



**Rocky Mountain  
HEALTH PLANS®**

We understand Colorado. We understand you.

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HEALTH

SPRING 2012

PROVIDER EDITION

## Provider Manual Update for 2012

Rocky Mountain Health Plans (RMHP) has completed the annual updates to our Provider Manual for 2012.

One item included in this update is the Member and Provider Rights and Responsibilities. The Provider Manual is available online at [rmhp.org](http://rmhp.org). Click on access|RMHP, Medical Providers, and Login. You can also obtain a copy by contacting your Provider Relations Representative.

### **Rocky Mountain Health Plans Provider Relations Department**

- ▶ Denver Regional Office  
800-823-8356 (locally at 303-689-7372)
- ▶ Grand Junction Regional Office  
888-286-3113 (locally at 970-244-7798)

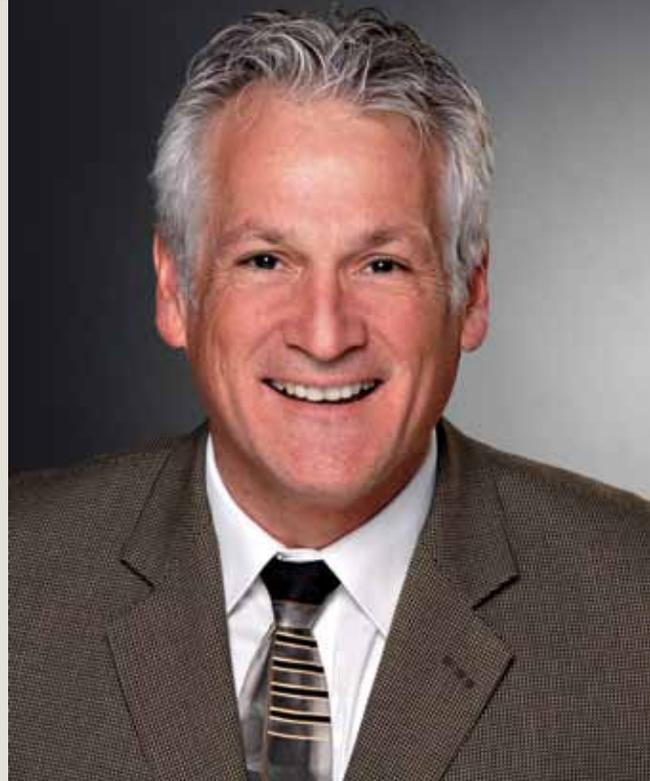


## Dear Providers,

**R**ocky Mountain Health Plans has the finalized 2011 HEDIS results. After reviewing, 21 measures have emerged as priority. Quality Improvement has developed specific interventions targeted to improve Member health in poor performing areas. Many of these interventions are geared towards Members through phone calls, letters, and incentives.

### Current interventions include:

- Yearly age specific mailing for preventive screenings such as Mammogram, PAP, Colonoscopy, and Chlamydia.
- Outreach calls and mailings to Members regarding Asthma, Cholesterol, Comprehensive Diabetes Care, Osteoporosis, and Spirometry.
- Member incentive programs for Immunizations and Comprehensive Diabetes Care.
- Provider notification of Members identified with a new diagnosis of COPD, women >65 years of age with a recent fracture, and patient profiles of Members with asthma not on controller meds as appropriate.



Kevin Fitzgerald, MD



**If you would like more information or have feedback on ways to improve our process or methods please contact Jan Valencia 970-244-7771 or 800-843-0719 ext. 7771.**

### The HEDIS Improvement Team will be implementing additional interventions in 2012:

- Provider notification of Members overdue for preventive services or recommended screenings such as Cholesterol, Comprehensive Diabetes Care, Well Child Checks.
- Outreach/reminder calls for immunizations and Well Child Checks.
- Well Child Check schedule to be mailed out with New Baby Packets. Yearly Birthday card Well Child Check reminders.

Physicians are able to help by ensuring that Members receive the appropriate, screening, testing, treatment, and services. In our efforts to assist you please see the attached Incentive Measures that include billing codes for reimbursement. If you would like more information or have feedback on ways to improve our process or methods please contact Jan Valencia 970-244-7771 or 800-843-0719 ext. 7771. A complete list of HEDIS measures can be viewed on the RMHP website, [rmhp.org](http://rmhp.org), Provider tab, Improving Quality.

Sincerely,

Kevin Fitzgerald, MD  
Chief Medical Director  
Rocky Mountain Health Plans



## Cultural Corner

### What Is Cultural Competency?

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

‘Culture’ refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

‘Competence’ implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989).

### And why is it important?

Cultural competency is one the main ingredients in closing the disparities gap in health care. It’s the way patients and doctors can come together and talk about health concerns without cultural differences hindering the conversation, but enhancing it. Quite simply, health care services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients can help bring about positive health outcomes.

