



**Rocky Mountain
HEALTH PLANS®**

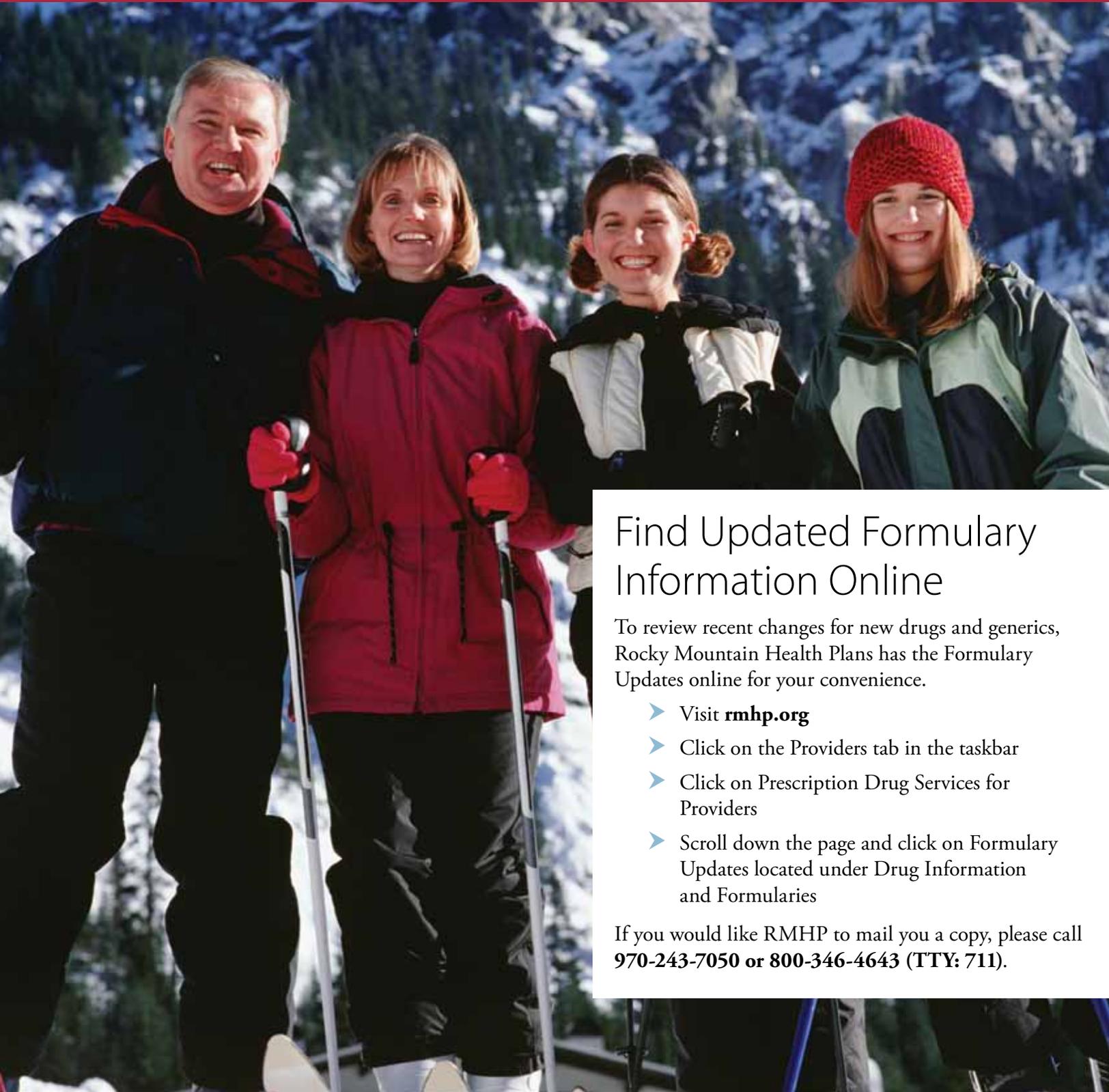
We understand Colorado. We understand you.

Rocky
Mountain

HEALTH

WINTER 2013

PROVIDER EDITION



Find Updated Formulary Information Online

To review recent changes for new drugs and generics, Rocky Mountain Health Plans has the Formulary Updates online for your convenience.

