SmartHealth®

2025 Provider Manual

General information for participating providers

Ascension

ALL Ministry Markets

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SmartHealth Quick Reference Tool

Department	Contact information
Eligibility/Verification	Verify eligibility by calling Automated Benefit Services (ABS) at **888-492-6811** during the hours of 8:00 AM to 7:00 PM (ET) Monday through Friday, or online at **secure.healthx.com/absprovider.aspx.**
Authorizations	For a comprehensive list of procedures with the appropriate ICD-10 or CPT codes, please refer to the **prior authorization code list** posted at **mysmarthealth.org**. **Medical Services** To request a prior authorization the following may be utilized: 1) Interactive Provider Portal 2) Fax a completed Prior Authorization Form to 586-693-4768 with supporting clinical documentation. 3) Call Ascension Insurance Medical Management Services at 844-217-8191. **Medical Specialty Pharmacy Drugs** To request a prior authorization the following may be utilized: 1) Interactive Provider Portal 2) Fax a completed Prior Authorization Form to 512-831-5499 with supporting clinical documentation. 3) Call Ascension Medical Specialty Pharmacy at 833-980-2352.
Ascension Network Provider Directory	**1.) For KS, WI, IN, FL, TN, OK** Please notify Ascension Care Management (ACM) of any provider additions, terminations, or changes in status by emailing **ACMproviders@ascension.org**. **2.) For TX (CIN)** Contact the **Seton Health Plan Provider Relations Department** to notify Ascension SmartHealth of all provider changes, adds and terms: Seton Health Plan, Phone: 512-324-3125 Option 4, **shpproviderservices@seton.org**. **Please note: Our policy does not allow retro effective dates which may cause potential claim issues.** **3.) For IL** Please notify SmartHealth Provider Relations of any provider additions, terminations or changes in status by completing the SmartHealth Provider Network Maintenance Grid and submitting it to SmartHealth Inbox at **AHCIN.ProviderRelations@ascension.org** If you need additional help, contact **ACMproviders@ascension.org** or call **855-288-6747**. SmartHealth members can search for providers in mysmarthealth.org or on the Ascension One app.

Labs	Many health ministries have domestic lab services available within their own facilities. In those situations, domestic lab services should always be used to ensure the highest level of benefit for the member. To determine Tier 1 laboratories available within your ministry, please go to mysmarthealth.org and view the provider directory, or click here to view SmartHealth's national lab agreements. Additionally, in-office lab services offered by Ascension Network providers will be treated as in-network services if the claims are submitted under a participating in-network Tax Identification Number (TIN).
Pharmacy Benefit Manager	The Pharmacy Benefit Manager (PBM) that provides prescription drug coverage for SmartHealth participants is Maxor+. Maxor+ can be reached at **888-820-4082**. Members can access detailed information regarding their prescription benefits by logging into the Ascension One app, and then accessing the Maxor member portal. The online SmartHealth prescription drug formulary can be accessed online via this **link.**
Claims Submission/Claims Status	**Submit paper claims to:** ABS for SmartHealth, PO Box 37705, Oak Park, MI 48237-7705 **Submit electronic claims to: Payer ID:** 38259** *** EDI clearing houses currently contracted: CAREVU, AllScripts, Web MD/Envoy, THIN, MCSI, ENS, ProxyMed, claimsnet.com, McKesson and NDC.* ABS has implemented a new insurance clearinghouse solution; Smart Data Solutions (SDS). This tool allows you to manually enter claims that are then electronically submitted to ABS for processing. Note: Registration must be completed prior to using the portal. The portal URL is: Portal.SmartDataStream.us You must register first by clicking 'Register'. Download the SDS Portal manual by clicking here. For questions please contact the following: SmartHealth claims: 888-492-6811, Monday through Friday, 8:00 a.m. to 7:00 p.m. EST.
Women's Contraceptive	Contraceptive medical services coverage for SmarthHealth members is provided by **United Benefits Advisors, LLC (UBA)**. For more information and to access the First Health and Cofinity (Michigan only) provider directories, go to **www.myfirsthealth.com** or **www.cofinity.net**. You can also call UBA at **800-438-0302.** **Maxor+** provides pharmacy contraceptive services. For more information, call at **855-340-2189**.

Introduction

We're pleased to work with you as a provider for the SmartHealth Benefit Plan and as a member of the Ascension Care Management Network. This manual contains information on SmartHealth policies and procedures to help you as you provide services to covered SmartHealth members.

SmartHealth and Ascension Care Management share a common purpose: to change the way our members experience healthcare. We start by offering access to a clinically integrated network of physicians and providers – including hospitals, outpatient facilities and supporting caregivers. This network is well coordinated, so doctors are all working together to make sure members get the best care.

We also help members navigate the complex healthcare system. Members can take advantage of Ascension's national care management team to provide the support and resources they need to take charge of their health. This approach allows them to focus on what's important – their health and their family's health. Care management services are offered to all members as part of the Plan.

SmartHealth	SmartHealth is the **health benefit plan** for Ascension associates.
Maxor™	MaxorPlus is the **Pharmacy Benefit Manager** (PBM) that provides prescription drug coverage for SmartHealth participants. Members can access detailed information regarding their prescription benefits by logging into the Ascension One app, and then accessing the Maxor member portal. The online SmartHealth prescription drug formulary can be accessed online via this **link.**
ABS Automated Benefit Services	ABS (Automated Benefit Services) is the **Third Party Administrator** (TPA) that works with providers and SmartHealth to pay claims within the Ascension Network.
Ascension Care Management	The Ascension Care Management network is a **high quality, clinically-integrated network** of local providers. ***For all states except IL, MD, DC, and MI.***
Blue Cross Blue Shield Blue Care Network of Michigan	BlueCross BlueShield of Michigan is the **National Network** that provides access to BCBS physicians and facilities through the home BCBS plan for your market.
Ascension	Ascension Insurance Medical Management Services (AIMSS) provides utilization management for medical services and Ascension Medical Specialty Pharmacy provides the medical specialty medication UM services.

Every member of the coordinated healthcare team above is continually working to enhance our service to you and your organization. We value your comments and feedback.

Telephone directory

Department	Contact information
Customer Service (ABS) 8:00 AM – 7:00 PM (ET) Monday – Friday • Confirm member eligibility • Confirm benefit information • Verify copayment and deductible information • Verify payment of services • Get assistance resolving fee schedule issues • Initiate claims inquiry process • Inquire about the appeal process • Inquire what items may require prior authorization	**888-492-6811**
Provider service (SmartHealth) 8:30 AM – 7:00 PM (ET) Monday – Friday • Request health ministry physician/facility roster • Provider website concerns • Provider data integrity • Provider network status • Provider related inquiries • Escalated provider claim issues	**888-492-6811** **acmproviders@ascension.org**
Electronic Payments (Zelis, Inc.)	**877-828-8770**
Utilization Management (Ascension Insurance Medical Management Services) 8:00 AM – 6:00 PM (ET) Monday – Friday • Request prior authorization for all inpatient admissions and services listed on the prior authorization code list • Report clinical information • Obtain authorization of inpatient admissions 24/7 - 365 days/year	**512-324-2223 or 844-217-8191** Fax: **586-693-4768** Interactive Provider Portal
Cardiac telemetry and event monitors (LifeWatch) • Customer Service 8:00 AM – 8:00 PM (ET) Monday – Friday • Clinical and device questions 24 hours / 7days • LifeWatch Service http://cardiacmonitoring.com/holter-monitoring/holter-monitoring-companies/lifewatch/ • Rhythm Technologies https://www.irhythmtech.com 888.693.2401	 **800-418-4111** **800-700-3788** **800-418-4111** **888-693-2401**

Pharmacy	
• **Ascension Medical Specialty Pharmacy:** Infusion therapies, medical specialty drugs and injectables processed through the medical benefit.	**Contact your local Ascension Rx pharmacy**
○ Medical drug/medical specialty prior authorization (phone) ○ Medical Drug/ Medical Specialty Prior authorization (fax) ○ Submit medical drug/ medical specialty claims to ABS	**833-980-2352 (press 2)** **512-831-5499** **Send to address listed on the back of the member ID card**
• **Ascension Rx Specialty Pharmacy**: Specialty medications processed through the pharmacy benefit.	**855-292-1427**
• **Maxor Pharmacy Customer Service:** ○ Pharmacy benefit drug prior authorization	**888-820-4082**
Women's Contraceptive Services (UBA/MaxorPlus) • Medical Services (UBA) 8 AM – 7 PM (ET) Monday – Friday • Pharmacy Services (MaxorPlus) 24 hours /7 days	**myfirsthealth.com or cofinity.net** **800-438-0302** **855-340-2189**
Domestic contract administration (Ascension Care Management) • Discuss/resolve contract issues • Communicate changes regarding: address, phone number, tax I.D., etc. • Initiate participation and termination • Confirm provider participation in the Ascension Network • Fee schedule	**acmproviders@ascension.org** **(For TX) Seton Health Plan** **Provider Relations Department** **Phone: 512-324-3125, option 4** **shpproviderservices@seton.org** **(For IL)** **AHCIN.ProviderRelations@ascension.org**

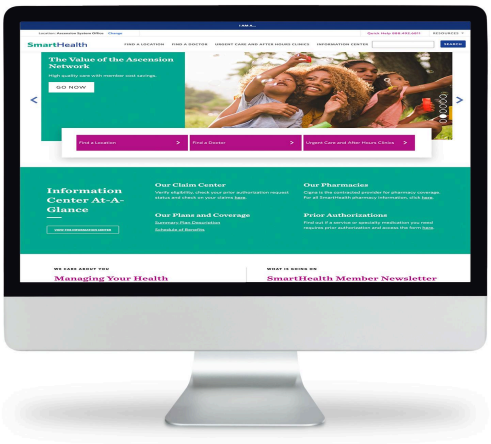
Online services

Two online portals are available to Ascension Network providers:

SmartHealth Portal

The primary resource for SmartHealth members to find Ascension providers also has important information for providers.

Go to: http://mysmarthealth.org and click on 'Providers'



Use the SmartHealth Portal to:

- See the Benefit Schedules.
- See the list of services that require prior authorization.
- See a list of local urgent and/or immediate care centers.
- Access this Provider Manual.
- Download forms.

Access requirements:

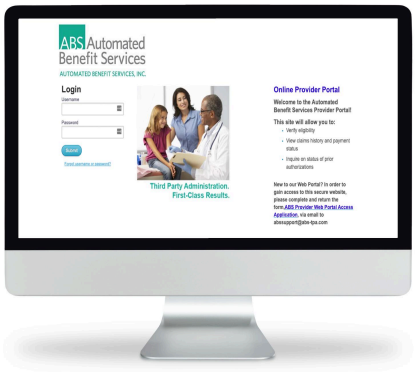
- No User ID or Password is required.

Ascension Care Management Provider Marketplace (*only for IN, TN and FL)

Go to www.myacmprovider.com.

Use the Ascension Care Management Provider Marketplace to:

- Update your PCP profile.
- Verify a member has designated you as their PCP.



