

SSM MCO Contract Updates

ExclusiveChoice

New in 2008

Review your mailbag and watch for more information about ExclusiveChoice changes for 2008. ExclusiveChoice is the managed care option for more than 16,500 SSM Health Care employees and dependents.

ExclusiveChoice is making some changes for physicians and members in 2008.

- Effective January 1, 2008, ExclusiveChoice Primary Care Physicians (PCPs) will no longer be receive capitated reimbursement. PCP's will be reimbursed at 110% of current year RBRVS.
- ExclusiveChoice members will no longer be required to select a PCP.
 - Members will be encouraged to continue using PCPs for routine preventative services as well as for coordinating care.
- PCPs will no longer be required to issue a referral for members to access in-network ExclusiveChoice specialist visits.
- Members are still required to use participating ExclusiveChoice providers.
 - For a complete listing of ExclusiveChoice participating physicians, please see the ExclusiveChoice directory tab on this website at www.ssmhealth.com/mco
- Change in copayments
 - PCPs = \$15
 - Specialists = \$30
 - PT, OT, ST = \$30
 - Behavioral Medicine = \$30
 - Emergency Medicine - \$75

Reminders:

- ExclusiveChoice members have no out-of-network benefits
- All services MUST be done at an SSM facility
- ExclusiveChoice does not cover:
 - Routine Eye Exams
 - Cosmetic Services
 - Contraceptive Services

Any questions pertaining to SSM MCO's website, please contact Micki Luensmann at (314) 989-2360 or [Micki Luensmann@ssmhc.com](mailto:Micki.Luensmann@ssmhc.com)

Aetna

Effective August 20, 2007, Aetna will consider resubmitted claims for CPT code 77336 dating from October 1, 2003 through April 1, 2005. This resubmission period will begin on August 20, 2007 and will extend through January 17, 2008. The resubmission process covers certain claims that originally were submitted for CPT code 77336 during the above time period, and that we denied and did not pay. The completed "Claim Form" as can be found on Aetna's web page at http://www.aetna.com/provider/data/Final_notice_wadd_pg_8-9-07.pdf and supporting documentation about CPT code 77336 claims must be submitted to Aetna on or before January 17. If you are a health care provider that rendered services to an Aetna member between October 1, 2003 and April 1, 2005, and billed Aetna for those services under CPT 77336, but were denied reimbursement by Aetna and not otherwise paid, then you are entitled to resubmit those claims.

GHP

Advantra and Advantra Freedom payer ID's

Confusion persists over the differences between the NEW Advantra Freedom Medicare Advantage Private Fee-For-Service plan and existing Advantra Medicare HMO's that Coventry health plans supports in different markets.

Advantra Freedom, Coventry Health Care's national Medicare Advantage Private Fee-For-Service plan was launched on January 1, 2007 and should NOT be confused with the existing Advantra Medicare HMO's that local/regional Coventry health plans support. For a list of the Advantra plans that are not Advantage private fee-for-service go to: <http://www.chcadvantra.com>

Advantra Freedom does not require credentialing for its providers, nor does it support a specific provider network. It is an open access network available to all providers willing to accept Advantra Freedom members and reimburses using Medicare fee schedules.

There is no contract required so this will not be managed by the SSM MCO.

**WHEN VIEWING ONLINE:
* CTRL + ENTER
ON THE LINK WILL TAKE
YOU DIRECTLY TO THE
WEB PAGE OR TO THE
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GHP (continued)

For additional information go to www.advantrafreedom.com or contact GHP Provider Services Department at 1-800-713-5095.

Action Required By Provider:

Update your insurance tables to verify Advantra Freedom/Payer ID 25152 is added. NOTE: Verify and differentiate between Advantra Freedom and other Advantra HMO Medicare Plans.

Looking for Authorizations Online?

Directprovider.com keeps improving! The latest additions allow our providers the ability to look up and edit authorizations online. While providers still need to submit authorizations the “old fashioned way,” there will be no more phoning in just to see if an authorization was filed or what its status is. This also means no more phoning in to make changes, faxing paperwork to provide additional information and to submit reconsiderations.

By clicking on “authorizations” in the left navigation bar, you’ll immediately see all authorizations for the last 30 days. Users can search for authorizations by number, status, member or filter by provider. They also can view the details for a specific authorization or the history of the authorization as it moved through our system, including information on when it was received, when information was requested, and when a decision was made on the authorization.

Users even can update an authorization online by submitting additional information in a free-text field and attaching up to 4 files with a total size of 5 megabytes. If the authorization is in a finalized status, users can initiate reconsiderations with supporting documentation, or submit a formal appeal and obtain the necessary forms for doing so.