Culture and language may influence:

- health, healing, and wellness belief systems;
- how illness, disease, and their causes are perceived both by the patient/consumer;
- the behaviors of patients/consumers who are seeking health care and their attitudes toward health care providers; and
- the delivery of services by the provider who looks at the world through his or her own limited set of values, which can compromise access for patients from other cultures.

The increasing population growth of racial and ethnic communities and linguistic groups, each with its own cultural traits and health profiles, presents a challenge to the health care delivery service industry in this country. The provider and the patient each bring their individual learned patterns of language and culture to the health care experience which must be transcended to achieve equal access and quality health care.

(Information found on the Office of Minority Health website: <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=11>)

## Online Preauth Tool

RMHP understands how difficult our current preauthorization process is for you, which is why we have partnered with Essete Inc.<sup>™</sup> and Milliman Care Guidelines<sup>®</sup> to create a new online solution for preauthorizations, available 24 hours a day, 7 days a week. This will enable approximately 60 percent of all preauth requests to be approved via the web.

Your current sign on to access|RMHP will allow you to submit preauthorization requests. Milliman Care Guidelines’ CareWebQI<sup>®</sup> criteria are built into the system and you will need to have diagnosis and CPT/HCPCS codes available when you request the preauth. You will also need to have the Member’s chart handy to answer the medical necessity questions.

If the medical necessity criteria are met for the service, you may receive an instant approval. If the medical necessity criteria are not met, the case will be forwarded to a reviewer in the Care Management Department for further review. You may also monitor the status of your request as the request goes through the review process.

We are scheduled to have this online tool available to a pilot group of providers starting on May 21, 2012. We expect the pilot program to last 2 to 3 weeks then opening the tool to the entire provider panel approximately June 11, 2012.



# Screening and Diagnostic Tests for Chlamydia

In females, chlamydia infection can be identified by vaginal or cervical swab specimens or testing urine.

## When deciding among tests, consider the following:

- NAAT (Nucleic Acid Amplified Tests) are the most sensitive for chlamydia, and are currently recommended by the Centers for Disease Control and Prevention (CDC) as the chlamydia and gonorrhea diagnostic assays of choice.
- Urine testing is convenient and appropriate, especially in settings where pelvic exams are not routinely conducted.

Discreet urine testing for chlamydia is a powerful tool for physicians who endeavor to control the spread of this disease in young adults.

## Tools to increase chlamydia screening are available on our website [rmhp.org](http://rmhp.org) or by request, 800-843-0719 ext. 5106 or 8752:

- Suggestions for Taking a Sexual History for Teenage Girls Chlamydia
- What You Don't Know May Hurt You
- Chlamydia Screening Guideline



## Tools for Perinatal Health Professionals

As the leading organization dedicated to improving the health of babies by preventing birth defects, premature birth and infant mortality, the March of Dimes provides a wide range of perinatal and genetic information. This includes significant resources for health care professionals.

### Medical Resources

Preconception, folic acid, newborn screening and genetics are all important aspects of perinatal health. The March of Dimes provides resources and links to help you stay up to date on these critical topics. Current facts about these topics can be found by logging on to [marchofdimes.com/professionals/medicalresources.html](http://marchofdimes.com/professionals/medicalresources.html).

### Less Than 39 Week Tool Kit for Providers

The March of Dimes offers a *Less Than 39 Week Tool Kit* to help health care providers. In the tool kit you will find the following:

- Making the Case: A comprehensive literature review.

- Data Collection and Quality Improvement: A guide for measuring and tracking QI over time.
- Clinician and Patient Education: Educational tools for clinicians and staff about consequences of early elective delivery.
- Appendices: hospital case studies, QI implementation tools, plan-do-study-act (PDSA) methodology, implementation resources and references.

### Patient Information

The March of Dimes has created fact sheets developed under the guidance of respected professionals working in perinatal health. They are a quick and easy way to get information for your patients. You can find the fact sheets at [marchofdimes.com/professionals/patients.html](http://marchofdimes.com/professionals/patients.html).

We hope that you will take a look at the information available to you and your patients.

# Annual Well-Child Visit

**A**ccording to the National Committee for Quality Assurance and HEDIS specifications, infants need at least six well child visits between ages 0 to 15 months. Children between the ages of 3 and 6 years need one well child visit every year. A well child visit includes the following components:

- Health and Developmental History (Physical and Mental)
- Physical Exam
- Health Education/Anticipatory Guidelines

## What is a Missed Opportunity?

RMHP wants providers to take advantage of every opportunity to provide the necessary preventive health services for your patients, including well child visits and immunizations. When a child comes to your office for an appointment and these preventive services are not performed, it results in a missed opportunity.