Access Requirements:

- Each person in your practice who needs to access the Ascension Care Management Provider Marketplace portal will require an account to log in.
    - For many physician practices, only the practice administrator needs to be able to use the Marketplace. *Contact your Ascension Care Management representati at acmproviders@ascension.org to request a Provider Marketplace Access Form.*

Make sure your authorized user list is up to date:

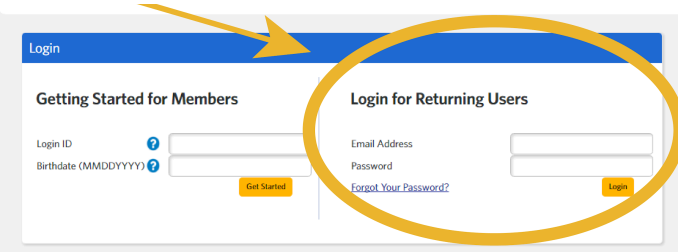
- To see which individuals from your office already have usernames and passwords, or to remove a user who is no longer employed by your office, contact ABS at **888-492-6811**

Using the Ascension Care Management Provider Marketplace to verify members designated for capitation

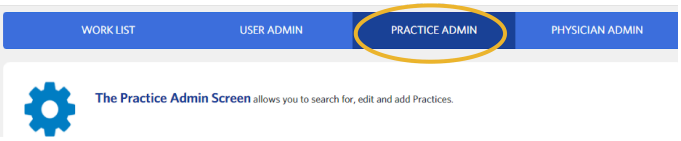
To access the Ascension Care Management Provider Marketplace:

1. Fill out the Provider Marketplace Access Form to request access for your practice administrators. (To submit the completed form or request a copy of this form, email acmproviders@ascension.org)

2. After the accounts have been created, go to www.myacmprovider.com then log in using the window on the right hand of the screen (Login for Returning Users).

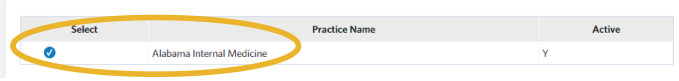


3. After logging in, select **Practice Admin.**

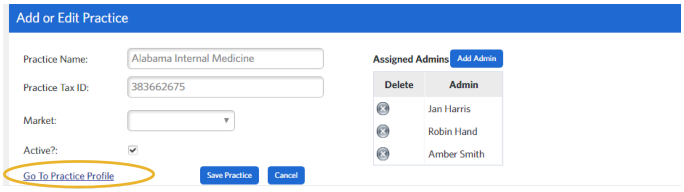


3a. Search for your practice by entering your **Practice Name** or selecting your **Practice Admin** name.

3b. From the search results, select your practice by clicking on the **blue circle with the checkmark** next to your practice name.

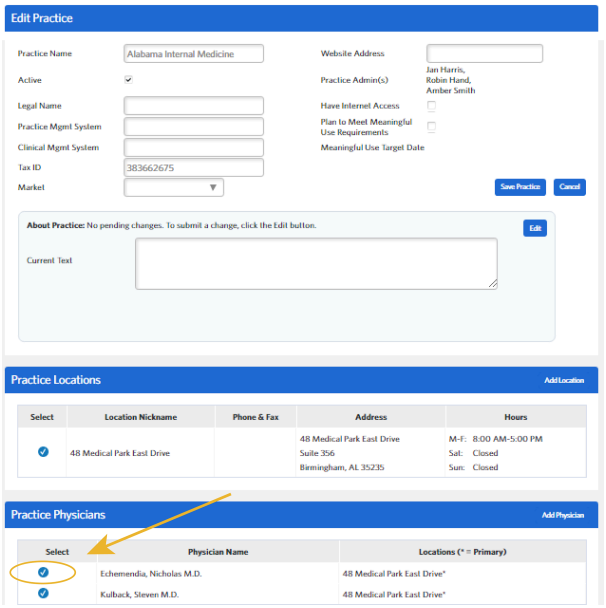


3c. Then select **Go to Practice Profile** to open the Practice Profile screen.



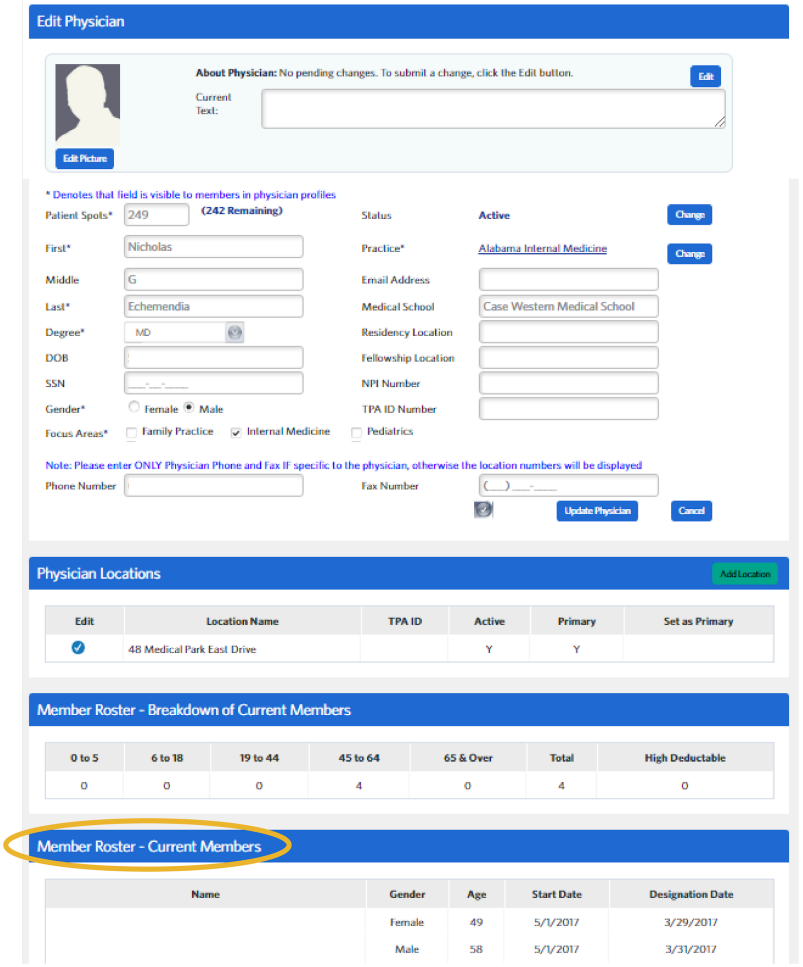
4. The **Practice Profile Screen** lists information about the practice, practice locations, and physicians for this practice.

4a. To go to the **Physician Profile Screen** for a specific physician, click on the **blue circle with the checkmark** next to the physician's name.



5. The **Physician Profile Screen** lists information about the physician, his/her locations, and members who have designated him/her as their PCP.

- *Capitation payments will only be made to the PCP. Capitation is not applicable to any member participating in a Qualified High Deductible Plan, regardless of PCP selection.*

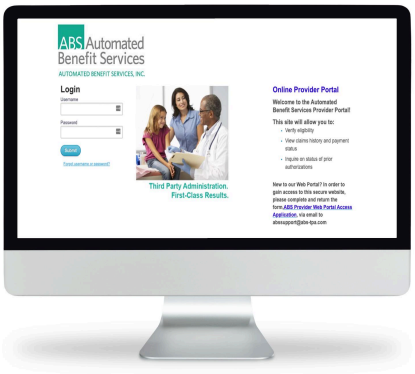


Automated Benefit Services (ABS) Provider Web Portal

Go to: secure.healthx.com/absprovider.aspx

Use the ABS Provider Web Portal to:

- Confirm member eligibility and benefits.
- Check claim status and claims history.
- Confirm PCP selection status (updated monthly)



Access Requirements:

- Each person in your office who needs to access the ABS Provider Web Portal must have a Username and Password. The user names you have used to access the old ABS portal will transfer to the new portal, but you will be asked to change your password when you log in for the first time.
- To obtain an ABS Provider Web Portal User Name and Password, complete the application form located on the ABS portal and return it to ABS. Each form allows several users to request access.
- After you log in, follow instructions on "How to Use This Site" on the left side of the screen.

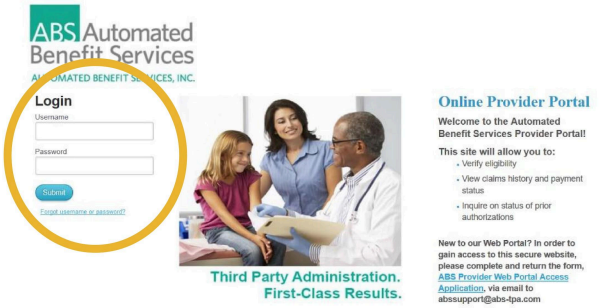
Make sure your authorized user list is up to date:

- To see which individuals from your office already have usernames and passwords, or to remove a user who is no longer employed by your office, contact ABS at **888-492-6811**

Using the ABS Provider Web Portal

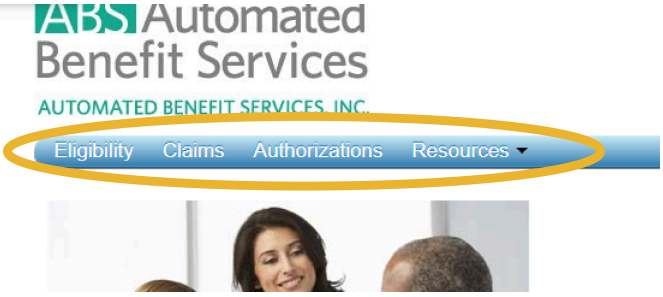
To access the ABS Provider Web Portal:

1. Go to the ABS Provider Web Portal at secure.healthx.com/absprovider.aspx, and enter your Username and Password on the **Login** screen.



2. On the **Home** screen, you can select **Eligibility, Claims, Authorizations,** or **Resources**

- **Eligibility:** Search for a patient by Member ID number or last name and DOB.
- **Claims:** Search for a claim by Member ID number or Claim number.
- **Authorization:** Search for a patient's authorization by Member ID number or Authorization number.
- **Resources:** Additional tools and information,



Member information

Sample Medical ID Card

All covered SmartHealth members will have the following medical ID card for 2025. When you see this card with the Ascension logo, your patient is an Ascension associate or covered dependent, and a member of SmartHealth.

Please note, Ascension System Office, Ascension Technologies and MOSTL members/dependents will have the prefix – IOJ

The ministries listed below have the following prefixes listed on their card:

- **Evansville, IN – ASY**
- **Indianapolis, IN – ASY**
- **Jacksonville and Pensacola, FL - IOI**
- **AMITA - Alexian/Presence – AJP**
- **Binghamton, NY - IOM**
- **Baltimore, MD and Washington, D.C. – IOL**
- **Michigan, Ascension Technologies, Ascension Living – ASY**
- **Ascension Living and Wichita, KS - Ascension Via Christi – ASY**
- **Ascension Wisconsin – HZN**
- **Tulsa, Oklahoma - Ascension St. John - OFK**
- **Austin, TX - Seton Healthcare – ASY**
- **Waco, TX - Providence Healthcare – ASY**
- **Evansville, IN – ASY**
- **Indianapolis, IN – ASY**
- **Jacksonville and Pensacola, FL - IOI**

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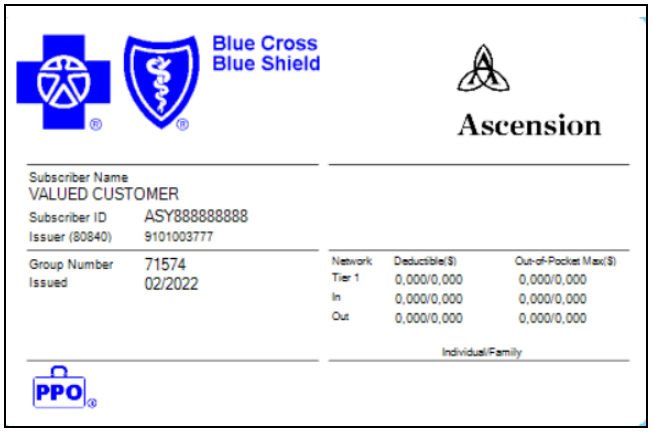

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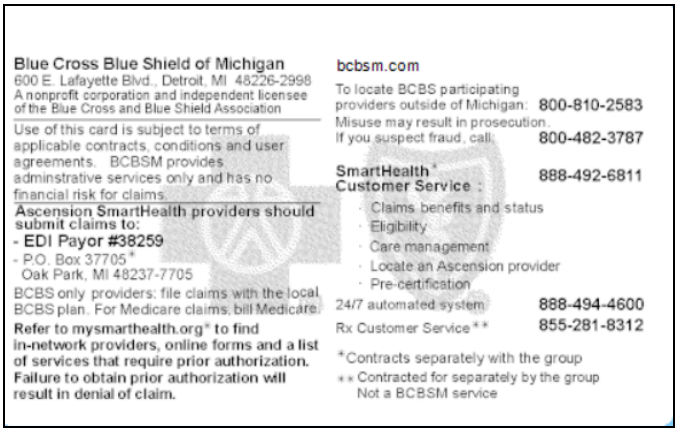


Ascension Network Providers

Submit claims **directly** to the claims payer for SmartHealth on the back of the card. Providers that are part of the Ascension Network **should not** submit claims directly to Blue Cross Blue Shield.

