



**ROCKY MOUNTAIN
HEALTH PLANS®**

We understand Colorado. We understand you.

Rocky
Mountain

HEALTH

FALL 2011

PROVIDER EDITION

Introduce Medicare Patients to RMHP's **5-Star** Service

Rocky Mountain Health Plans is proud to have received 5 out of 5 stars for Customer Service in 2011. Our **5-Star rating** shows the importance we place on providing excellent service after the sale, and gives you peace of mind when referring Medicare patients to Rocky Mountain.

If your patients are looking to change from expensive Medicare supplemental policies, they can begin to enjoy Rocky Mountain Health Plans Cost HMO benefits as early as the next month after enrollment. RMHP offers Medicare Cost plans which are open for enrollment year-round and it's easy to enroll with no medical underwriting. Affordable plan premiums start at just \$39.20 per month, including Part D coverage.

From October 15, 2011 – December 7, 2011, any Medicare beneficiary can switch to a RMHP Cost plan, including Part D benefits.

Great benefits with no referrals required for specialist care, low premiums, and excellent, local customer service, RMHP can give your patients the coverage they deserve. RMHP pays physicians better than Medicare and ensures claims are paid quickly.

Tell your patients to call RMHP at 888-251-1330, TTY: 711, from 8:00 a.m. to 8 p.m. Mountain Time, seven days a week.

Para asistencia en español llame al 800-346-4643.

MEDICARE DATES TO KNOW

- ▶ Members will receive 2012 Annual Notice of Change – By October 2, 2011
- ▶ Medicare Annual Enrollment Period – October 15, 2011 through December 7, 2011



Accountable Care Collaborative (ACC)

Rocky Mountain Health Plans is participating in a new state Medicaid program called the Accountable Care Collaborative (ACC). The state has been divided into seven regions and there is a Regional Care Coordination Organization (RCCO) for each region. RMHP won the bid for Region 1, comprised of the entire Western Slope, plus Larimer County. As the RCCO for Region 1, RMHP is responsible for supporting Medicaid Members assigned to the program as well as providers who have volunteered to be ACC providers.

Participating ACC providers serve as the Medicaid Member's Medical Home, providing comprehensive, coordinated, and patient-centered care. As with fee-for-service Medicaid, providers continue to file claims directly to the state, and the Medicaid benefits package is the same as fee-for-service Medicaid. The difference is that Medicaid will pay participating ACC providers \$4 per Member, per month to support a Medical Home model of care and the provider can rely on their Region's RCCO to support them in coordinating care. RMHP is working now to develop several focus communities in Region 1. Currently, the program exists in three focus communities: Larimer, Routt, and

Moffat Counties; the next community in development includes La Plata and Archuleta Counties. In these communities, several of the participating providers have decided to pool their funds to enable local care coordination teams to support providers in coordinating and managing care for their most complex Medicaid clients. RMHP has also contributed resources and acted as an integrator in these communities to support providers in delivering localized, patient-centered care in partnership with local hospitals, specialists, and other community providers.

The ultimate goal of this program is to improve the patient experience, preserve high quality care, and control the costs of care for Medicaid Members. Providing a dedicated Medical Home for Medicaid Members with local care coordination support that is well-connected to the provider's practice will help reduce avoidable ER visits and hospital readmissions as well as improve the patient's ability to better navigate the health care

system. To learn more about the Medicaid ACC program, please check out this link: acc.rmhp.org. If you practice in Larimer, Routt, Moffat, La Plata or Archuleta County, and would like to participate in this program, please contact your RMHP Provider Representative.



Alpha 17 P

Are you an OB/GYN provider prescribing compounded 17 Alpha-hydroxyprogesterone?

If so, complete the prior authorization form: rmhp.org/pdf/rx/preauthforms/17p.pdf and fax it to Rocky Mountain Health Plans Pharmacy Help Desk at 970-248-5034.

Once you receive the *Notice of Approval* from RMHP, fax the prescription to *The Apothecary Shop of Deer Valley* at 877-546-5780. All contact information for this pharmacy is provided for you on the prior authorization form. The pharmacy will bill the claim online to RMHP and collect the Member's copay. There is no charge to you. The medication is then delivered to your office via Fed Ex within 48-72 hours. If you have any questions or concerns, please contact the Pharmacy Help Desk at **970-248-5031** or **800-641-8921**.

