

Rocky  
Mountain

# health

Summer 2014 | Provider Edition

## *Cultural Diversity* Translation Services

Some of the most commonly requested language translation services RMHP receives:

- #1 Spanish
- #2 Mandarin
- #3 Farsi

We have also provided translation services for our Members who speak Arabic, Cantonese, German, and Russian.

Please call the Customer Service ATT Language Line at **800-874-9426** if you would like to utilize our translation services.



**ROCKY MOUNTAIN**  
**HEALTH PLANS®**

We understand Colorado. We understand you.

HealthTrio Provider Portal • ValueOptions • Provider Manual Updates



# *HealthTrio Provider Portal*

## **Adding and Deleting Users**

Users who have registered as the Local Administrator for a provider, practice, or billing office are designated as the Main Office Contact in HealthTrio.

The Main Office Contact manages access rights for authorized users by adding and deleting users to the Provider account, which assures compliance with privacy and confidentiality. Please perform routine maintenance on your account by deleting any users who are no longer active.

### **Adding a User**

- On the main page under the Office Profile tab, choose System Admin. A list of current account users will display. Scroll to the bottom of the page, choose Add User.
- Fill in the user information and select Add.
- On the User Role selection screen, choose Select Role. Then click Submit on the Add User page.

### **Deleting a User**

- On the User Maintenance page, select a user by clicking on their name.
- On the User Role Maintenance section, select the checkbox next to Office Manager and then select Remove.
- Fill in the reason you are removing the user and select Yes.

### **HELPFUL TIP:**

**You can return to the main page at any time by clicking on the RMHP Logo**

# Rights and Responsibilities

## Medicaid Member

The following information is located in the Medicaid Member Handbook and in your Provider Manual.

### It is your right:

- To receive information about RMHP and its services, physicians, and health care providers.
- To be treated with respect and with recognition of your dignity and right to privacy.
- To accept or refuse medical treatment to the extent provided by Colorado State law and to participate in making decisions about your health care.
- To have open discussion with health care providers about appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- To bring complaints to RMHP or the Department of Health Care Policy and Financing.
- To expect all communications regarding your care to be kept confidential as required by law.
- To freely exercise your rights without being treated differently.
- To be free from the use of physical restraint or being isolated. These methods may not be used to make you cooperate, to punish you, for the ease of the caregiver, or as a way of getting back at you.
- To get family planning services from any Medicaid provider, with no referral.
- To request and receive your medical records and to have them changed according to federal law.
- To get a second opinion
- To make recommendations regarding Rocky Mountain Health Plans' rights and responsibilities policy.

### It is your responsibility:

- To choose a Primary Care Physician (PCP) for each Member of your family who will provide or arrange for all your medical care needs and to make known to your PCP any advance directive regarding your medical care.
- To let your PCP coordinate care with specialists and other health care providers, except in cases of medical emergencies, urgent care when outside the service area, obstetrical or gynecological care, and eye care.
- To learn about your RMHP health care benefits, procedures, and limitations and to be cooperative and considerate with health care providers and staff.
- To inform RMHP Customer Service of your PCP changes and Membership changes, such as address change, marriage, birth of a child, or adoption of a child.
- To assume responsibility for copayments and costs associated with certain health care services and any services that are not covered by Medicaid.
- To furnish the health care provider with all information necessary for you to receive appropriate care and follow the care and instructions agreed upon with your provider.
- To tell RMHP about any other insurance you may have, including Medicare.
- To follow the role of RMHP Medicaid as described in the Member handbook.
- To follow RMHP steps in the handbook for complaints and grievances.





## Announcing RMHP's New Auto Authorization Process for DME and Outpatient Required Preauthorizations Requests.

We are pleased to announce that we now have the ability for our providers to request authorizations via the RMHP Provider Portal. With this new capability, you will be able to request the authorization and, by simply answering a few questions, receive an immediate determination.

### What you need to do:

- Send an email to Tammy Tway, Care Management, at [tammy.tway@rmhp.org](mailto:tammy.tway@rmhp.org) with the names of all individuals in your office that will be requesting authorizations and their location.
- Tammy will facilitate the registration of each user and schedule web training from your desktop.

## Adult Medicaid Members

### Wraparound Benefit – Dental Services

In the past, Medicaid has not covered dental services for adults. However, the State of Colorado has created a NEW limited dental benefit for all adults in Medicaid. The benefit will provide Medicaid enrolled adults, age 21 and over, an annual dental benefit of up to \$1,000 in dental services per year. These benefits are not covered by RMHP, but are covered by State Medicaid as a wraparound benefit.

#### What the new adult dental benefit covers:

The new dental benefit will be implemented in two phases:

**April 1, 2014** – Basic adult dental preventive, diagnostic and minor restorative dental services (such as x-rays and minor fillings), and treatment planning will be available.

**July 1, 2014** – More comprehensive adult services, such as root canals, crowns, partial dentures, periodontal scaling and root planing. Other procedures requiring prior authorization will also be available.

#### Finding a dental provider

Clients may search for dental providers in their area by visiting the Department website at [Colorado.gov/hcpf/findaprovider](http://Colorado.gov/hcpf/findaprovider).



# CareCore National Standard Preauthorizations

## Top 10 Reasons why using the Web to submit a standard authorization request is just better:

- 10 The Web is 4x faster than using phone or fax to submit authorization requests.
- 9 24/7 access allows you to conveniently submit cases when it fits your schedule.
- 8 Real-time access to review a patient's authorization status and eligibility.
- 7 Access, view, and print informational letters and authorizations for better management of your practice.
- 6 Consolidated Clinical Submission per CPT Code for OB: You can submit clinical information for all dates of service for a specific procedure/CPT at the same time rather than separate clinical submissions for each date of service.
- 5 Web Clinical Documentation Upload: Coming June 2014, you will be able to submit additional, requested clinical documentation directly through the website, avoiding the hassle of faxing.
- 4 Web Pause/Save Feature: If your authorization request submission is interrupted, you can now save your case and return to it later. You have up to two business days to complete the request.
- 3 Duplicate Cases: Demographic information can be duplicated for additional case requests for the same member.
- 2 CPT Code Change: Available for downgrade or substitutable procedures in the Authorization Look Up tool in your account. and the #1 reason why the Web is better.
- 1 Immediate approval for authorizations that meet evidence-based clinical criteria.