Submit claims to:epo

- EDI Payor #38259
- P.O. Box 37705
  Oak Park, MI 48237-7705

Submit electronic claims to: Payer ID: 38259**

*** EDI clearing houses currently contracted: CAREVU, AllScripts, Web MD/Envoy, THIN, MCSI, ENS, ProxyMed, claimsnet.com, McKesson and NDC.*

ABS has implemented a new insurance clearinghouse solution; Smart Data Solutions (SDS). This tool allows you to manually enter claims that are then electronically submitted to ABS for processing. Note: Registration must be completed prior to using the portal.

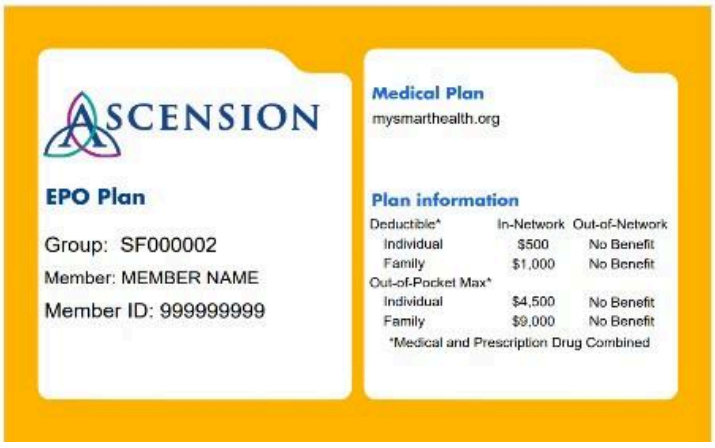
The portal URL is: Portal.SmartDataStream.us
You must register first by clicking 'Register'.
Download the SDS Portal manual by clicking here.

For questions please contact the following:
SmartHealth claims: 888-492-6811, Monday through Friday, 8:00 a.m. to 7:00 p.m. EST.

National Network (Blue Cross Blue Shield) & Out-of-Network Providers: Providers who have not contracted with the Ascension Network should submit claims to their local Blue Cross Blue Shield Plan	**BCBS providers:** File claims with local BCBS plan. **Medicare claims:** Bill Medicare
Contact **ABS customer service** at these numbers when you have questions	**SmartHealth Customer Service:** 888-482-6811

EPO Medical Plan Information

Sample Medical ID Card:



The Exclusive Provider Organization (EPO) Medical Plan is a unique plan available in the following states: FL, IN, OK, TN, TX, WI, KS

Here's how it works:

- **Only care within the Ascension Network is covered.** Services are covered only if the EPO member visits doctors, specialists or sites of care in the Ascension Network (except in an emergency)*. This includes labs and tests.
- If a service is unavailable in the Ascension Network, the Ascension Network provider must submit a referral to SmartHealth. Referrals must be within the Blue Cross Blue

Shield Network. Instructions on how to obtain a referral are documented on the SmartHealth EPO Plan website which is located here.

- **If an EPO member seeks care outside of the Ascension Network without an approved referral, they will be responsible for the full cost of care*.**

- **The EPO member will receive two medical ID cards.** One will come from SmartHealth and the other from Blue Cross Blue Shield.

- **During the EPO member's Ascension network doctor visit**. The EPO member and the Plan share the cost of your medical care. Cost sharing is specified in the Schedule of Benefits which could include a copay towards their out of pocket max.

- **Ascension covers the cost for the remainder of the year once the member hits the out-of-pocket maximum.** Maximum out-of-pocket amounts are $4,500 individual / $9,000 family, including medical and prescriptions.

**Urgent care, behavioral health and substance abuse visits, as well as medical emergencies, will be covered through any provider, without a referral.*

View these FAQs, visit https://www.mysmarthealth.org/plan-coverage/explore-plans/epo or call Customer Service at 888-492-6811.

Eligibility/Benefit verification

Primary Care Physicians (PCPs) are responsible for verifying eligibility and member PCP assignment before seeing a member.

Verifying member eligibility

As an Ascension Network provider, you can contact Automated Benefit Services (ABS) to:

- Check benefits coverage.
- Verify eligibility.
    - Confirm primary or secondary coverage for those members who have dual medical coverage.

Online: Visit **secure.healthx.com/absprovider.aspx**

- Log into the ABS Provider Web Portal with your ABS supplied username and password

By Phone: Call ABS at **888-492-6811** between 8 am-7 pm (ET) Monday – Friday

- Enter the Member ID #
- Select option #2 for assistance with benefits and eligibility
- Select option #1 for fax confirmation
- Press 1 to speak with a customer service representative

24/7 Fax Recall Confirmation: 888-494-4600
Once eligibility is confirmed, you'll receive a fax including instructions on how to submit claims and a Benefits Schedule for the SmartHealth member's plan.

Submit electronic claims to: Payer ID: 38259**

*** EDI clearing houses currently contracted: CAREVU, AllScripts, Web MD/Envoy, THIN, MCSI, ENS, ProxyMed, claimsnet.com, McKesson and NDC.*

ABS has implemented a new insurance clearinghouse solution; Smart Data Solutions (SDS). This tool allows you to manually enter claims that are then electronically submitted to ABS for processing. Note: Registration must be completed prior to using the portal.

The portal URL is: Portal.SmartDataStream.us
You must register first by clicking 'Register'.
Download the SDS Portal manual by clicking here.

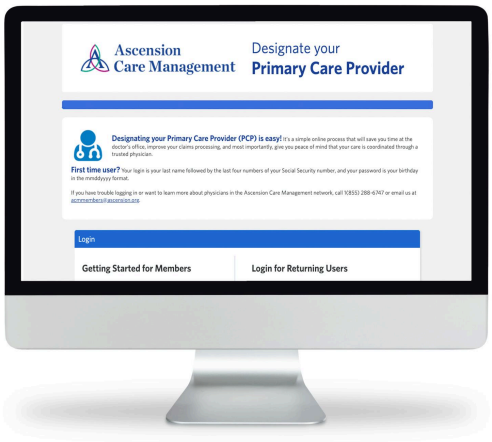
For questions please contact the following:
SmartHealth claims: 888-492-6811, Monday through Friday, 8:00 a.m. to 6:00 p.m. EST.

Use the **Ascension Care Management Marketplace** portal to **verify PCP selection (*Only for IN, FL and TN).**

Advise members where to go to select a Primary Care Physician:

- **Step 1:** Loin into "The Marketplace" (www.myacmprovider.com)
  - **Enter Login ID** (Last Name, followed by the last four numbers of Social Security number)
  - **Enter password** (Birthdate in the mmddyyy format)
- **Step 2:** Search for PCP
  - Click on the "**Physician Search**" tab at the top of the page
  - Search by physician or practice name, location or zip code
- **Step 3:** Designate PCP
  - Click on "Designate As Primary Care Physician"
  - Select the family member who will receive care from that physician, and repeat for any additional family members

  ******Members to contact Ascension Care Management at 855-288-6747 with questions on PCP selection******



Providers are also responsible for confirming eligibility on the date of service and determining benefit coverage for all services provided. Except for Copayments, Coinsurance, Deductibles or other permitted supplemental charged made in accordance with the terms of the applicable Plan, Provider shall not bill, charge, collect a deposit from, seek remuneration or reimbursement from, or have any recourse against members or persons acting on their behalf for Covered Services

Plan description: providers and benefit levels

Ascension and its health ministries offer medical coverage for associates through self-funded insurance options under the umbrella of SmartHealth.

SmartHealth offers members three levels of benefits, depending on the providers they use:

Ascension Network (Tier 1)

Members receive the best value and highest level of benefits when they receive care from Ascension ministries and their contracted providers.

National Network (Tier 2)

Members receive preferred pricing and a competitive level of benefits when they receive care from Blue Cross Blue Shield providers.

Out-of-Network (Tier 3)

If members use providers who are not members of either the Ascension Network or the National Network, they will get a lower benefit level and will be responsible for higher out-of-pocket costs than if they use an Ascension or National Network provider.

Benefit Schedules

Go to the SmartHealth Portal at mysmarthealth.org to see benefit schedules and other information about SmartHealth plans.

Ascension Network Lab Services

Many health ministries have domestic lab services available within their own facilities. In those situations, domestic lab services should always be used to ensure the highest level of benefit for the member. To determine Tier 1 laboratories available within your area,, please go to mysmarthealth.org and view the provider directory, or click here to view SmartHealth's national lab agreements. For Ancillary providers, click here.

Cardiac telemetry and event monitors

LifeWatch, Inc. is a contracted provider with the Ascension Network for:

- Arrhythmia Event Monitoring
- Holter Monitoring
- Ambulatory Care Monitoring (ACT)

Physicians must enroll with LifeWatch before equipment can be sent to your office or directly to the patient. To enroll, call LifeWatch Customer Service.

Refer your patients who need these services to LifeWatch, Inc. so they get the highest level of benefits and the lowest out-of-pocket costs.

Department	Contact information
LifeWatch Customer Service • Physician enrollment • Enrollment status • Password reset • Account updates (new staff, new address, and new device orders) • Patient report postings/faxing • General questions or concerns	**800-418-4111** 8:00 AM – 8:00 PM (ET)
For clinical or device questions	**800-700-3788** (24 hours a day, 7 days a week)

National ancillary provider list

SmartHealth offers a network of national ancillary providers to ensure convenient access to high quality, cost-effective services, including but not limited to medical supplies, durable medical equipment (DME) and other services. In addition to these national vendors, locally based participating providers may be available. Please check the SmartHealth provider directory to find a local provider.

Click here to view the national ancillary provider list.

Pharmacy

MaxorPlus is the Pharmacy Benefit Manager (PBM) for the Ascension SmartHealth medical plan. Each SmartHealth member will receive a separate ID card for pharmacy benefits. The medical ID card will not work for fulfilling prescriptions.

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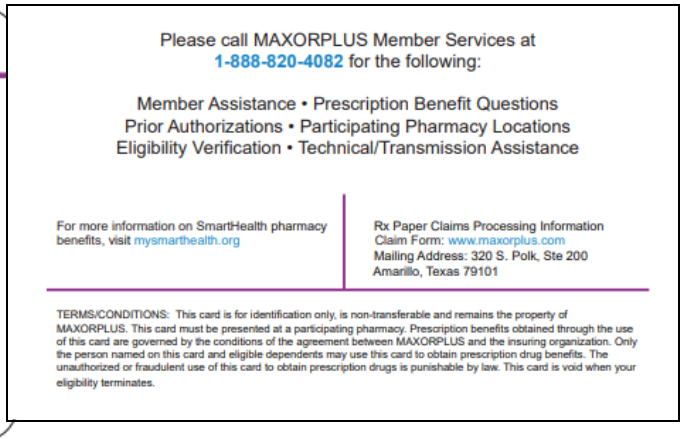
BACK



Pharmacy documents

Important pharmacy benefit documents can be located on mysmarthealth.org/plan-coverage/pharmacy. This includes:

- Ascension's formulary list

- Preventive drug list
- Medical specialty list (medical benefit drug formulary)
- Medical specialty precertification/prior authorization form
- Manual claims form and more.