HEDIS

Working Together to Improve How We Serve Members

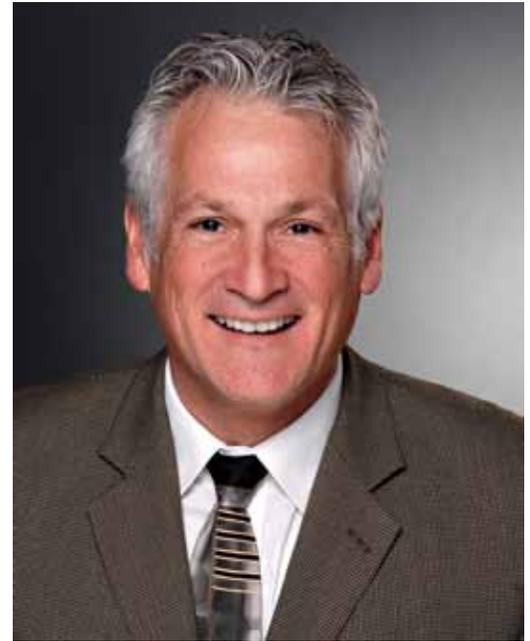
From Dr. Fitzgerald, M.D., Chief Medical Officer

In early 2011, Rocky Mountain Health Plans embarked on measuring patient care and service levels through the Health Effectiveness Data and Information Set (HEDIS) performance measures. We sincerely want to thank all the provider organizations who took the time to provide medical record information to make this important project possible.

HEDIS reporting is the most comprehensive means of measuring performance on important dimensions of health care, such as effectiveness, use, access, cost, and satisfaction. Through HEDIS data, we can share our results with Members, providers, and other business partners on an “apple-to-apple” basis with the performance of other health plans. It is through comparable results, such as those provided by HEDIS, that we can work together with our provider partners to continually improve health care in the communities we serve.

While Rocky Mountain Health Plans has seen increases in HEDIS rates this year, there are a number of areas where improvement can be made. In an effort to improve these rates we have disease management programs and other quality improvement activities in place. These activities are focused on providers as well as Members.

We sincerely thank all the provider organizations who took the time to provide medical record information to make this project possible. The full 2010 HEDIS/CAHPS Effectiveness of Care Measures and Report for 2010 will be available on our website this fall.



LDL

Preventive care is our opportunity to monitor, maintain, and improve the health of our Members, your patients. An annual cholesterol screening test is covered at 100 percent by Rocky Mountain Health Plans when billed with a preventive service diagnosis. LDL screening is a Health Effectiveness Data and Information Set (HEDIS)

measurement included in comprehensive diabetic care and management of patients with cardiovascular disease but also reduces the risk of mortality and morbidity for RMHP Members.

Patients value their physician's recommendations. RMHP is actively seeking your assistance in reaching out to our Members with diabetes and cardiovascular conditions to utilize this important preventive benefit.

Currently, RMHP calls Members who are overdue to remind them of their covered benefit of cholesterol screening and to encourage them to speak with their physician. In our efforts to assist providers we can offer lists of their RMHP patients who are overdue for cholesterol and other screenings (such as A1C, mammograms, PAPs).



ROCKY MOUNTAIN HEALTH PLANS®

We understand Colorado. We understand you.

PO Box 10600
Grand Junction, CO 81502-5600

PRSR STD
U.S. Postage Paid
Grand Junction, CO
Permit No. 243

Front Range and Eastern Plains Professional Relations:
303-689-7372 or 719-253-3901

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

Please check the RMHP website www.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

Pharmacy Update

Recently, the FDA made a safety announcement regarding the use of high dose Zocor (simvastatin) and Vytorin (ezetimibe/simvastatin). New restrictions, contraindications, and dose limitations have been recommended to reduce the risk of muscle damage. This risk appears to be greater during the first year of treatment.

The use of high dose simvastatin is now limited to people who have taken the 80mg dose for over one year without any muscle aches or pain related to treatment. A dose reduction or change of medication may be indicated if your patient:

- has been on this strength for less than one year; or
- is not reaching cholesterol goals at the 40mg strength;
- is also taking an interacting medication.

New contraindications include concomitant use of gemfibrozil, cyclosporine, and danazol. Simvastatin should not exceed 10mg when used concomitantly with amiodarone, verapamil, or diltiazem. If your patients are taking amlodipine or ranolazine in combination with simvastatin, the dose should not exceed 20mg. These new contraindications and limitations are in addition to those listed on the previous simvastatin label. The labels for simvastatin, Vytorin, and Simcor have all been revised by the FDA to reflect these changes.

Additional information is available at:

- fda.gov
- simvastatininfocenter.com



2011 - 2012 Clinical Quality Improvement Program Description

The updated Clinical Quality Improvement Program Description document will be available this fall. It will be included in your provider manual. You can also obtain a copy by contacting Jackie Hudson, Quality Improvement Program Implementation and Regulatory Compliance Manager, at 800-843-0719 ext. 5190 or jackie.hudson@rmhp.org.