- Visit **rmhp.org**
- Click on the Providers tab in the taskbar
- Click on Prescription Drug Services for Providers
- Scroll down the page and click on Formulary Updates located under Drug Information and Formularies

If you would like RMHP to mail you a copy, please call **970-243-7050** or **800-346-4643 (TTY: 711)**.

Rocky Mountain Health Plans' Chronic Disease Management Programs

Rocky Mountain Health Plans offers a selection of Chronic Disease Programs for your patients.

These programs can help your patients to better understand their conditions, provide education on the latest evidence-based information, and provide them with assistance to self-manage their disease.

For your Commercial patients:

My Health Connection through Healthways, Inc. provides disease management for your patients with COPD, DM, and CAD.

Members and providers can call 866-782-7218, the provider portal is healthways.com/physician_portal_docs.

For your Medicare and Medicaid patients:

RMHP has a **Chronic Disease Management Program** for your patients with diabetes and cardiac disease. The RMHP Chronic Disease Management Educator can be reached at **970-248-8746** or shelly.lambert@rmhp.org.

Members of Rocky Mountain Health Plans are automatically enrolled in the programs when they are identified as eligible, based on diagnosis from claims data. Members are notified of their enrollment by mail and you will be informed of their participation.

If you would like to enroll a patient that is a Member of RMHP but is not in the program, please let us know.

The program will provide the following services:

- Support from nurses to ensure that Members can understand how to best manage their condition and periodically evaluate their health status by monitoring relevant testing.
- Periodic newsletters to keep Members informed of the latest information on their disease and disease management.
- Educational and informational materials that can assist Members in understanding and managing medications, how to effectively plan for doctor visits, reminders as to when those visits will occur, and when relevant testing is due.
- Information about upcoming events, such as health fairs.



Membership in the Disease Management Program is voluntary. Members can opt-out of the program by calling RMHP.

If you would like to enroll a patient that is a RMHP Member but is not in the program, please contact us.

Understanding the Grace Period

The Affordable Care Act (ACA) contains several requirements regarding Member premium payments, as well as premium delinquencies.

Rocky Mountain Health Plans (RMHP) is required by the ACA to allow Members a “Grace Period” for delinquent premium payments. The Grace Period only applies to Members who applied for, qualified for, and received advance premium tax credits (APTCs) through Connect for Health Colorado.

Below is some important information regarding the Grace Period:

- The Grace Period requires that Members experience no gap in health care coverage for up to three months, even if premium payments are delinquent.
- During the first month of premium delinquency, RMHP will continue to process the member’s claims and no payments will be pended or denied for nonpayment. Starting on the last day of the first month of the Grace Period, the affected Members’ claims will be pended for delinquent premiums. During the second and third months, the claims will remain pended.
- Pended claims will appear on each provider’s “Claims Status/Additional Information” report. This report will provide a detailed description of why the claim is pended, as well as a reminder of the requirements of the ACA Grace Period.
- Delinquent premiums must be paid in full before the pended claims can be released. If Member premiums are not paid in full by the end of the three-month Grace Period, the pended claims for services received during the second and third months of the grace period will be denied. Those claims may then be billed to the Member.
- If Member premiums are paid in full by the end of the Grace Period, all pended claims will be released and processed utilizing RMHP’s regular criteria.
- If a Member has been identified as having delinquent premiums, this will be noted on the RMHP Provider Portal. We encourage you to specifically look for this when checking eligibility.

Of note, if a member has been identified as having delinquent premiums, this will be noted on the RMHP Provider Portal. We encourage you to specifically look for this when checking eligibility.



All providers who are contracted with RMHP will receive a unilateral amendment to bring their contracts into compliance with this portion of the ACA. If you have questions regarding the Grace Period, please contact your Provider Relations Representative or RMHP Customer Service.

The ICD-10 logo is displayed in a stylized, metallic font on a dark, textured background.

Less Than One Year Out!

ICD-10 may begin to impact you on a go forward basis as you are now in a position to potentially request prior-authorizations for services that span the implementation date of ICD-10, October 1, 2014.

In order to be fully prepared for the October 1, 2014, ICD-10 transition, you need to know exactly how ICD-10 will affect your practice. Although many people associate coding with submitting claims, in reality, ICD codes are used in a variety of processes within clinical practices, from registration and referrals to billing and payment.

The following are important questions to help you think through where you use ICD codes and how ICD-10 will affect your practice. By making a plan to address these areas now, you can make sure your practice is ready for the ICD-10 transition.