Maintenance and specialty medications

Ascension Rx is the preferred SmartHealth member pharmacy for specialty and maintenance medications. Visit ascensionrx.com for more information.

Please note: For outpatient specialty medications, Ascension Rx Specialty Pharmacy is the only covered pharmacy for SmartHealth members.

Referring patients to Ascension Rx for specialty medications is an easy process and will be fully supported by an embedded or specialty pharmacist. Pharmacy operating hours are Monday-Friday, 9 a.m. - 5 p.m. EST; however, there is a pharmacist on call 24/7.

Ascension Rx Specialty Pharmacy Address:
30055 Northwestern Highway Suite 225
Farmington Hills, MI 48334

For more information, call 855-292-1427.

Pharmacy appeals (Rx)

For information about Pharmacy appeals (Rx), please reach out to MaxorPlus at 888-820-4082.

Medical benefit specialty drugs, or infusion therapies

All medical benefit and eligibility verification and claim payments for infusion therapies and physician administered medical specialty drugs will be performed by Automated Benefit Services (ABS). These medical specialty services are subject to the SmartHealth deductible, co-insurance and out-of-pocket maximums of the plan.

If you have a patient covered by SmartHealth who needs physician administered specialty medications or infusion therapy:

- Providers may continue to buy and bill.
- **All physician-administered specialty medications or infusion therapies are subject to precertification notification or prior authorization (PA) approval.** For a product list with current requirements, please see the **medical benefit drug list** (formulary) For more information, visit www.mysmarthealth.org/plan-coverage/pharmacy
- **Please note that most medical specialty drugs and infusion therapies are not available from local pharmacies. Providers and medical offices will be responsible for procurement of the medication and will be responsible for submitting prior authorization requests and medical drug claims.**

Submitting your medical specialty claims (NDCs are required)

Ascension Network (Tier 1) providers should submit their medical specialty claims **Submit paper claims to:**

through ABS.	ABS for SmartHealth PO Box 37705 Oak Park, MI 48237-7705
SmartHealth follows the Center for Medicare and Medicaid Services (CMS) billing requirements for submission of National Drug Codes (NDC). Please include the NDC when submitting your claim, along with items listed in our claim's filing procedures page included in this manual. Claims may be rejected or denied if NDCs are not submitted correctly. **National Network (Tier 2) and Out-of-Network providers should submit their medical specialty claims to their local Blue Cross Blue Shield.**	**Submit claims electronically:** Submit under Payer ID 38259 with one of the following EDI clearing houses currently contracted: CAREVU, AllScripts, Web MD/Envoy, THIN, MCSI, ENS, ProxyMed, claimsnet.com, McKesson and NDC.

Air ambulance transport services

Transportation by air ambulance is an important component of Ascension. These services are used to transport injured people from the scene of an accident or to transport patients from hospital to hospital for medical care and treatment, often because the originating facility is unable to provide the required level of care. However, air transportation is frequently over-utilized and/or over-priced. SmartHealth requires prior authorization of all flight-based inter-facility patient transport to help gain control over the utilization and cost of air ambulance services. This includes transports using fixed-wing and/or rotor-wing aircraft.

You must get prior authorization of all inter-facility patient transport by air transportation or hospital to hospital air transport. This includes transports using fixed-wing and/or rotor-wing aircraft.

To obtain prior authorization for air ambulance transport services, please submit the request via the interactive provider portal or fax the prior authorization request form along with supporting clinical documentation to 586-693-4768.
For additional questions, please contact Utilization Management Customer Service at 512-324-2223 or 844-217-8191.
Hours of operation are 8:00 am to 6:00 pm (ET) Monday – Friday, excluding holidays.

Women's contraceptive services

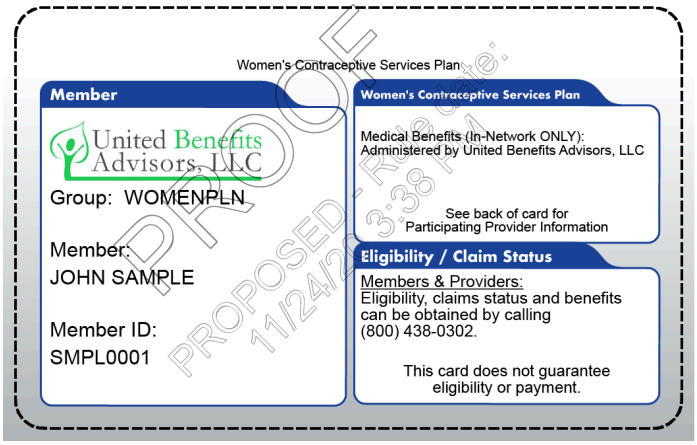
The Patient Protection and Affordable Care Act requires all health plans to cover certain "Women's Contraceptive Services". However, the government offers accommodation to any religiously affiliated non-profit employer who registers an objection to offering such coverage because of its religious/moral tenets. As a Catholic organization, Ascension has registered its objection and received the required accommodation.

Under the accommodation, a third-party administrator of the Ascension SmartHealth Medical Plan must cover these services, without cost-sharing, to eligible persons who are covered under the plan. **United Benefits Advisors, LLC (UBA)** will provide separate coverage and payment for contraceptive medical services, provided those services are incurred in-network; **MaxorPlus** will provide pharmacy contraceptive services.

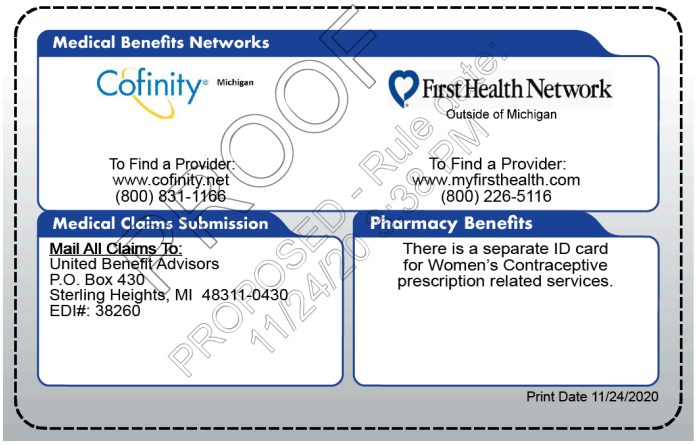
Below is a sample ID card from UBA that SmartHealth members may use if they seek MEDICAL women's contraceptive services. This ID card is intended for and valid only for medical claims for contraceptive services. Members should continue to use their SmartHealth ID card for all other medical services.

The Women's Contraceptive Services Plan ID card provides for in-network benefits only, but only at a non-Ascension facility or pharmacy. There is no coverage for services obtained out-of-network. Please see the network information located on the back of the card to learn how to find a non-Ascension in-network provider for medical and pharmacy contraceptive services.

FRONT



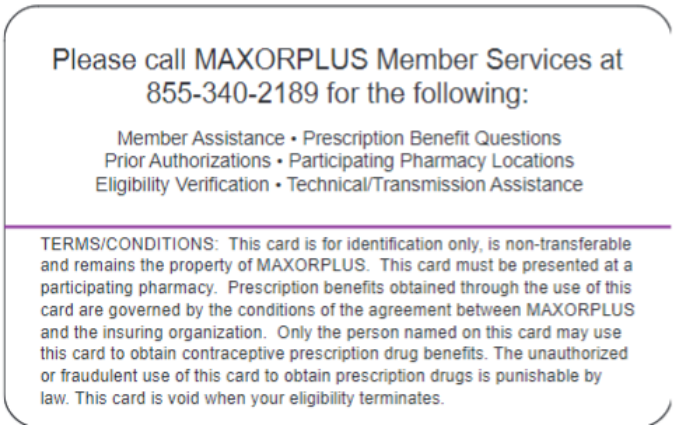
BACK



Below is the sample ID card. MaxorPlus will provide for **PHARMACY contraceptive services**.

FRONT

BACK



Women's contraceptive services plan

Summary of benefits

All Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity at the time of obtaining the benefits are covered benefits subject to the following requirements, limitations, and exclusions.

Medical Services Benefits

The benefits outlined below are covered with no cost-sharing (deductible, copay, and coinsurance are waived) at participating/in-network non-Ascension providers only, subject to the following:

United Benefits Advisors, LLC (UBA) administers contraceptive **MEDICAL** services coverage. There are no benefits for services incurred at an out of network provider. To access UBA's in-network First Health and Cofinity (Michigan only) provider directories, go to **www.myfirsthealth.com** or **www.cofinity.net**. You can also call UBA at **800-438-0302**.

MaxorPlus administers **PHARMACY** related contraceptive coverage. For information and questions, please contact MaxorPlus directly at **855-340-2189**. MaxorPlus customer service is open 24 hours a day, 365 days a year to talk to a live customer service representative.

What is covered at in-network providers only

- **Injectable contraceptives:** Generic contraceptive injectable
- **Contraceptive devices:** Vaginal rings, patch, implants, cervical caps, diaphragms, and non-copper FDA approved IUDs
- **Services for devices:** Insertion and removal of contraceptive devices
- **Sterilization of female:** Tubal ligation, as well as the associated charges (anesthesia, labs, etc.). Complications of the surgery are not covered under this Plan
- **Education and training:** Education and training on contraceptive methods annually

What is *not* covered under medical services

- Any service, device or charge incurred from an Out-of-Network provider
- Male sterilization
- Any other Preventive Care benefits or other benefits required by the Affordable Care Act
- Pharmacy services/prescription drugs
- Medical Specialty (medical benefit drug) claims with newly classified, coded drugs that are new to the U.S. market are not covered (non-formulary) until the Ascension Therapeutic Affinity Group: TAG (National Pharmacy and Therapeutics Committee) has completed a formal evaluation of the newly classified, coded medication.
- **Note:** Following the FDA's approval of a new medication in the U.S, there will be a waiting period of at least six months before any new medication will be considered for evaluation by TAG.

This is a Summary of the Plan Benefits only.

Please contact United Benefits Advisors, LLC at **800-438-0302** if you have any questions about Women's Contraceptive Services.

Ascension's National Care Management Services

Ascension's National Care Management (ACM) team is here to help members and their families navigate the complex world of healthcare.

Care management is a collaborative process designed to assess, evaluate and monitor services cost effectively to meet a member's individual health needs. ACM works in conjunction with providers and multidisciplinary team members to manage members' behavioral, medical and social conditions more effectively. Care managers also provide members with education, resources and the encouragement they need to be successful along their healthcare journey. These services are available at no extra cost to SmartHealth members.

ACM is composed of registered nurses, social workers, wellness coaches, and community health workers. This diverse team is available to support providers' optimal management of the patient. These services include:

Behavioral health

- Education and support on how to manage behavioral health conditions, including but not limited to depression, and anxiety.
- Focuses on patients who may be unstable, have multiple chronic conditions, behavioral health diagnoses, and/or significant risk factors.

Complex care and disease management

- Comprehensive condition management and care coordination to better self-manage multiple complex chronic conditions.
- Assistance with locating behavioral health resources.
- Assistance with advanced care planning and end of life discussions.
- Education and support on how to manage newly diagnosed or existing conditions, including but not limited to diabetes, heart failure, asthma and chronic obstructive pulmonary disease (COPD).