Harmony Healthcare

Effective September 1, 2007, Harmony Behavioral Health will be managing the behavioral health care benefit for Harmony Health Plan members.

The SSM MCO does not have a contract with Harmony Behavioral Health.

NPI UPDATE: Please begin using NPI in your claims. WellCare (the parent company of Harmony) does ask, however, that you continue to submit your WellCare ID with your claims, in addition to the NPI, until further notice. Please note, you must continue to report your Tax ID on claims after May 23, 2007, as this information is used to report tax information to the IRS.

HealthCare USA

The following enhancements are being made to directprovider.com and are available.

1. Online Claim Adjustment Request— Allows you to request a reconsideration of a claim, or specific line item within a claim, on-line. However, this is NOT a formal appeal process. It is an opportunity to request a review of a claim that you believe did not adjudicate properly.

2. e-Prescribing link—Will appear in left navigation bar. e-Prescribing will be available through GHP’s partner Caremark. More information can be found at www.iscribe.com.

The iScribe Web-based ePrescribing tool is now available for HealthCare USA Prescribers – ABSOLUTELY FREE!

- Save time and money with fewer pharmacy calls and faxes
- Improve patient health with instant patient history information access
- Streamline the renewal process
- Increase patient satisfaction

To set up your account:

- You will need to enter your DEA number and a unique (not practice-level) NPI number.
- After verification physician process is complete, iscribe will mail you a one-time PIN code (you will receive within 3-5 business days) that will unlock your iScribe account and allow you to begin sending prescriptions electronically.
- Start using iScribe to send prescriptions via your Web browser. For [iScribe support](http://www.iscribe.com) call 1.877.483.1324.

Health Dynamics

Effective July 1, 2007, Health Dynamics, Inc. has undergone a name change. The new name is Mohr Health Systems, Inc. and will conduct business as HDN PPO. Clients have been notified that the name change has occurred and requested to change employee identification cards. Identification cards will display HDN PPO rather than Health Dynamics, Inc. Either name may be presented by patients until clients have been able to change all cards.

Your SSM MCO provider profile and the enclosed Guide to Contracts have been updated to reflect this name change.

Mercy Care Plus

Free ACCU-CHEK® meter offer
Mercy Care Plus has partnered with Roche Diagnostics, the maker of ACCU-CHEK® products, to provide your patients with an opportunity to replace their old meter with a free ACCU-CHEK® meter.¹

ACCU-CHEK® Multiclix lancet device is included with ACCUCHEK® Aviva. It provides the least painful lancet device technology, including a drum of six pre-loaded lancets for no individual lancet handling. Switch to an ACCU-CHEK® lancet device and take the pain out of testing today.

A Trusted Partner

Mercy CarePlus understands how important proper diabetes management is to your patients’ lives. That’s why we’re pleased to be able to provide them with accurate, dependable and easy-to-use products to help them manage their diabetes with confidence.

¹ACCU-CHEK, ACCU-CHEK AVIVA and ACCU-CHEK COMPACT are trademarks of Roche. All other product names and trademarks are the property of their respective owners. © 2006 Roche Diagnostics. All rights reserved.

RSV SEASON IS COMING!!!

Can you believe it? It’s almost time to start ordering Synagis! In an effort to streamline the process, Mercy CarePlus has appointed a new Synagis Coordinator:

Christine Obert
Phone: (314) 432-9184 or
1-800-875-0679, ext. 184
Fax: (314) 994-9403

Mercy Care Plus (continued)

MCP will continue to follow the standard AAP Guidelines for Synagis approval and the CDC's recommendations for the length of treatment. This year MCP will have designated two Synagis providers: Coram Healthcare and OptionCare Specialty Pharmaceuticals. These two companies will provide both the medication and the nursing visit to administer the injection. Please submit your request form via fax to the number above. The form can be found at: mercycareplus.com (in the Provider section, under Forms/Applications), or you may call Christine and request a copy. Upon approval, the Synagis Coordinator will assign the member to one of the above-mentioned providers and provide any necessary case management. If you have questions regarding the process to request Synagis, please contact Christine at (314) 432-9184 or 1-800-875-0679, Ext. 184.

NPN/NPPN

(National Provider Network / National Preferred Provider Network)

MedAvant Healthcare Solutions, a leader in healthcare technology and transaction services, today announced it has signed a definitive agreement to acquire Medical Resource, LLC ("MRL") and National Provider Network, Inc. ("NPN") MedAvant's National Preferred Provider Network (NPPN™) is currently comprised of more than 450,000 physicians, 3,650 acute-care hospitals and 65,000 ancillary facilities. The combined network is comprised of 100% direct contracts with approximately 175,000 physicians, 1,900 hospitals and 15,000 ancillary providers in all 50 states.

