

# CONTRACT NEWS

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### Contract News Forms

March 2008  
Volume 18  
Edition 1

## SSM MCO Contract Updates

### ExclusiveChoice

#### Reminder of the Changes made to ExclusiveChoice for 2008...

- ✚ The method of reimbursement for primary care physicians has changed from primary care capitation to fee-for-service. **PCP's are no longer receiving capitation checks.**
- ✚ Exclusive Choice members are able to self-refer to in-network specialists. A visit to an out of network specialist still requires a referral.
- ✚ If you are a dual-boarded physician (i.e. internal medicine and rheumatology) **always** collect the PCP copay amount of \$15.
- ✚ Authorization is still required for many services. A full list of authorization requirements can be found at [www.ssmhealth.com/mco](http://www.ssmhealth.com/mco).
- ✚ If you have any additional questions about the changes, you may call SSM Provider and Network Relations at 314-989-2370.

### Aetna

Aetna has launched a new secure provider website with NaviMedix. Now located on the NaviNet portal available at <https://navinet.navimedix.com>, Aetna's secure provider website via NaviNet offers to participating and nonparticipating physicians, hospitals and other health care professionals

- ✚ Free real-time transactions are available with Aetna
- ✚ Enhanced administrative options provide one-stop service.
- ✚ Improved functionality provides customized transactions with more detail and easier navigation.
- ✚ Health care providers can check eligibility and benefits in real time, submit or inquire about claims, review claim payment policies, view and print explanation of payments online within 24 hours of claims processing, obtain electronic remittance advices, get online precertifications, access Aetna's education site and conduct many other activities.

(source:  
<http://www.aetna.com/news/2008/0226.htm>)

NaviNet is a multi-payor site. You will also be able to access CIGNA and United Health Care from one login account.

For more information about Aetna's provider website via NaviNet, or to enroll, providers may visit [www.aboutnavinet.com/aetna](http://www.aboutnavinet.com/aetna).

NOTE: The current Aetna website will no longer be available after March 31, 2008.

## Beech Street Workers' Compensation Product

An error on the above-mentioned Payor Notice has come to the attention of the MCO. The Payor Notice indicates that the reimbursement is based upon a 10% discount from charges. In 2003, the reimbursement was changed to **the lesser of** a 10% discount or 160% of 2001 RBRVS; however the Payor Notice was not updated. We apologize for the inconvenience this matter may have caused you. Should you decide not to participate in the Beech Street Workers' Compensation product, please contact Provider and Network Relations at (314) 989-2370. This change does not effect the general medical reimbursement you are currently receiving from Beech Street.

If you are interested in receiving an updated Payor Notice, please contact Provider & Network Relations at (314) 989-2370.

## Coventry Health Care

### Coventry (CHC)

#### C3 Coventry Consumer Choice™

Coventry Health Care is now a product offered by the SSM MCO. If you elected to participate in Coventry Health Care, you became a participating provider on March 1, 2008.

Coventry Consumer Choice is Coventry HealthCare's full suite of consumer-directed health plan options. If you provide services to a patient who has a C3 plan, Coventry is asking that you do the following: Check the patient's ID card and verify participation

## Coventry Health Care (Cont.)

1. Send all claims to the address on the back of the ID card.
2. Allow Coventry to process the claim before requesting patient payment to apply appropriate discounts and help ensure accurate payment.

C3 uses the Smart Payment features in which the correct party is automatically paid, whether it is the member or the provider. Coventry is committed to paying claims promptly and correctly. If you have a question or need further assistance, call the number on the back of the member's ID card or Provider Relations.

## First Health Network

First Health Network is now a product being offered by the SSM MCO. It is part of the Coventry/GHP payor notice recently distributed to all SSM MCO physicians.

## Group Health Plan (GHP)

SSM and GHP have a new agreement that went into effect March 1, 2008. Please note: **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<sup>1,2</sup>

Group Health Plan moved **Neulasta and Aranasep** from the medical benefit to the Self-Administered Injectables (SAIs)

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

<sup>2</sup> 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.

pharmacy benefit on January 1, 2008. These are injectable medications that can be administered by the patient.

Those members who are currently taking Neulasta or Aranasep will be notified in advance of the change, as will their physicians.