High risk maternity

- High risk maternity care management focuses on patients who are currently pregnant, with a high-risk condition, diagnosis or other risk factors.

Prevention and wellness programs

- Designed to engage and support members in adopting and sustaining behaviors that reduce health risks and improve quality of life.
- These programs use evidence based programming to address behaviors such as tobacco use, unhealthy eating habits, physical activity and poor work-life balance.

Social determinants of health (SDOH)

- Address social issues by asking patients about potential social challenges in a sensitive and culturally acceptable way. If an SDOH need is identified, ACM will connect patients with local support resources within and beyond the health system.

Transitions of care

- ACM provides support when transitioning from an inpatient setting to home or to a post-acute facility.

Get started today

Referrals to Ascension Care Management can be made for members at any time. ACM is available from 8 a.m. to 5 p.m. CST, Monday through Friday. You may make a referral by email or phone.

Email: acmmembers@ascension.org
Phone: 1-855-288-6747 (TTY 711)

Utilization management program

Services requiring prior authorization

The SmartHealth medical plan requires prior authorization for the following services:

- All inpatient admissions to any medical or behavioral health acute/subacute care facility require prior authorization and concurrent review. This requirement applies to all physicians and facilities, regardless of the provider's network contract. (e.g. Ascension Network, National Network or Out-of-Network).
- Certain outpatient surgeries, treatments, services and durable medical equipment
- High tech radiology (MRI, MRA, PET and certain nuclear scans)
- Cell and gene therapy
- Transplants
- All genetic testing

For a comprehensive list of procedures with the appropriate ICD-10 or CPT codes, please refer to the **prior authorization code list located on mysmarthealth.org/provider-resources/prior-authorization.**

Providers may call ABS to verify member eligibility, Plan benefits and claim status at **888-492-6811**.

Please note: Retrospective authorizations are not accepted. This means if a service was rendered that required prior authorization (PA), and PA was not requested and approved, the claim will be denied. Unless the request is submitted within thirty (30) calendar days of the date of service and there is an extenuating circumstance as noted in the plan document.

Services *not* requiring prior authorization

Prior authorization is required ONLY for the inpatient admissions and the services listed on the prior authorization code list. If you do not receive a response, please check the status of the prior authorization **before submitting a second request.** You can view the status of an authorization by logging into the provider portal or calling the UM call center at 844-217-8191.

Providers must obtain prior authorization from Ascension Insurance Medical Management Services before the admission or service is provided. These prior authorization requirements apply when:

- SmartHealth is considered primary or secondary coverage unless otherwise noted in this document
- The admission or service is elective or direct/urgent
- The service is inpatient or outpatient

These requirements **DO NOT** apply to members who have Medicare or Medicaid as primary coverage.

How to obtain prior authorization

To obtain prior authorization, please submit the request and all supporting clinical documentation:

- **By portal** (24/7 - 365 days/year)
  Interactive Provider Portal
  Registration is required.
- **By fax**
  Fax to: 586-693-4768.
- **By phone**
  Call 844-217-8191 (Monday - Friday 8 a.m. - 6 p.m. EST)

***Processing times for prior authorization requests are based on the receipt of **all required and relevant supporting documentation**. Submitting requests without all relevant supporting documentation will result in longer processing times.

For future elective admissions, please submit the request as soon as possible or at least 14 days prior to the scheduled admission date.

For ALL inpatient admissions (elective and emergent), please submit the completed prior authorization form, the facility demographic face sheet and medical records within two business days of admission from the admitting facility.

The components of inpatient prior authorization include those services listed below.

- Acute care
- High risk and maternity (only if inpatient stay exceeds federal requirements)
- Inpatient rehabilitation
- Inpatient and residential for mental health and substance abuse
- Long term acute care
- Skilled nursing and sub-acute facilities
- Inpatient hospice

Any inpatient admission from an Ascension, national network or out-of- network facility not prior authorized **within two business days** of the admission date will be considered ineligible under the plan unless retroactive review requirements are met. Concurrent review will also be performed on all inpatient admissions to ensure appropriate length of stay and discharge planning.

This authorization process allows SmartHealth to identify members in need of complex case management and those conditions that require focused intervention and management.

Information required for prior authorization

- SmarthHealth prior authorization form filled out in its entirety, if completing by fax.
- Clinical notes outlining symptoms and their duration.
- Physical exam findings (including findings applicable to the requested services)
- Conservative treatment the patient has already completed (e.g. physical therapy, activity modification, and medications).
- Results of preliminary procedures already completed (e.g. X-rays, CTs, lab work, ultrasound, scoped procedures, referrals & evaluation by a specialist)
- The reason the study is being requested (e.g. further evaluation, rule out a disorder).

Timeframes of utilization management decisions and notification:

Utilization management decisions are made in a timely manner to accommodate the clinical urgency of the situation. Ascension Insurance Medical Management Services (AIMSS) adheres to the timelines developed by URAC (Utilization Review Accreditation Commission) and NCQA (National Committee for Quality Assurance) in responding to utilization management requests as outlined in the table below.

***Processing times for Prior Authorization requests are based on the receipt of **all required and relevant supporting documentation**. Submitting requests without all relevant supporting documentation may result in authorization denial or delayed response.

Utilization Management request	Requestor	Processing time

Urgent Pre-Service *Please see below for definition of urgent	Requesting providers may submit urgent requests via phone to AIUMG at **512-324-2223** or **844-217-8191** or by fax at **586-693-4768.** If submitting via fax, please indicate the request is urgent.	Within (72) hours of receipt of the request
Non-urgent Pre-service (Standard or Elective Services)	**Requesting Provider**	Within (15) calendar days of receipt of the request
Urgent Concurrent Review	**Requesting Provider**	Within (24) hours of receipt of the request
Post-Service ** Please see below for a list of extenuating circumstances.	**Requesting Provider**	Will be considered if the request is submitted within (30) calendar days of the date of service and there is an extenuating circumstance.

***Urgent Requests: Can only be submitted as urgent if applying the standard review timeframes may seriously jeopardize the member's life, health or ability to regain maximum function or subject the member to severe pain that cannot be adequately managed.**

**** Extenuating circumstances include the following:**

- Unable to know the situation-The clinician and/or facility is unable to identify from which health plan to request an authorization. The member is not able to tell the clinician about their insurance coverage, or the clinician verified different insurance coverage prior to rendering services.
- Not enough time situations-The member requires immediate medical services and the clinician is unable to anticipate the need for a pre-authorization immediately before or while performing a service.
- A member is discharged from a facility and insufficient time exists for institutional or home health care services to receive approval prior to the delivery of the service.

The review includes making coverage determinations for the appropriate level of services, applying the same approved medical criteria used for the pre-service decisions, and taking into account the member's needs at the time of service. AIUMG will also identify quality issues, utilization issues and the rationale behind failure to follow AIUMG's prior authorization/pre-certification guidelines.

Maternity/obstetric admissions

Maternity and obstetric admissions that result in a length of stay of not more than 48 hours after vaginal deliveries or not more than 96 hours after Cesarean deliveries do not require prior authorization. These admissions are referred to as "pre-qualified maternity stays."

However, prior authorization is required *within two business days* for obstetric admissions that extend beyond 48 hours following vaginal deliveries or 96 hours following Cesarean deliveries. If either mother or baby remains hospitalized beyond the pre-qualified maternity stay, authorization must be obtained.

Emergency services

Prior authorization is not required for emergency or observation services.

However, authorization is required within two business days from the inpatient facility if a member is admitted as a result of emergency services.

Prior authorization of high-tech radiology

Certain high-tech radiology services require prior authorization. Please refer to the prior authorization code list for a complete list of high-tech radiology services that require prior authorization. Failure to meet prior authorization requirements may result in nonpayment and health care providers cannot bill or collect fees from our members for services.

Utilization Review Criteria

Ascension Insurance Medical Management Services (AIMMS) utilizes nationally recognized standards of care for evidence-based medical policies and clinical utilization management guidelines for medical management coverage decisions. Medical policies are developed through periodic review of generally accepted standards of medical practice, and updated at least on an annual basis. The criteria provide a system for screening proposed medical care based on member-specific best medical care practices and rule-based systems, to match appropriate services to member needs based upon clinical appropriateness.

Federal and state law as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first when determining eligibility for coverage. Medical technology is constantly evolving, and AIMMS reserves the right to review and periodically update medical policy and utilization management criteria.

Criteria	Application
InterQual Acute – Adult and Pediatrics	• Inpatient admissions • Continued stay and discharge readiness
InterQual Imaging	• Imaging studies and X-rays
InterQual Procedures – Adult and Pediatrics	• Surgery and invasive procedures
InterQual Adult and Geriatric Psychiatry	• Inpatient admissions • Continued stay and discharge readiness
InterQual Child and Adolescent	• Inpatient admissions • Continued stay and discharge readiness
InterQual Substance Use Disorders and Dual Diagnosis	• Inpatient admissions • Continued stay and discharge readiness
InterQual Inpatient Rehabilitation	• Inpatient admissions acute rehabilitation • Continued stay and discharge readiness • Skilled nursing facility admissions

InterQual Specialty RX Non-Oncology InterQual Specialty RX Oncology Ascension Therapeutic Affinity Group	• Medical specialty medications (medical claims) • Medical benefit drugs • Office-administered drugs
InterQual Moleculary Diagnostics	• Genetic testing
Skilled Nursing Facility: AIMMSdeveloped medical policies	• Inpatient admissions • Continued stay and discharge readiness
Long Term Acute Care: AIMMS developed medical policies	• Inpatient admissions • Continued stay and discharge readiness
Durable medical equipment (DME)/prosthetics and orthotics: CMS Medicare Clinical Coverage Guidelines	• Durable medical equipment • Prosthetics and orthotics

Appeal Process - Medical Services

To Appeal a Pre-Service, Concurrent Care or Time-Sensitive Medical Claim	**Level 1 Appeal** **Medical Necessity Determinations** Ascension Insurance Medical Management Services 1345 Philomena St., Suite #305 Austin, TX. 78723 Phone: 844-217-8191 Fax: 586-693-4768 8 a.m.-6 p.m. Eastern (7 a.m.-5 p.m. Central), Monday-Friday **Administrative (Non-Medical Necessity) Determinations** Automated Benefit Services for SmartHealth P. O. Box 321125 Detroit, MI 48232 Phone: 888-492-6811 or 888-494-4600 (automated) Fax: 586-238-4363	**Level 2 Appeal (Voluntary)** SmartHealth Advisory Committee Attn: Appeals Department P.O. Box 321125 Detroit MI, 48232 Fax: 586-238-4363
To Appeal a Post-Service Medical Claim (considered if the appeal is submitted within 30 days of date of service and there was an extenuating circumstances as described above)	**Level 1 Appeal** SmartHealth Appeals Committee P.O. Box 321125 Detroit MI, 48232 Fax: 586-238-4363	**Level 2 Appeal (Voluntary)** SmartHealth Advisory Committee Attn: Appeals Department P.O. Box 321125 Detroit MI, 48232 Fax: 586-238-4363

To Appeal a Non-Covered Benefit Medical Claim	**Level 1 Appeal** SmartHealth Appeals Committee P.O. Box 321125 Detroit MI, 48232 Fax: 586-238-4363	**Level 2 Appeal (Voluntary)** SmartHealth Advisory Committee Attn: Appeals Department P.O. Box 321125 Detroit MI, 48232 Fax: 586-238-4363

Appeal Process - Medical Specialty Pharmacy

To Appeal a Pre-Service or Time-Sensitive Medical Specialty Drug Claim	**Level 1 Appeal** **<u>Medical Necessity Determinations</u>** Ascension Insurance Medical Management Services Attention Appeals 1345 Philomena St., Suite #305 Austin, TX. 78723 Phone: 833-980-2352 (press 2) 8 a.m.-6 p.m. Eastern (7 a.m.-5 p.m. Central), Monday-Friday Fax: 512-831-5499	**Level 2 Appeal (Voluntary)** SmartHealth Advisory Committee Attn: Appeals Department P.O. Box 321125 Detroit MI, 48232 Fax: 586-238-4363
To Appeal a Post-Service Medical Specialty Drug Claim	**Level 1 Appeal** SmartHealth Appeals Committee P.O. Box 321125 Detroit MI, 48232 Fax: 586-238-4363	**Level 2 Appeal (Voluntary)** SmartHealth Advisory Committee Attn: Appeals Department P.O. Box 321125 Detroit MI, 48232 Fax: 586-238-4363

External Appeal Process

To Request an External Review (Medical and Prescription Drug Claim Denials	**SmartHealth** Attn: Appeals Department P.O. Box 321125 Detroit MI, 48232 Fax: 586-238-4363

Please note:

- Prior authorization is required for all anesthesia and facility charges that are provided for non-covered dental care.