The preferred method to submit your request for a standard service preauthorization is through the link on the [access|RMHP Provider Portal](#). Submitting your requests through the portal will allow you to answer criteria questions on line as well as provide a more rapid response to requests. You may also monitor the status of your request as the request goes through the review process. If you are not signed up through the RMHP.org portal you will need to register by sending an email to [tammy.tway@rmhp.org](mailto:tammy.tway@rmhp.org) with your user name to receive training and begin using this new process.



# *ValueOptions: Rocky Mountain Health Plans' New Administrator of Mental Health Benefits*

## Frequently Asked Questions

**Q. When will ValueOptions® begin to provide case management and behavioral health preauthorizations?**

**A.** Effective July 1, 2014, ValueOptions will begin providing these services.

**Q. How do I obtain continued authorization under ValueOptions, since I am seeing a patient under another vendor?**

**A.** Please follow the instructions located below:

### **Inpatient/Higher Level of Care (HLOC)**

Front Range patients still hospitalized as of July 1, 2014, will continue to be managed by current vendor through discharge.

West Slope patient authorizations will transition to ValueOptions on July 1, 2014.

### **Outpatient**

Providers should continue to submit outpatient authorization requests to the current vendor through June 30, 2014. After July 1, 2014, providers will be required to submit continued authorization requests through ValueOptions.

**Q. What online services does ValueOptions offer?**

**A.** ValueOptions offers an online provider portal, called ProviderConnect. ProviderConnect is a secure, HIPAA-compliant website that enables participating ValueOptions network providers to conduct authorization transactions accurately and efficiently.

**Q. Will there be ProviderConnect training available for providers?**

**A.** A video tutorial is available for providers to view at your convenience via ProviderConnect.

**Q. How will a provider submit an authorization request with ValueOptions?**

**A.** For MHSA, Providers can request authorizations electronically using ProviderConnect. Providers not already registered for ProviderConnect should register today.

For technical questions regarding ProviderConnect, contact 888-247-9311 or email

**e-supportservices@valueoptions.com**

Monday to Friday, 8:00 a.m. – 6:00 p.m. ET.

Additionally, providers can contact ValueOptions directly at 855-886-2832 to obtain authorizations or fax authorizations to 855-855-4470.

Licensed clinicians are available 24-hours a day, 7 days a week and 365 days a year.

For EAP Services, the member will call the EAP toll-free number for assessment and referral.

**Q. What are the ValueOptions Clinical Department's hours of operation?**

**A.** Licensed clinicians are available 24-hours a day, 7 days a week, and 365 days a year.

## DEADLINE APPROACHING

# *RMHP Transition to the CMS-1500 Health Insurance Claim Form (02-12) Version*

Pursuant to the implementation of the revised CMS 1500 form (02-12) by CMS on January 6, 2014, this article is to advise that Rocky Mountain Health Plans (RMHP) will continue to accept paper claims submitted and paid on the current CMS 1500 form (08-05) until July 1, 2014. All claims submitted after July 1, 2014 on the CMS 1500 form (08-05) will be rejected or denied, and the provider will be required to re-submit claims using the new CMS 1500 form (02-12).

Please be aware, it is critical that all information on the new CMS 1500 (02-12) form be entered correctly, specifically the information located in "section 21" or the "Diagnosis or Nature of Illness". In order to accomplish this, you may need to make changes to your software to populate the data into the correct fields. For example, the primary diagnosis must be marked with an "A" and the secondary diagnosis marked "B" and so on, using as many of the spaces as necessary.

As a reminder, providers may not bill with ICD-10 codes and an ICD-10 indicator. Please continue billing using ICD-9 codes with an ICD-9 indicator on the new CMS 1500 form.

Finally, when submitting paper claims, an "original" form with red type must be used.



## To order the new CMS 1500 (02-12) form:

- **Website:** [bookstore.gpo.gov/catalog/government-forms-phone-directories](http://bookstore.gpo.gov/catalog/government-forms-phone-directories).
- **Contact your current form supplier.**
- **Contact TFP Data Systems by email at [1500form@tfpdata.com](mailto:1500form@tfpdata.com) or call 800-482-9367 ext. 58029 or 866-512-1800. Please note, the email address is protected from spambots and in order to view, you will need JavaScript enabled.**

PO Box 10600  
Grand Junction, CO 81502-5600

Steve ErkenBrack President and CEO  
Kevin R. Fitzgerald, MD Chief Medical Officer

Front Range and Eastern Plains Professional  
Relations:  
303-689-7372 or 800-823-8356

Western Slope and San Luis Valley  
Professional Relations:  
970-244-7798 or 888-286-3113

Please check out our website [rmhp.org](http://rmhp.org) for  
recent changes to the RMHP Medicare Part D  
Drug Formulary

**Please route this important  
information to:**

- Physicians
- Office Manager
- Billing Office
- Receptionist
- Other



## Updates to the RMHP Provider Manual

The Provider Manual has been updated and is  
available online via the provider portal.

**Some of the sections that have been revised:**

- Behavioral Health - ValueOptions
- 1500 Form Essential Fields
- Medication Therapy Management (MTM)



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[rmhp.org/blog](http://rmhp.org/blog)