All active authorizations provided prior to January 1, 2008 under the medical benefit will be allowed until they expire or July 1, 2008 which ever comes first. At that time the provider will need to contact the Pharmacy Call Center at 877-215-4098 for authorization under the members pharmacy benefit. In addition, any new member needing authorization for Neulasta and Aranasep after January 1, 2008 or after, the provider will need to contact the Pharmacy Call Center at 877-215-4098. **NOTE: The same guidelines apply as those for Epogen, Procrit and Neupogen.**

(source: GHP's Network Connection – Jan 2008)

## CIGNA / Great West

CIGNA and Great-West Life & Annuity have signed a definitive agreement for CIGNA to acquire Great-West Healthcare, the Healthcare Division of Great-West Life & Annuity. CIGNA and Great-West Life expect to close the transaction in the first half of 2008.

(source: mygreatwest.com)

## HealthCare USA

### Stop Smoking Benefit

**Stop Smoking!** Healthcare USA covers over-the-counter smoking cessation gum and patches (up to 12 weeks per year). The member must have a written prescription from their primary care physician. Call 1-800-566-6444 for more information.

(source: The Bear Facts, fall 2007)

## HealthLink

### ProviderInfoSource

ProviderInfoSource is a suite of online tools that increase the scope of HealthLink's electronic interface with contracted physicians, hospitals and other healthcare professionals. Users can:

- Self-register for secured access to the system and may administer the access of others within their organizations

- Determine the status of a claim; resubmit a repriced claim, and check patient eligibility;
  - Send questions and/or requests to HealthLink via secure mailbox;
  - Update physician/facility contact information
  - Download/print standardized forms and policy manuals;
  - Access payor contact information
- Contact your HealthLink provider representative for more information.  
(source: www.HealthLink.com)

## Mercy Health Plans

### Commercial

The SSM Managed Care Organization recently completed development of a new physician fee schedule with MHP. Effective February 1, 2008, the Mercy Health Plans Commercial fee schedule received an approximate 3% increase. The basis of the fee schedule has changed from 2006 RBRVS to 2007 RBRVS. Additionally, the following changes have been made:

- Eye Exams (92002, 92004, 92012, 92014) will now be paid based on the fee schedule rather than at "carved out" rates
- The lab fee schedule will be based on the 2008 CMS Clinical Lab Fee Schedule rather than the 2007 CMS Clinical Lab Fee Schedule.

If you are interested in receiving an updated Payor Notice, please contact Provider & Network Relations at (314) 989-2370.

### Mercy Health Plans – Medicare

Effective February 1, 2008, the MHP Medicare Fee Schedule has been updated to reflect 2008 RBRVS. At the same time, the Lab fee schedule has also been updated from the 2007 Clinical Lab Fee Schedule to the 2008 CMS Clinical Lab Fee Schedule. Like the commercial product, eye exams (92002, 92004, 92012, 92014) will be based upon the fee schedule rather than at "carved out" rates.

If you are interested in receiving an updated Payor Notice, please contact Provider & Network Relations at (314) 989-2370.

## Mercy Care Plus

- 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.
- Audit Program: As part of the Mercy CarePlus quality program, our staff has begun assessing quality indicators, including documentation and performance improvement measures. While our auditors are out in the offices doing chart audits, they provide feedback and education to the providers and staff.
- MCP has increased the authorization dollar limit of DME. Children requiring DME with under \$300 in allowed amounts no longer require an authorization.

VFC has approved the HPV vaccine. Providers must obtain the vaccine through VFC for members ages 9 to 18. Providers should bill the vaccine code (90649) with the SL modifier to receive reimbursement for the administration. Providers administering the vaccine to members ages 19 to 26 must submit the invoice for the vaccine and may bill the regular administration code.

OB/GYNs who are not currently VFC providers need to apply to become participating providers. VFC's Web site is [www.cdc.gov/nip/vfc](http://www.cdc.gov/nip/vfc). MCP will not reimburse for the cost of vaccines that are available free to its members through the VFC program, but does reimburse for the administration when billed with the SL modifier (90649SL). (source: [www.mercycareplus.com/newsletter.pdf](http://www.mercycareplus.com/newsletter.pdf))

The Department of Health (DOH) administers the VFC program and providers should contact the DOH as follows for information with regards to 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

## Tricare

Tricare has a new Website! Providers are to now have easier access to the same set of powerful tools that are expected from myTricare.com. Click around and become familiar with how easy it is to manage your Tricare business online!

Here is what is new:

- Region-specific homepages with information that is grouped with more meaningful topics.
- More browser selections such as Firefox, Safari, and IE7.
- Enhanced search capabilities. Find information faster with the addition of Google™ technology.
- A new feature called "myTRICARE News." Providers can subscribe to receive informational emails based on their specialty.