The network ideally complements NPPN's direct contracts and existing relationships with network affiliates

by adding a significant number of providers in states such as Maryland, New York, Missouri, Michigan, Iowa and Indiana.

About MedAvant Healthcare Solutions

MedAvant, a leader in healthcare technology services, provides healthcare transaction processing, medical cost containment services through NPPN™, business process outsourcing solutions and related value-added products to physicians, payers, pharmacies, medical laboratories, and other healthcare suppliers. For more information about MedAvant, please visit the Company's website at www.medavanthealth.com.

ppoNEXT

As a result of the June 1, 2007, acquisition of ppoNEXT, Inc. by Beech Street Corporation, Beech Street and ppoNEXT have evaluated opportunities to consolidate processes and workflows to better serve you.

After careful consideration and a commitment to provide superior customer service, ppoNEXT claim and contract inquiries will transition to Beech Street's Lake Forest, California offices effective August 20, 2007.

Beginning August 20, 2007, please use any one of the contacts below for claim and contract inquiries:

Fax: 949.458.4127

Mail: Beech Street Corporation
25500 Commercentre Drive
Lake Forest, California 92630

If you have any further questions, please contact a Beech Street, Corporation representative at 1-800-860-6381.
Or E-Mail: Claimsappeals@concentra.com



Managed Care Organization

Operations

Annual Dues Policy

Thank you for your participation in SSM MCO! Our restructured organization was instituted on September 25, 1998 and is now nine years old. Many of our participating physicians began working in cooperation with SSM Health Care on managed care initiatives more than ten years ago, via the previous network of SSM Physician Hospital Organizations (PHO).

The SSM MCO has more than doubled in size since its inception in 1998. The SSM MCO holds approximately 40 managed care products, which are accessible by our more than 2,000 participating providers (and this number continues to grow.)

Advantages of SSM MCO participation include:

- Easy access to managed care contracts. Most of these contracts do not require completion of a separate plan application.
- Providers become effective with these plans much more rapidly than direct contracting would permit.
- When you advise SSM MCO of a change in your billing or practice information, SSM MCO makes notification to your SSM MCO contracted plans.
- SSM MCO also maintains a staff of provider representatives who are available to assist participating providers when they are unable to resolve an issue with an SSM MCO contracted plan.
- A series of managed care informational meetings known as SSM MCO Round Table meetings are regularly held on six campuses. The purpose of these meetings is to keep your staff informed regarding SSM MCO contracts and to provide a discussion forum.
- SSM MCO providers are kept informed regarding SSM MCO contracts through our quarterly newsletter, *SSM MCO Contract News*.

Annual dues for the year 2008 are being assessed to all SSM MCO participating providers, and the amount once again remains unchanged.

Dues invoices are being mailed under separate cover.

Payment is due by November 15, 2007. Late payments will be accepted between 11/16/07 and 11/30/07 but are subject to an additional \$50 late payment fee.

Any dues payments received on or after 12/1/07 will be returned and the physician will be required to reapply for SSM MCO participation after a one-year waiting period.

We hope that you agree that participation in SSM MCO provides an excellent return on investment

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.

SSM Managed Care Organization Surveys

SSM Health Care consistently strives for performance improvement. In September, you should have received two survey forms which are designed to obtain feedback regarding the value of the SSM Managed Care Organization to your practice. The mailing included a Provider Satisfaction Survey (PINK). As a healthcare provider, your comments are important to us as we try to meet your

managed care needs. We also enclosed a Provider Office Staff Satisfaction Survey (GREEN). We realize that your office staff may have more interaction with the SSM Managed Care Organization than you do personally.

Thank you for your assistance in responding to these surveys. Please respond promptly so that your evaluation can be included in our analysis.

NPI Update

Dissemination of Data from the National Plan and Provider Enumeration System (NPPES) Began September 4, 2007– NPPES health care provider data that are disclosable under the Freedom of Information Act (FOIA) will be disclosed to the public by the Centers for Medicare & Medicaid Services (CMS). CMS will be disclosing these data via the Internet. Data will be available in two forms:

- A query-only database, known as the NPI Registry.
- A downloadable file.

