a one-year waiting period if they choose to join again. If you have overlooked paying your SSM Managed Care Organization dues, there is still time. Send your payment to:

**SSM Managed Care Organization
Attn: Finance Dept
1173 Corporate Lake Drive
St. Louis, MO 63132**

We hope that you agree that

participation in SSM MCO provides an excellent return on investment.

CVO Update

State License Renewals

Reminder that Missouri State Medical Licenses will be expiring January 31, 2008. When you receive your updated license, please forward a copy to the SSM Credentials Verification Office (CVO) at

SSM HealthCare-St. Louis
Credentials Verification Office
1015 Corporate Square Drive, Suite 150
St. Louis, MO 63132
or
via fax to (314) 989-2192.

Upon renewals of BNDD's, DEA's and liability coverage, these also should be forwarded to the SSM CVO. This will eliminate multiple SSM hospitals from contacting you for the same required documentation.



Round Table Meetings

Round Tables were held in October with the focus being on ExclusiveChoice. If you were unable to attend either of these round tables and would still like to receive the information given out, please contact your SSM MCO provider representative or most of the new ExclusiveChoice materials can be retrieved from the MCO website at www.ssmhealth.com/mco. The 2008 changes to ExclusiveChoice are significant.

The next guest speakers for our round table meetings will be representatives from Wellcare. Please see the schedule, dates, and locations as follows. Watch your fax machine for your invitation and please RSVP. We will also be holding Round Tables in March in which representatives from Aetna will be present. Thank you.

February, 2008

Round Table Schedule

SSM MCO Round Table meetings are scheduled at five SSM campuses during the month of February.

NORTH CAMPUS

SSM DePaul Health Center
May Rm - 12 noon - 1:30 p.m.
Friday, February 29, 2008
Lunch Provided

MID COUNTY CAMPUS

SSM St. Mary's Health Center
West Pavilion Auditorium
12 noon - 1:30 p.m.
Tuesday, February 12, 2008
Lunch Provided

WEST CAMPUS

SSM St. Joseph Hospital – West
Wentzville Room
12 noon – 1:30 p.m.
Friday, February 22, 2008
Lunch Provided

SOUTH CAMPUS

SSM St. Joseph Hospital-Kirkwood
Carondelet Room B
12 noon - 1:30 p.m.
Tuesday, February 19, 2008
Lunch Provided

ST. CHARLES CAMPUS

SSM St. Joseph Health Center
St. Peter's Room
12 noon – 1:30 p.m.
Wednesday, February 13, 2008
Lunch Provided

The tentative schedule for the year 2008 can be found on the SSM MCO website at www.ssmhealth.com/mco.



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 payors you are contracted with through the MCO. Most of the 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.

Contact Us!

Contact your SSM MCO Physician & Network Relations provider representatives for assistance with any of your managed care needs.

Ann Carl

(314) 989-2312; fax (314) 951-5482

Ann is the provider representative for the St. Charles Campus (St. Joseph Health Center, St. Joseph Hospital West, and St. Joseph Hospital Wentzville) and the North Campus (Depaul Health Center). Ann is also the provider representative for Behavioral Health and Pediatric Providers North of Highway 40.

Dawn White

(314) 989-2095; fax (314) 951-5481

Dawn is the provider representative for the South Campus (St. Joseph Hospital Kirkwood) and the Mid County Campus (St. Mary's Health Center and SSM Rehab). Dawn is also the provider representative for Behavioral Health and Pediatric Providers South of Highway 40.

Physician & Network Relations main line: (314) 989-2370

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 on what you want to receive new.

Please e-mail your suggestions for *Contract News* to: [Micki Luensmann@ssmhc.com](mailto:Micki.Luensmann@ssmhc.com), or fax them on the inquiry form on the back to 314-989-5480, Attn: [Micki Luensmann](mailto:Micki.Luensmann).

The staff of the SSM MCO wishes you a safe and happy new year!



Drugs are not always necessary. Belief in recovery always is.

~Norman Cousins



