

Provider News



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Appointment Standards

The following standards have been adopted by SJMMBH and our Health Plan partners:

Emergency Life Threatening:

Standard: Immediate

Emergent Non-Life Threatening:

Standard: < 6 Hours

Urgent: Standard ≤ 24 hours

Routine: Standard ≤ 10 business days

We appreciate the accommodation so many of you make to fit our members in need quickly into your schedules!

Let us know

Please let us know if you have openings in your schedule. We have postings of this information in an area for our staff. You may fax openings to us at (314)729-4636.

Please also let us know if you have a change of address or new phone or fax numbers.

Communicating with SJMMBH

Please let us know if you have questions or ideas! We always enjoy hearing from our providers! You can fax information to us at 314-729-4636 or contact us at 314-729-4600.

Summer 2007

From the Director

Dear Providers:

We have changed our name! Effective May 1, 2007, Unity Managed Mental Health and EAP, became St. John's Mercy Managed Behavioral Health and EAP. The new name aligns us more closely with our owner, St. John's Mercy Health Care. There are no other changes (i.e. phone, fax, address, our great staff, etc) associated with the name change.

We did edit our documents to remove the old Unity name. This is an ongoing process as we identify different forms that require name changes. Please review the following article about our website and some of the document resources that are available to you there, (www.unitymmh.com). In the next few weeks the url will also be changing to www.sjmmbh.com.

We formally launched **Healthy Dimensions**, a Care and Disease Management program in January, 2007.

Our health and benefit plans continue to strive for improved claims payment. It is increasingly important to use an electronic submission method to facilitate payment. Handwritten claims are much less efficient, and we encourage you to work with your professional organizations if you have not yet found a vendor to assist with electronic filing.

Thank you for your exceptional service and partnership in serving our members.

Scott Frederick, Ph. D., Director

Healthy Dimensions

We are pleased to introduce our Healthy Dimensions program for members with high utilization, complex co-morbidities and special health care needs. Members are placed into risk appropriate intervention programs that are designed to improve health status and functioning. Nurse Care Managers perform telephonic outreach to improve compliance with best practices, support patient-provider relationships, and offer a personal touch. We provide information and support for healthy living strategies. Early outcomes appear positive for both utilization and member satisfaction.

If you have a member who you think might benefit from this type of assistance, please call 800-413-8008 and request to speak to the Healthy Dimensions Program Supervisor.

Formulary Issues

We continue to work with our Health Plan partners in finding a balance between making medications affordable and accessible to members, while giving providers the ability to prescribe medications that may be more effective with fewer side effects. Our health plans report that psychiatric medications consistently rank in the top 10 in terms of usage and cost.

Health Plans are increasingly using “Tiers” or prior authorizations to maintain some cost controls. The Tiered approach requires a member to make a higher co-pay for a brand name drug. **Starting August 1, 2007, MHP will initiate a Step Therapy program for the branded SSRI’s, Lexapro and Paxil CR.**

The pre-authorization or “Letter of Medical Necessity” process for requesting coverage of a non-formulary drug should include:

- Member’s name and ID number
- Date of birth
- Reason for the request
- Place of requested service (if applicable), duration of treatment requested
- Summary of the member’s condition
- Previous medications tried/failed
- All pertinent ICD-9 codes, CPT codes,
- Name, phone number, and address of a contact in the provider’s office, and the signature of the participating provider.

A member has a separate co-pay for each prescription. For our members with limited financial resources, the financial burden of co-pays can impact their medication compliance as well as their ability to have needed physician/therapist appointments.

Formulary listings online

The Mercy Care Plus formulary inquiry can be viewed at: www.mercycareplus.com/formulary_p.shtml

The Mercy Health Plans formulary information can be found at:

www.mercyhealthplans.com/formulary/

Our Website

Our Website continues today with the name, www.unitymmh.com. This address will remain available for several months. Soon, however, the Website can also be accessed through www.sjmmbh.com.

For providers, you can find our treatment plan and other forms to download. We have added our “Healthy Living” section. You may download these sheets for your patients if you find them helpful.

We continue to work on our Website and we welcome any suggestions you might have for the Website. (Contact Provider Relations @ 314-729-4630.)

Mercy Health Plans (MHP) NPI Contingency Plan

On April 2, 2007, the Department of Health and Human Services (DHHS) issued guidance for covered entities regarding contingency planning for NPI implementation. “As long as covered entities, including health plans and covered health providers, continue to act in good faith to come into compliance, meaning they are working towards being able to accept and send NPIs, they may establish contingency plans to facilitate the compliance of their trading partners.” (You can find this guidance on the CMS website at: www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPI_Contingency.pdf.)

MHP’s NPI Implementation Contingency Plan includes the following important dates:



Beginning 08/01/07, MHP will require use of CMS 1500 (08/05) and UB-04 forms.

HIPAA regulations require the use of NPIs on electronic transactions; however, MHP encourages providers to submit claims electronically and will require use of NPIs on all paper claims. **Older versions of the forms are subject to rejection beginning 08/01/07.**



Until 01/01/08, MHP will accept dual provider numbers (NPI and legacy numbers).

While MHP is now ready to accept NPI as the provider ID for claim transactions, providers may continue to transmit claims with their legacy provider identifiers (Medicare, UPIN, or MHP Provider ID) until January 1, 2008.



Beginning 01/01/08, MHP will reject claims without NPIs.

MHP recognizes that providers need additional time to share their NPIs with covered healthcare providers, clearinghouses and health care plans, as well as testing of electronic transactions between covered entities. Our goal is to support those needs, avoid interruption of payment to our providers and ensure a smooth transition to use of the new identifier system.

Providers can apply for an NPI (Type I or Type II) online at <https://nppes.cms.hhs.gov> or can call the NPI enumerator to request a paper application at 1-800-465-3203. **If you have not yet sent in your NPI to us, please fax it to Provider Relations at 314-729-4636.**

There are new HCFA 1500 forms for billing with the NPI number.