Claim filing procedures

How to file a claim for professional services

Ascension Network providers should submit claims as follows:

What	When	Where	How
All SmartHealth claims	Claims must be received by ABS within 12 months from the date of service.	**Submit electronic claims to one of the vendors below.****	**Electronic Claims:** Submit under Payer ID 38259**
All Medicare supplemental claims	Claims for secondary payment must be received within 6 months from the date the primary payer processed the claim.	**Submit paper claims to:** ABS for SmartHealth PO Box 37705 Oak Park, MI 48237-7705	**Paper Claims:** Type claims on HCFA 1500 claim forms or Facility UB Forms.

****EDI clearing houses currently contracted:** CAREVU, AllScripts, Web MD/Envoy, THIN, MCSI, ENS, ProxyMed, claimsnet.com, McKesson and NDC.

Submit electronic claims to: Payer ID: 38259**

*** EDI clearing houses currently contracted: CAREVU, AllScripts, Web MD/Envoy, THIN, MCSI, ENS, ProxyMed, claimsnet.com, McKesson and NDC.*

ABS has implemented a new insurance clearinghouse solution; Smart Data Solutions (SDS). This tool allows you to manually enter claims that are then electronically submitted to ABS for processing. Note: Registration must be completed prior to using the portal.

The portal URL is: Portal.SmartDataStream.us
You must register first by clicking 'Register'.
Download the SDS Portal manual by clicking here.

For questions please contact the following:
SmartHealth claims: 888-492-6811, Monday through Friday, 8:00 a.m. to 6:00 p.m. EST.

To avoid rejected claims, please include the following:

- Member ID Number
- Patient's Name
- Patient's Birth Date and Sex
- Insured's Group Number
- Indication of Auto - Employment - Emergency related condition (when applicable)
- Pre-Certification Number - include referral or Precertification when applicable
- Name of Referring Physician. If the patient self-referred, type "self"
- Diagnosis Code (ICD-10)
- Date of Service
- Procedure Code (CPT or HCPCS when applicable, with appropriate modifiers)
- Billed Charges
- Number of Units
- Total Charges
- Provider Tax ID Number
- Provider NPI Number
- Provider's Billing Address and Phone Number

ABS will return claims missing any of the above information to the provider for completion.

National Network & Out-of-Network Providers:
Submit claims to local Blue Cross Blue Shield, according to local Blue Cross Blue Shield rules.

ABS has the ability to receive direct Electronic ANSI X12 EDI Transmissions via our Direct Portal established through our Change HealthCare. The process can be initiated by submitting an email to ABS at: **EDISupport@ABS-TPA.COM**, with the information below. Once the information is received, we will have a representative contact you and begin the implementation process.

The information you would need to provide is:

- Submitter Name
- ISA06 (sender ID) – usually tax ID
- Contact name
- Contact email
- Contact phone
- Transfer method (manual or SFTP)

For those providers not setup electronically, Change HealthCare also makes available an online data entry system that allows providers the ability to enter and submit claims. Information on this process is available upon request.

Time Limitation of Submission of Claims

Except as otherwise provided in the SmartHealth Medical Plan plan document, all claims, regardless of any designation made by a Participating Employer, must be filed with the Claims Administrator within twelve (12) months of the date the expense was incurred.

Submit electronic claims to: Payer ID: 38259**
*** EDI clearing houses currently contracted: CAREVU, AllScripts, Web MD/Envoy, THIN, MCSI, ENS, ProxyMed, claimsnet.com, McKesson and NDC.*

ABS has implemented a new insurance clearinghouse solution; Smart Data Solutions (SDS). This tool allows you to manually enter claims that are then electronically submitted to ABS for processing. Note: Registration must be completed prior to using the portal.

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Download the SDS Portal manual by clicking here.

For questions please contact the following:
SmartHealth claims: 888-492-6811, Monday through Friday, 8:00 a.m. to 6:00 p.m. EST.

Primary Care Providers (PCPs)

(Only available in IN, TN and FL)

Ascension Care Management considers the following physician specialties as Primary Care Providers (PCPs):

- Internal medicine
- Family practice
- Pediatrics

There are five primary service scenarios for capitated reimbursement to Ascension Care Management PCPs:

Scenario	Reimbursement
A member selects an ACM PCP; the member sees their selected PCP.	The PCP/practice receives monthly capitation fees for the applicable CPT codes and receives fee-for-service for all codes not applicable to capitation.
A member selects a ACM PCP; the member sees a different ACM PCP within the same practice (i.e. Tax Identification Number).	The PCP/practice receives monthly capitation fees for the applicable CPT codes and receives fee-for-service for all codes not applicable to capitation.
A member selects an ACM PCP; the member sees a different ACM PCP outside of their selected practice (i.e. different Tax Identification Number).	All CPT codes applicable to capitation are denied ($0 fee paid); all CPT codes not applicable to capitation are paid as fee-for-service. (Note: the non-selected ACM PCP/practice cannot "balance bill" the member for the denied capitated services.)

A member does not select an ACM PCP; the member sees any PCP.	The PCP receives fee-for-service for all codes/services.
A member participates in a Qualified High Deductible Plan or EPO Plan.	**Capitation is not applicable to any member participating in a Qualified High Deductible Plan or the EPO Plan**, regardless of PCP selection. The PCP receives fee-for-service for all codes/services.
A member participates in a PPO Plan.	Capitation is applicable to all PPO Plans regardless of the Plan Deductible amount. Member must select PCP for capitation to apply.

If you would like to verify whether a member has designated you as his or her's PCP, visit the Ascension Care Management Provider Marketplace at **www.myacmprovider.com**.

Additions and terminations

Please notify Ascension Care Management (ACM) of any provider additions, terminations, or changes in status by emailing **ACMproviders@ascension.org**. See the Provider Effective Date Policy below for detailed information on the processing time of provider data as it relates to effective dates.

If you need additional help, email **ACMproviders@ascension.org** or call **855-288-6747**.

For IL : Contact **Ascension Illinois at AHCIN.ProviderRelations@ascension.org**

For TX: Contact the **Seton Health Plan Provider Relations Department** to notify Ascension SmartHealth of all provider changes, adds and terms.

Seton Health Plan
Phone: 512-324-3125 Option 4
shpproviderservices@seton.org

Please note: Our policy does not allow retro effective dates which may cause potential claim issues.

Provider effective date policy

This policy provides the guidelines for submitting Ascension Care Management Network provider updates (additions, terminations and changes) for inclusion in the Ascension Care Management Network.

It is preferable to receive the submission of new provider data the month before the desired effective date of the provider in the Ascension Care Management Network. However, if provider updates are received by **Ascension Care Management Provider Services** prior to the 15th of a calendar month, then they will be loaded with a retroactive effective date of the 1st of that month.

Any provider additions, terminations or changes submitted and received on or after the 15th of the month will be implemented effective the 1st of the following month.

- **Example A:** Provider update received on June 13th. The provider update will be effective on June 1st.
- **Example B:** Provider update received on June 20th. The provider update will be effective July 1st.

Note:

If data submission is received by the 15th, but the information provided is incomplete or inaccurate, then SmartHealth/ABS will process it the 1st of the month following receipt of correct and complete data.

Capitation payments

Capitation payments will be made approximately on the 15th of the month to all applicable providers for members assigned to them as of the 1st of the same month.

Member PCP designations made before the 27th of the current month will be effective on the 1st of the following month.

- **Example:** Member designates PCP between March 1st and March 26th; the designation is effective on April 1st.

Member PCP designations between the 27th and the last day of the current month will be effective on the 1st of the month following 30 days.

- **Example:** Member designates PCP on March 27th; the designation is effective on May 1st.

Capitation codes

See the listed codes eligible for capitation payments and the applicable remark codes:

- 90791 to 90792
- 90833 to 90999
- 92002 to 92014
- 95115 to 95199
- 97602 to 98969
- 99002 to 99027
- 99050 to 99090
- 99150 to 99172
- 99175 to 99192
- 99199 to 99215
- 99241 to 99245
- 99358 to 99375
- 99401 to 99429

Age Bands

For the purpose of determining applicable capitation rates, Ascension Care Management considers the following age-bands for members:

Age Band	Rate (based on ACM contract)
0 – 5 years	No capitation payment; paid on a fee-for-service basis
6 – 18 years	Per member per month (PMPM) rate
19 – 44 years	PMPM rate
45 – 64 years	PMPM rate
65 and above	PMPM rate

Capitation Adjustments

The per member per month (PMPM) capitation payments will be subject to adjustment based on the utilization of the following criteria (Each criterion are subject to Ascension Care Management approval):

- **Web Portal Usage** – Establishment of a web-based portal designed to communicate between provider office/provider and patient/patient family, an additional PMPM will be paid.

- **Medication Reconciliation** –Product that collects pharmacy-based data on prescriptions allowing PCP to keep a complete list of medication regardless of the prescriber (e.g., RxHub), an additional PMPM will be paid.

- **Extended Office Hours** – office hours that extend beyond normal office hours (defined as 8 a.m. to 5 p.m., Monday through Friday):
    - **Extended Weekday hours:** 2 or more additional hours, at least 4 days a week – an additional PMPM will be paid.
    - **Weekend hours:**
        - 3 or more hours at least 50% of yearly Saturdays – an additional PMPM will be paid.
        - 3 or more hours at least 50% of yearly Sundays – an additional PMPM will be paid.

Providers are responsible to report implementation and utilization of these additional services to Ascension Care Management Provider Services in order to have the capitation adjustments applied. Adjustments will only be updated on a quarterly basis (January, April, July, and October) and must be reported at least two weeks before the beginning of the following quarter.

Please notify Ascension Care Management if you meet any of the above criteria by calling Provider Services at this toll-free number: **855-288-6747**.

You can also complete the additional **ACM Extra Capitation Money Form** and submit it to Ascension Care Management Provider Services at **acmproviders@ascension.org**.

Retroactive Adjustments

If a health ministry reports that a member has terminated or changed coverage, there can be a retroactive adjustment of capitation payments of up to 60 days.

> ***Example:*** On November 1st, the ministry reports through Symphony an associate termination/ coverage change effective September 1st. SmartHealth would 'take back' 60 days credit on capitation payments made for September and October. If the reported change is more than 60 days old, only 60 days capitation credit will be taken.

Mid-level providers

A mid-level provider, often referred to simply as a "mid-level", is a clinical medical professional who provides patient care under the supervision of a physician. Mid-level providers can examine patients, diagnose them, and provide some treatments if a supervising licensed physician has signed off.