## Wellcare

WellCare is one of the fastest growing health benefit plans for government sponsored medicare/Medicaid programs. In Illinois and Missouri you will recognize the Wellcare plans Harmony Health Plan Managed Medicaid and WellCare Managed Medicare.

Specialists or Primary Care Providers can request Authorization. All requests for authorization must be faxed to WellCare Utilization Management at the numbers below or call (866) 334-6876.

- Inpatient Services - (877) 431-8860
- Outpatient Services - (877) 899-2033
- DME, PT, OT, ST: - (877) 431-8859

## Referral Process

- PCP completes Referral Form
- Referral Form is faxed to WellCare
- No response to be expected from WellCare
- Health plan captures data to create reports that will assist providers in practice management

## Authorization Process

- Participating PCP/Specialist completes Referral Form and faxes to Health plan.
- Health plan will return an authorization via fax on separate documentation.

- Authorization is entered into system for claims and reporting.

## Claims Process

- Timely filing within 180 days of DOS
- Web Portal at [www.wellcare.com](http://www.wellcare.com)
- All CMS required data fields are to be completed.
- Electronic or paper (CMS HCFA 1500, UB 92) submission
- EDI Payor Information
  - Availity, SSI, Emdeon (WebMD): 14163
  - ACS EDI: 77004
  - Encounters: 59354
- Customer Service:
  - (866) 687-8994
  - [www.payspanhealth.com](http://www.payspanhealth.com)
  - EDI Assistance: (800) 960-2530 Ext. 4096
- Paper Claims should be sent to:

Wellcare  
PO Box 31372  
Tampa, FL 33631-3372



Managed Care Organization

## SSM MCO Operations

### Insure Missouri

Earlier this year, you received communication from the MCO regarding participation in the Insure Missouri products which were being offered by HealthCare USA and Harmony Health Plans of Missouri. Health Plans were required to submit bids to MO HealthNet, the state's Medicaid program. This program was scheduled to be launched on March 14, 2008. Initially, this program would have extended coverage to about 55,000 working parents and caregivers with children at home, with incomes up to 100% of the poverty level or \$20,650 for a family of four. The program called for expansion to about 190,000 Missourians with incomes up to 185% of the poverty level by 2012.

In late February, Governor Matt Blunt announced that Insure Missouri is on hold until later on this summer. The

Governor's office will be working to implement the program by July 1, 2008.

The MCO will provide additional information regarding Insure Missouri as it becomes available.

## Medicare Private Fee For Service Plans

A Private Fee for Service (PFFS) plan is a Medicare Advantage health plan, offered by an insurance company which has a yearly contract with the Centers for Medicare and Medicaid Services (CMS). These plans provide beneficiaries with all their Medicare benefits plus any additional benefits the company decides to offer. The major difference between a Private Fee for Service plan and a Medicare HMO or PPO, such as Advantra, Premier Plus, Secure Horizons, etc. is that beneficiaries are not required to use a network of providers. PFFS plans use a process called "deeming" to determine payment rates for providers. If a hospital or physician renders service to a PFFS beneficiary, the hospital or physician is "deemed" to be a provider which means the provider will accept 100% of Medicare as the payment rate. Providers are not required to sign contracts to participate in these programs. Providers may elect not to accept any PFFS plans or can accept plans on a patient by patient basis, this is a practice decision. At the present time the SSM – St. Louis Hospitals are accepting PFFS plans.

Some of the names of plans you may encounter are: Advantra Freedom, Care Improvement Plus, Humana Gold Choice, Sterling, Mercy Medicare Advantage Freedom Plan. Member Identification cards should have the letters "PFFS" on the ID card which denotes a Private Fee for Service plan.

## SSM MCO Participation

**This is a REMINDER only.**

In order to be an SSM MCO participating provider and access SSM MCO contracted payors, you must have full, active privileges at an SSM participating facility. If you do not renew your hospital privileges, take a leave of absence, or change your clinical privileges, keep in

mind you may no longer be eligible for MCO participation.

SSM participating facilities include:

- ✚ SSM Cardinal Glennon Children's Medical Center
- ✚ SSM DePaul Health Center
- ✚ SSM St. Joseph Health Center (St. Charles & Wentzville)
- ✚ SSM St. Joseph Hospital of Kirkwood
- ✚ SSM St. Joseph Hospital West (Lake St. Louis)
- ✚ SSM St. Mary's Health Center

## 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 same mailbag in which this newsletter was delivered to your office. 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 identify any updates on the profile, sign and return to SSM MCO Physician & Network Relations at FAX: (314) 989-2264. Even if there are no changes and the profile is correct, please sign and return as evidence of your review. Inaccurate profiles 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 SSM Cardiovascular and Thoracic Services 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.*



## Round Table Meetings

Round Tables were held in February with the focus being on WellCare and in March with the focus being on Aetna. 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.