Health care providers should refer to the document entitled, "Information on FOIA-Disclosable Data Elements in NPPES," dated June 20, 2007 (found on the CMS NPI web page at http://www.cms.hhs.gov/NationalProviderStand/Downloads/NPPES_FOIA_Data%20Elements_062007.pdf) for assistance in making their edits. Key data elements that are FOIA-Disclosable are:

- NPI
- Entity Type Code (1-Individual or 2-Organization)
- Replacement NPI
- Provider Name (First Name, Middle Name, Last Name, Prefix, Suffix, Credential(s), OR the Legal Business Name for Organizations)
- Provider Other Name (First Name, Middle Name, Last Name, OR 'Doing Business As' Name, Former Legal Business Name, Other Name. for Organizations)
- Provider Business Mailing Address (First line address, Second line address, City, State, Postal Code, and Country Code if outside U.S., Telephone Number, Fax Number)
- Provider Business Location Address (First line address, Second line address,

City, State, Postal Code, and Country Code if outside U.S., Telephone Number, Fax Number)

- Healthcare Provider Taxonomy Code(s)
- Other Provider Identifier(s)
- Other Provider Identifier Type Code
- Provider Enumeration Date
- Last Update Date
- NPI Deactivation Reason Code
- NPI Deactivation Date
- NPI Reactivation Date
- Provider Gender Code
- Provider License Number
- Provider License Number State Code
- Authorized Official Contact Information (First Name, Middle Name, Last Name, Title or Position, Telephone Number)

The delay in the dissemination of NPPES data does not alter the requirement that HIPAA covered entities must comply with the requirements of the NPI Final Rule no later than May 23, 2008. All NPI contingencies that may be in place must be lifted by that date.

UserIDs and passwords are not needed to use the NPI Registry. There is no charge to use the NPI Registry located at <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>

The NPI Registry will operate in a real-time environment.

The NPI Registry enables users to query the NPPES by, for example, the NPI or the name of the provider. The NPI Registry will return the results of the query to the user, and the user will click on the record(s) he/she wants to see. The NPI Registry will then display the FOIA-disclosable data for those records.

Downloadable Files

There is no charge to download the files containing the NPPES FOIA-disclosable health care provider data. UserIDs and passwords are not needed to download these files. The downloadable file will be available at:

http://nppesdata.cms.hhs.gov/cms_NPI_files.html

CMS will replace the file monthly. This will be a full replacement file, not an update file. When the full replacement

file is available for download, it will be the only file available for download. There will be no need to keep old files.



MCO Round Table Meetings

Round Tables were held in August and September. Guest speakers were representatives from HealthCare USA in August and Great-West Healthcare in September. 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.

ExclusiveChoice will be the focal point for the upcoming Round Table Meetings. There are many changes coming in 2008. Please attend these meetings to see how these changes will affect your office.

Please see the schedule, dates, and locations as follows. Watch your fax machine for your invitation and please RSVP. Thank you.

ExclusiveChoice October 2007 Round Table Schedule

SSM MCO Round Table meetings are scheduled at six SSM campuses during the month of October.

NORTH CAMPUS

SSM DePaul Health Center
May Rm - 12 noon - 1:30 p.m.
Thursday, October 18, 2007
Lunch Provided

MID COUNTY CAMPUS

SSM St. Mary's Health Center
West Pavilion Auditorium
12 noon - 1:30 p.m.
Tuesday, October 9, 2007
Lunch Provided

WEST CAMPUS

SSM St. Joseph Hospital – West
Wentzville Room
12 noon – 1:30 p.m.
Wednesday, October 10, 2007
Lunch Provided

SOUTH CAMPUS

SSM St. Joseph Hospital-Kirkwood
Carondelet Room A
12 noon - 1:30 p.m.
Tuesday, October 16, 2007
Lunch Provided

ST. CHARLES CAMPUS

SSM St. Joseph Health Center
St. Peter's Room
12 noon – 1:30 p.m.
Wednesday, October 17, 2007
Lunch Provided

PEDIATRIC CAMPUS

Cardinal Glennon Children's Medical
Center
Danis Auditorium
12 noon – 1:30 p.m.
Thursday, October 11, 2007
Lunch Provided



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

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

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 and 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:MickiLuensmann@ssmhc.com), or fax them on the inquiry form on the back to 314-989-2264, Attn: [Micki Luensmann](mailto:MickiLuensmann).



**Don't forget
to set your clocks back on
November 4, 2007.**

--Give a man health and a course to steer; and he'll never stop to trouble about whether he's happy or not.

GEORGE BERNARD SHAW

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 a notice to SSM MCO P&NR via the SSM MCO Website at [SSM MCO Website Address Changes](#)

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: _____