Mid-levels include:
- Nurse practitioners (NP)
- Physician assistants (PA)

SmartHealth can pay mid-level providers directly if they are enrolled as an Ascension Care Management Network provider.

To enroll a Mid-Level Provider in the Ascension Care Management Network, contact your local Ascension Care Management provider representative at **acmproviders@ascension.org**

To confirm participation of Mid-Level Providers already enrolled, please check the online provider directory at mysmarthealth.org or call ACM at **855-288-6747**.

Payment for multiple procedures

SmartHealth follows CMS guidelines to pay for multiple surgical procedures performed by a single physician or physicians in the same group practice on the same patient at the same operative session or on the same day.

SmartHealth pays for multiple surgeries by ranking from the highest contracted amount to the lowest contracted amount. When the same physician performs more than one surgical service in the same session, the allowed amount is 100% for the surgical code with the highest contracted amount. For subsequent surgical codes, the allowed amount is 50% of the contracted amount.

Providers Attached to Existing SmartHealth Fee Schedule

It is preferable to receive the submission of new provider data the month before the desired effective date of the provider in the Ascension SmartHealth Tier 1 Network.

However, if provider updates are **received by SmartHealth prior to the 15th of a calendar month**, then they will be loaded with a retroactive effective date of the 1st of that month.

Any provider additions, terminations or changes submitted and **received on or after the 15th of the month** will be implemented effective the 1st of the following month.

- **Example A:** Provider update received on June 13th. The provider update will be effective on June 1st.
- **Example B:** Provider update received on June 20th. The provider update will be effective July 1st.

Providers Attached to New SmartHealth Fee Schedules

Please note, Health Ministries should submit provider updates attached to new fee schedule information **two months** before the desired effective date. Updates including new fee schedule information require additional processing time, as new fee schedules must be built and tested prior to adjudicating claims.

Provider updates, including new fee schedule information, submitted by Health Ministries and received by SmartHealth prior to the 15th of a calendar month will be implemented with a 1st of the month effective date, approximately 45 days from receipt of update. Any provider updates, including new fee schedules, submitted and received on or after the 15th of the month will be implemented with a 1st of the month effective date, approximately 60 days from receipt of update.

- **Example A:** Provider add & new fee schedule received by SmartHealth on June 13th. Provider & fee schedule will be effective August 1st.
- **Example B**: Provider add & new fee schedule received by SmartHealth on June 20th. Provider & fee schedule will be effective September 1st.

Retroactive Dates

Provider changes will not be made retroactively. Please use the Provider Effective Date Policy guidelines detailed above to ensure all provider data is submitted within the necessary timeframes.

Note:

If data submission is received by the 15th, but the information provided is incomplete or inaccurate, then SmartHealth/ABS will process it the 1st of the month following receipt of correct and complete data.

Anesthesiology providers

SmartHealth reimburses anesthesia providers at a flat dollar amount per unit (one unit equals fifteen minutes). If a certified registered nurse anesthetist (CRNA) bills along with an Anesthesiologist, the reimbursement is split between the two providers. The SmartHealth standard MD/CRNA reimbursement split is 60%/40% of the allowable amount. However, some contracts specify a different MD/CRNA reimbursement split.

To verify your anesthesia reimbursement rate per unit and MD/CRNA reimbursement split, contact your local managed care department or call SmartHealth Provider Services at **888-492-6811**.

Payment for professional services (Modifier 26)

Modifier 26 should be used when billing for the professional (physician) component of a service or procedure. Certain procedures are a combination of both professional and technical components. Using Modifier 26 indicates that only the professional component of the procedure is being reported.

If a hospital has facility-owned equipment, the facility would bill for the technical component of a procedure, while the physician would bill for the professional component using Modifier 26.

> ***Example:*** An x-ray is being done on an outpatient basis at a hospital. The hospital bills for the use of their x-ray equipment, while the physician bills for the professional component of taking the x-ray.

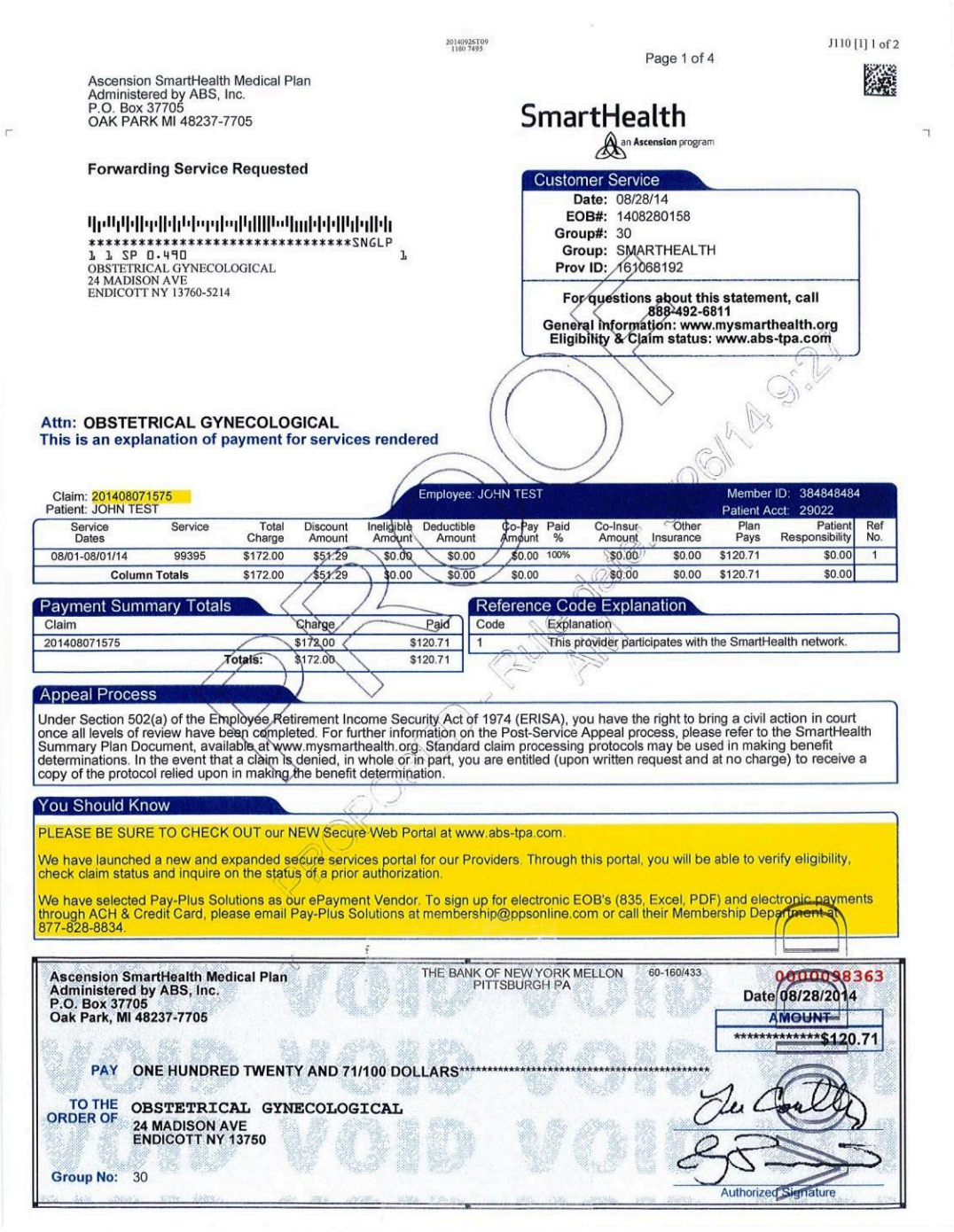
Physician's assistants and mid-level providers providing an office visit/ medical treatment or CRNA's providing medical treatment do not bill for professional components of medical services.

Provider reimbursement rules/sample Explanation of Benefits (EOB)

Automated Benefit Services (ABS) processes claims received from Ascension Network providers. If you submit a claim with all required information, ABS will process your claim within 15 calendar days of receipt.

An Explanation of Benefits (EOB) will accompany payment for each service billed. EOBs will no longer be sent via mail (paper) beginning 8/1/2024. To access your EOB electronically, visit healthcare.ascension.org/ascension-one.

Here's a sample of an Ascension Network EOB and check:



Ascension SmartHealth Medical Plan
Administered by ABS, Inc.
P.O. Box 37705
OAK PARK MI 48237-7705

Forwarding Service Requested

**********SNGLP
1 1 SP 0.490 1
OBSTETRICAL GYNECOLOGICAL
24 MADISON AVE
ENDICOTT NY 13760-5214

20140926T09 1160 7495

Page 1 of 4

J110 [1] 1 of 2

SmartHealth
an Ascension program

Customer Service
Date: 08/28/14
EOB#: 1408280158
Group#: 30
Group: SMARTHEALTH
Prov ID: 161068192

For questions about this statement, call 888-492-6811
General information: www.mysmarthealth.org
Eligibility & Claim status: www.abs-tpa.com

Attn: OBSTETRICAL GYNECOLOGICAL
This is an explanation of payment for services rendered

Claim: 201408071575
Patient: JOHN TEST
Employee: JOHN TEST
Member ID: 384848484
Patient Acct: 29022

Service Dates	Service	Total Charge	Discount Amount	Ineligible Amount	Deductible Amount	Co-Pay Amount	Paid %	Co-Insur Amount	Other Insurance	Plan Pays	Patient Responsibility	Ref No.
08/01-08/01/14	99395	$172.00	$51.29	$0.00	$0.00	$0.00	100%	$0.00	$0.00	$120.71	$0.00	1
Column Totals		$172.00	$51.29	$0.00	$0.00	$0.00		$0.00	$0.00	$120.71	$0.00	

Payment Summary Totals

Claim	Charge	Paid
201408071575	$172.00	$120.71
Totals:	$172.00	$120.71

Reference Code Explanation

Code	Explanation
1	This provider participates with the SmartHealth network.

Appeal Process

Under Section 502(a) of the Employee Retirement Income Security Act of 1974 (ERISA), you have the right to bring a civil action in court once all levels of review have been completed. For further information on the Post-Service Appeal process, please refer to the SmartHealth Summary Plan Document, available at www.mysmarthealth.org. Standard claim processing protocols may be used in making benefit determinations. In the event that a claim is denied, in whole or in part, you are entitled (upon written request and at no charge) to receive a copy of the protocol relied upon in making the benefit determination.

You Should Know

PLEASE BE SURE TO CHECK OUT our NEW Secure Web Portal at www.abs-tpa.com.

We have launched a new and expanded secure services portal for our Providers. Through this portal, you will be able to verify eligibility, check claim status and inquire on the status of a prior authorization.

We have selected Pay-Plus Solutions as our ePayment Vendor. To sign up for electronic EOB's (835, Excel, PDF) and electronic payments through ACH & Credit Card, please email Pay-Plus Solutions at membership@ppsonline.com or call their Membership Department at 877-828-8834.

PROOF - Rule Aid 06/14 9:21

Ascension SmartHealth Medical Plan
Administered by ABS, Inc.
P.O. Box 37705
Oak Park, MI 48237-7705

THE BANK OF NEW YORK MELLON
PITTSBURGH PA
60-160/433

0000098363
Date 08/28/2014
AMOUNT
**********$120.71

PAY ONE HUNDRED TWENTY AND 71/100 DOLLARS**********

TO THE ORDER OF OBSTETRICAL GYNECOLOGICAL
24 MADISON AVE
ENDICOTT NY 13750

Group No: 30

Authorized Signature

ABS uses various vendors to review all claims for unbundling, upcoding and other billing anomalies. This review significantly reduces payment errors and identifies savings that reduce overall health care costs.