Where do you use ICD-9 codes?

Keep a log of everywhere you see and use an ICD-9 code. If the code is on paper, you will need new forms (e.g., patient encounter form, superbill). If the code is entered or displayed in your computer, check with your EHR and/or practice management system vendor to see when your system will be ready for ICD-10 codes.

Will you be able to submit claims?

If you use an electronic system for any or all payers, you need to know if it will be able to accommodate the ICD-10 version of diagnoses and hospital inpatient procedures codes. If your billing system has not been upgraded for the current version of HIPAA claims standards—Version 5010—you will not be able to submit claims. Check with your practice management system or software vendor to make sure your claims are in the HIPAA Version 5010 format and that your system or software can include the ICD-10 version of diagnoses and hospital inpatient procedures codes.

Will you be able to complete medical records?

If you use any type of electronic health record (EHR) system in your office, you need to know if it will capture ICD-10 codes. Look at how you enter ICD-9 codes (e.g., do you type them in or select from a drop down menu) and talk to your EHR vendor about your system's capabilities for ICD-10. If your EHR system does not capture ICD-10 codes and you use another terminology (SNOMED), you will still need ICD-10 codes to submit claims.

How will you code your claims under ICD-10?

If you currently code by look up in ICD-9 books, purchase the ICD-10 code books in early 2014. Take a look at the codes most commonly used in your office and begin developing a list of comparable ICD-10 codes. Alternatively, check your software for an ICD-10 look up functionality.

Are there ways to make coding more efficient?

Develop a list of your most commonly used ICD-9 codes and become familiar with the ICD-10 codes you will use in the future.

TEST, TEST, TEST with your Clearinghouse and/or Practice Management and Billing Software partners.

Want more information about ICD-10?

Visit the CMS ICD-10 website for the latest news and resources to help you prepare for the October 1, 2014, deadline.

Sign up for CMS ICD-10 Industry Email Updates.

Source: Centers for Medicare & Medicaid Services:
cmslists@subscriptions.cms.hhs.gov

Promote Healthy Fit Children and Reduce Obesity

Give consistent messages for all children regardless of BMI

- 5 servings of fruits and vegetables daily
- 2 hours or less of screen time
- 1 hour or more of physical activity
- 0 sweetened beverages



	Infants and Toddlers (0-2 years)	Older Children (3-18 years)
Nutrition	<p>Breastfeeding offers protection against obesity (exclusivity and duration strengthen association)</p> <p>To prevent overfeeding: increase parental awareness of hunger and satiety cues and teach comforting with attention rather than food</p> <p>Introduction of solids prior to 4 months is associated with increased obesity risk</p> <p>Diet quality decreases with the transition of table foods: encourage fruits and vegetables and discuss avoiding sweetened beverages</p>	<p>Encourage plate method: ½ plate fruit and vegetables, ¼ lean protein, ¼ whole grain carbohydrate</p> <p>Vegetables may be fresh, frozen or canned</p> <p>Family meals are associated with higher dietary quality</p> <p>Portion sizes are often excessive when eating out</p> <p>Skipping breakfast is associated with a higher risk of obesity and decreased academic performance</p> <p>Food insecurity is associated with higher obesity risk</p>
Screen Time	<p>Television and videos are not recommended < 2 years of age</p>	<p>Television in bedrooms is associated with sleep disruption and increased viewing</p> <p>Limit screen time to less than 2 hours daily</p> <p>Empower parents to unplug their children</p>
Physical Activity	<p>Physical activity is promoted by providing frequent opportunity for movement</p> <p>Infants and toddlers should not be inactive for more than 60 minutes unless sleeping</p> <p>Toddlers need several hours of unstructured movement every day</p>	<p>Physical activity is associated with improved mood, focus and academic achievement</p> <p>Outside time is associated with increased activity, improved Vitamin D status, and improved focus</p> <p>Family role modeling and peer support are associated with increased levels of activity</p>
Beverages	<p>Serve nonfat milk beginning at 1 year of age unless weight-for-length <5%</p> <p>No sweetened beverages; intake increases risk of obesity</p> <p>Fruit is more nutritious than juice and does not have the potential risk for obesity and caries</p>	<p>Nonfat milk and water are preferred for nutrient value and hydration</p> <p>No sweetened beverages: intake increases risk of obesity (soda, fruit drinks, and sport drinks)</p>
Sleep	<p>Sleep duration is inversely associated with obesity</p>	<p>Sleep duration is inversely associated with obesity</p>

This information is from the HealthTeamWorks Child Obesity Guideline. It is designed to assist the primary care provider in the prevention and treatment of childhood obesity. It is not intended to replace a clinician’s judgment or establish a protocol for all patients. To access the full version of this guideline, go to healthteamworks.org or rmhp.org.