The next guest speakers for our round table meetings will be representatives from Cigna, Tricare, and Mercy Health Plans. Please see the schedule, dates, and locations as follows. Watch your fax machine for your invitation and please RSVP. Thank you.

### April 2008

#### Round Table Schedule

SSM MCO Round Table meetings are scheduled at six SSM campuses during the months of April, May, and June. The guest speakers for April will be from CIGNA.

#### [NORTH CAMPUS](#)

SSM DePaul Health Center  
May Rm - 12 noon - 1:30 p.m.  
Friday, April 25, 2008  
Lunch Provided

#### [MID COUNTY CAMPUS](#)

SSM St. Mary's Health Center West  
Pavilion Auditorium  
12 noon - 1:30 p.m.  
Tuesday, April 8, 2008  
Lunch Provided

#### [WEST CAMPUS](#)

SSM St. Joseph Hospital – West  
E.D Conference Room  
12 noon – 1:30 p.m.  
Thursday, April 17, 2008  
Lunch Provided

### SOUTH CAMPUS

SSM St. Joseph Hospital-Kirkwood  
Carondelet Room B  
12 noon - 1:30 p.m.  
Tuesday, April 15, 2008  
Lunch Provided

### ST. CHARLES CAMPUS

SSM St. Joseph Health Center  
St. Peter's Room  
12 noon - 1:30 p.m.  
Wednesday, April 16, 2008  
Lunch Provided

### PEDIATRIC CAMPUS

SSM Cardinal Glennon Children's  
Medical Center  
Glennon Hall  
1:30 p.m. - 3:00 p.m.  
Friday, April 11, 2008

## May 2008

### Round Table Schedule

The guest speakers will be from Tricare.

### NORTH CAMPUS

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

### MID COUNTY CAMPUS

SSM St. Mary's Health Center  
West Pavilion Auditorium  
12 noon - 1:30 p.m.  
Wednesday, May 14, 2008  
Lunch Provided

### WEST CAMPUS

SSM St. Joseph Hospital - West  
E.D Conference Room  
12 noon - 1:30 p.m.  
Thursday, May 15, 2008  
Lunch Provided

### SOUTH CAMPUS

SSM St. Joseph Hospital-Kirkwood  
Carondelet Room B  
12 noon - 1:30 p.m.  
Wednesday, May 28, 2008  
Lunch Provided

### ST. CHARLES CAMPUS

SSM St. Joseph Health Center  
St. Peter's Room  
12 noon - 1:30 p.m.  
Wednesday, May 21, 2008  
Lunch Provided

### PEDIATRIC CAMPUS

SSM Cardinal Glennon Children's  
Medical Center  
Glennon Hall  
1:30 p.m. - 3:00 p.m.  
Friday, May 16, 2008

## June 2008

### Round Table Schedule

The guest speakers will be from Mercy  
Health Plans.

### NORTH CAMPUS

SSM DePaul Health Center  
May Rm - 12 noon - 1:30 p.m.  
Monday, June 9, 2008  
Lunch Provided

### MID COUNTY CAMPUS

SSM St. Mary's Health Center  
West Pavilion Auditorium  
12 noon - 1:30 p.m.  
Tuesday, June 10, 2008  
Lunch Provided

### WEST CAMPUS

SSM St. Joseph Hospital - West  
E.D Conference Room  
12 noon - 1:30 p.m.  
Thursday, June 19, 2008  
Lunch Provided

### SOUTH CAMPUS

SSM St. Joseph Hospital-Kirkwood  
Carondelet Room B  
12 noon - 1:30 p.m.  
Tuesday, June 17, 2008  
Lunch Provided

### ST. CHARLES CAMPUS

SSM St. Joseph Health Center  
St. Peter's Room  
12 noon - 1:30 p.m.  
Wednesday, June 18, 2008  
Lunch Provided

### PEDIATRIC CAMPUS

SSM Cardinal Glennon Children's  
Medical Center  
Glennon Hall  
1:30 p.m. - 3:00 p.m.  
Friday, June 13, 2008

The Round Table schedule for the entire  
year 2008 can be found on the SSM MCO  
website at [www.ssmhealth.com/mco](http://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).



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:

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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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_