Claims ACH and 835 Remits

ABS partners with Zelis, Inc. to offer providers and hospitals an innovative payment solution. Providers are offered a seamless payment solution through Pay Plus Direct or Select options. When a provider opts into the program, payments are provided via a Zelis credit card.

An EDI Bridge links Zelis to payers and providers to allow for faster electronic payments while eliminating time-consuming tasks. Providers and hospitals have access to the ABS Provider Web Portal that includes a dashboard of all electronic transactions.

Payment options:

- **Select:** A "Virtual Credit Card" is faxed to you, along with the Explanation of Payment (EOP) and you collect the money via your credit card terminal. There are no fees from Pay Plus Select. Fees are associated with your merchant account.
    - 835 delivery may be pushed by Pay Plus Select to a secure FTP site, picked up, or sent via a clearinghouse
    - Payments and 835's may be distributed by NPI/TIN
    - Payment options may vary by NPI/TIN
    - No cost for $0 pay or reversals
    - Full customer service and liaison to the payer community

- **ePayment Center:** Zelis offers an ABS ePayment Center, an online portal, for providers to enroll for the electronic delivery of payments and electronic remittance advice (ERA) for ABS.

For inquiries related to payments, please contact Zelis Client Service Center at **877-828-8770** or email **clientservice@zelispayments.com**. The Client Service Center can assist with the following:

- Method of Payment
    - Select- Virtual Payment Card
    - VRA- Virtual Reimbursement Card
    - Provider requesting to opt-out
    - Provider Portal Needs
        - Setup
        - Functions
        - System Issues

Claims cost management

The Ascension SmartHealth program utilizes a variety of vendors and tools to ensure that all claims submitted for reimbursement are billed appropriately and eligible for payment under the Plan.

Tools and services utilized under the program may include, but are not limited to:

1. Claim editing for bundling and unbundling
2. Up Coding
3. Duplicate claim submission
4. Separate billing of services included in global care
5. Incorrect or inappropriate billing for services rendered

All coding edits are based on CPT, MPA and industry standard (NCCI) policy and guidelines.

Billing requirements

You may only bill a member for covered services (other than for deductibles, coinsurance, or copayments) after you receive an Explanation of Benefits from ABS. SmartHealth members' cost-share is based on SmartHealth allowed amounts. For HSA plans, funds can be deducted from the member's HSA account for copayments and coinsurance.

Annual physical

Annual Routine Physicals have no copayment when SmartHealth members seek services from an Ascension Network or National Network physician.

Bill annual physical exams using Preventive Medicine codes in the range of 99381 through 99397, based on age appropriateness.
The preventive medicine code will indicate that the copayment is waived for the exam.

If a problem (unrelated to the physical) was also addressed at the visit, include an appropriate modifier with the appropriate level E&M visit (e.g. 99213-25, 99394). The provider may collect a copayment under these circumstances.

Annual gynecological exam

Annual gynecological exams, including pap smear, have no copayment when SmartHealth members seek services from an Ascension Network or National Network physician.

- Bill annual gynecological exams using Preventive Medicine code **with the diagnosis of V72.31** to designate the visit is an annual well-woman exam. The diagnosis code indicates that the copayment is waived for the exam.

Claim status inquiry process

You may inquire about payment of claims either online or by phone, fax, or mail. You may make online inquiries 10 days after the claim was electronically submitted or submit other inquiries 30 days after the claim was submitted.

You can request a six-month history of claims submitted to SmartHealth by Fax recall. Call **888-492-6811**. Follow the prompt; enter your contract number, tax ID number, and fax number.

When	How	What's needed?	When can a response be expected?
10 days after filing electronic claim	Online: **secure.healthx.com/absprovider.aspx**	Use your ABS Provider Web Portal log-in.	Immediate
30 days after filing the claim	By Phone: **888-492-6811**	A copy of the outstanding claim for reference. Please limit calls to 3 claims.	Immediate
	By Fax Recall: **888-494-4600**	Follow prompts; enter contract number, tax ID number and fax number.	Within 2-3 minutes, a return fax will detail the 6 month claims history for your tax id number.
	By Mail: ABS PO Box 37705 Oak Park, MI 48237	An original claim form stamped "status inquiry" in red ink in the upper	Within 21 days from receipt of the inquiry.

right hand corner.

ABS is committed to resolving all payment inquiries in an efficient manner. If you are unable to resolve a payment inquiry after 30 days from the initial request, please contact the ABS Customer Service Supervisor. Provide documentation of the original request so ABS can address the service delay. You can expect resolution within 10 business days.

Please have the following information available when calling the Customer Service Supervisor:

Type of inquiry	Information required
Written	• Copy of the status inquiry claim
Phone	• Date of the original inquiry • Name of the assisting ABS service representative • Status of the claim at the time of the call • Expected outcome

Claim adjustments

The Plan is allowed to **recoup payments** made to facilities and providers when the payment has been made in error. Overpayments may be identified by **ABS, the provider, and/or the member (claimant)**.

A claim may be overpaid for several reasons, including, but are not limited to, the following:

- Claim was paid incorrectly, as per provider's network contract.
- Provider canceled charge for any reason.
- C.O.B. Credit or duplicate payment received by provider.
- "Not our Patient" – Payment received by provider that did not render services.
- Medicare Eligible or Workers Compensation payment already made.
- Third-party liability determined.

Submit electronic claims to: Payer ID: 38259**
*** EDI clearing houses currently contracted: CAREVU, AllScripts, Web MD/Envoy, THIN, MCSI, ENS, ProxyMed, claimsnet.com, McKesson and NDC.*

ABS has implemented a new insurance clearinghouse solution; Smart Data Solutions (SDS). This tool allows you to manually enter claims that are then electronically submitted to ABS for processing. Note: Registration must be completed prior to using the portal.

The portal URL is: Portal.SmartDataStream.us
You must register first by clicking 'Register'.
Download the SDS Portal manual by clicking here.

For questions please contact the following:
SmartHealth claims: 888-492-6811, Monday through Friday, 8:00 a.m. to 6:00 p.m. EST.

Overpayment Policy & Refund Request Process

Duplicate submissions of a claim, examiner-coding errors, coordination of benefits (COB) issues, and/or incorrect payment levels may result in overpayment.

In the event SmartHealth pays the provider and it is discovered that the payment was issued in error, SmartHealth will request a refund of the overpayment within 18 months of the original payment date. This 18 month period shall be extended as needed by SmartHealth in the event the overpayment was caused by a provider's fraud, waste, abuse or misrepresentation regarding the claim.

SmartHealth's refund request will be issued to the provider in writing, and will at a minimum, include the patient's name, the date of service, the claim number and an explanation of the overpayment.

Within 30 working days of receipt of the refund request, the provider must issue a refund or notify SmartHealth that they disagree with the request. Providers who disagree with the refund request must send a written notice to SmartHealth within 30 working days of the date the refund request was received.

The notice appealing the refund request must clearly state the reasons the provider believes the original payment was correct. If the provider does not appeal the refund request within 30 working days, or as otherwise agreed to within the applicable provider contract, SmartHealth will pursue the refund and may offset the account or assign the account for recovery.

Overpayments from SmartHealth are to be directly refunded to SmartHealth. When requested, send refund checks to:

SmartHealth/ABS
PO Box 37705
Oak Park, MI 48237

If a provider believes an overpayment was issued because SmartHealth paid the claim as primary in error, he/she should send a notice of overpayment along with a copy of the EOB from the primary carrier.

Provider-Initiated Adjustments

ABS will consider payment adjustments to processed claims if:

- The original claim was submitted with incorrect information.
- Payment was made to the incorrect provider.
- Payment was made at the incorrect contracted amount.
- Payment was not made due to a processing error.
- Coordination of Benefits was calculated incorrectly.
- Provider received a duplicate payment.

What's needed?	How to submit	Timeframe to submit	Timeframe to process
1. Copy of EOB 2. Reason for request 3. Supporting documentation 4. Copy of original claim (if applicable)	**By phone:** Call 888-492-6811 for assistance to handle processing errors. **Written (Mail to ABS):** Fill out the request form and attach the required data.	Submit requests for adjustments within 180 days from the date the claim was processed.	ABS will process adjustment requests within 30 days after receiving all necessary information. Provider will receive a final copy of the adjustment request when completed.

Please have the following information available when calling ABS:

Type of original inquiry	Information required
Written	• Copy of the status inquiry claim

Phone	• Date of the original inquiry • Name of the assisting ABS service representative • Status of the claim at the time of the call • Expected outcome

Quality management program

The Quality Management Program is designed to provide the framework for assessing and improving the quality of clinical care and services provided to SmartHealth members. The program has been developed in conjunction with the mission, values and philosophy of Ascension and its health ministries. The program encompasses a wide range of evaluation and monitoring activities that include:

- A governing body
- An appeals process. Detailed information can be found in the Summary Plan Description.
- A provider sanction program
- Annual evaluation of the Utilization Management Program
- Monitoring of the timeliness of decisions – authorization process, notification procedures
- Monitoring of utilization data to detect potential under- and over-utilization (ensuring appropriate service and coverage)
- Evaluation of the consistency with which the health care professionals involved in utilization review make decisions
- Provider/member satisfaction with the Utilization Management Program and the health plan as a whole

Corrective action policy

All Ascension Network providers must adhere to the policies and procedures set forth in this manual.

Providers will be subject to corrective action for the following:

1. Billing of a member for:
    - Copying of medical records
    - Covered medical expenses of the health plan, without filing a claim
    - Balance billing
    - Services rendered (but not submitted) within the timely filing limits of the Plan Document

2. Continued failure to follow the established guidelines for any service requiring prior authorization

3. Refusal to release medical information (patient records) upon the written request of:
    - Any agent or representative of SmartHealth Utilization Management Department
    - A member or his/her authorized representative (to allow for continuity of care)

This policy is progressive; each occurrence runs sequentially through the corrective action policy with no specific time frame between occurrences.

The policy covers:

- **Initial Occurrence**
  A letter is sent to the physician/office identifying the occurrence. The physician is asked to rectify the situation and report the outcome.

- **Multiple Occurrences**
  A call is placed to the physician/office from the SmartHealth Medical Director for personal review of the policy. A follow up letter is sent to the physician/office acknowledging understanding of the proper plan guidelines.

- **Continued Repeated Occurrences**
  An overview of the physician's issues is presented to the SmartHealth Advisory Committee for determination of disciplinary action. A notification letter is sent notifying the provider of decision and appeal process, if applicable.

Ascension ethical and religious directives

SmartHealth providers acknowledge that the operations of Ascension ministries are in accordance with the Ethical and Religious Directives for Catholic Health Care Services, as promulgated by the United States Conference of Catholic Bishops, Washington D.C. of the Roman Catholic Church or its successor ("Directives") and the principles and beliefs of the Roman Catholic Church is a matter of conscience to Ascension and its health ministries.

The Directives are located at **http://www.usccb.org/about/doctrine/ethical-and-religious-directives/**. It is the intent and agreement of Ascension and SmartHealth providers that neither the SmartHealth provider contract nor any part thereof shall be construed to require Ascension ministries to violate said Directives in their operation and all parts of the SmartHealth provider contract must be interpreted in a manner that is consistent with said Directives.

Provider forms and resources

You can access the most up-to-date forms and resources you need for things like ABS Provider Portal access, Prior Authorization and more on **mysmarthealth.org**.

- Prior Authorization Form
- Provider Maintenance Grid
- ABS Provider Portal New User Registration
- ABS Provider Portal Additional User Registration

Access links to these documents and more at **mysmarthealth.org**, following the directions on how to access your ministry section found at the beginning of this Manual.