Corrected Claims: Shorten Your Turnaround Times by Using the Proper Form

Rocky Mountain Health Plans asks that billers attach a completed Claims Action Request Form to all hard copy corrected claims. By using this form, you can clearly identify that some data has changed in the attached claim and you would like to have the claim reprocessed accordingly. You may also use this form to accompany EOBs from primary carriers if you have received a previous denial to bill insurance. Attach the EOB to the form – there is no need to drop another claim form, as we already have one on the system.

The Claims Action Request Form is available at **rmhp.org** in a version that allows you to complete, print, and attach the corrected claim and mail to

RMHP. The form may be accessed under the Providers tab in the Commonly Used Form section.

Mailing a corrected claim without a Claims Action Request Form will most likely result in the claim being loaded onto the system and result in a duplicate denial.

The Claims Action Request Form should not be used for appeals for timely filing, lack of preauthorization or clinical edit disputes. Instead, use the Provider Dispute Resolution Form along with your documentation.

Thank you for your help in clearly communicating to your office personnel the action that we require when you submit a resubmission.



Stay Informed with RMHP

The 2014
Provider Manual
is available
online via the
provider portal at
rmhp.org

f @RMHPColorado

Answers to your insurance and health care reform questions, contests, fitness tips, and info from our Colorado Partners.

p rmhpcolorado

Recipes, fitness tips, and quotes to keep you inspired to live healthy.

t @RMHP

Up-to-date news, health and wellness tips, giveaways, and live tweeting!

rss rmhp.org/blog

In-depth info about health care reform, insurance, coverage, recipes, and more.

YouTube RockyMtnHealthPlans

Health tips, documentaries, our commercials, and more.



DME Benefits Change for 2014

RMHP Members enrolling or renewing coverage on January 1, 2014 and after will have new benefits for Durable Medical Equipment (DME).

The updated DME benefits vary based on the specific model or type of the item, as well as whether it is new or used equipment that is being purchased. Customer Service Representatives are available to provide further details on benefit specifics. When you call to request benefit information, please have the HCPCS code you intend to bill and the name of the item. Of note, prior authorization requirements and additional coverage guidelines may apply. You or your DME provider can contact RMHP Customer Service at 970-243-7050 or 800-346-4643 (TTY: 711).

A summary by type of equipment may be found on the Provider Portal at rmhp.org under the Prior Authorization link. Click on “DME Category Identification List” for a summary of Category A and Category B coverage for durable medical equipment.



Attention Medicaid ACC Providers

All contracted providers in the Medicaid ACC program must re-execute your contract with the Department as soon as possible. Minor changes have been made to the State's version of the Primary Care Medical Provider (PCMP) contract and all contracted PCMPs must opt-in to the new version of the contract using

the CMAP Web Portal. Additional information, including a summary of the contract changes and step-by-step directions can be accessed on the RMHP ACC website Provider Support page (acc.rmhp.org) and the HCPF website on the ACC Provider Information webpage (colorado.gov/hcpf).



ROCKY MOUNTAIN HEALTH PLANS®

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303-689-7372 or 800-823-8356

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

Please check the RMHP website 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



Clinical Practice Guidelines Update

Rocky Mountain Health Plans reviews, writes and adopts evidence-based clinical guidelines to help practitioners and Members make decisions about appropriate health care for specific clinical circumstances.

Below is a list of the Clinical Practice Guidelines Adopted and/or Readopted for 2013 and the source that provided the information.

Guideline	Source
Depression in Adults: Diagnosis and Treatment	Health Team Works
Clinical Preventative Health Recommendations for General Adults and Targeted Population	Health Team Works
COPD Diagnosis and Management	Rocky Mountain Health Plans
Osteoporosis	Rocky Mountain Health Plans
Preventative Pediatric Health Care	American Academy of Pediatrics
Adult Immunization Guideline	CDC
Pediatric Immunization Guideline	CDC
Alcohol and Substance Abuse	Health Team Works