## Turn a Sick Visit into a Well Child Visit!

RMHP will reimburse providers for a well child visit and a sick visit performed on the same day. Just add the V20.2 diagnosis code to your claim, along with the appropriate CPT code for the sick visit and it will also count as a well child visit. Member cost sharing will apply for any non-preventive services.

## Make Every New Patient Visit a Well Child Visit!

The first time you see a new patient, it is likely that you will need to perform a health and developmental history and a physical exam. Make sure you incorporate some health education and you provide a well child visit. Just add the V20.2 diagnosis code to your claim, along with the appropriate CPT code for the new patient visit.

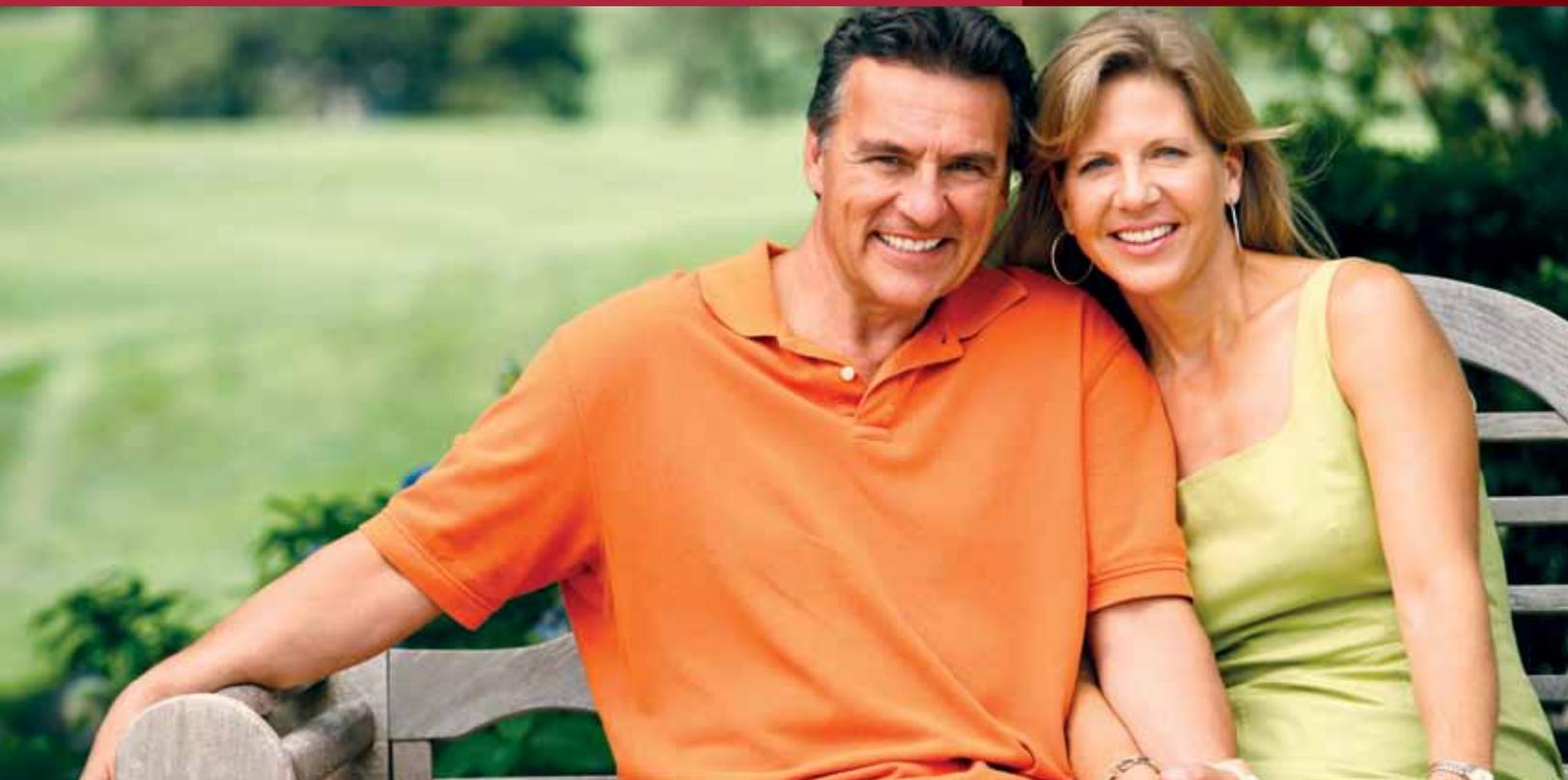
## Don't Wait a Year for Their Next Well Child Visit!

RMHP will pay for one well child visit per calendar year. The visits do not have to be 12 months apart and they do not have to coincide with the child's birthday. So, if you provided a well child visit in October 2011 and the child is back in your office in June 2012 you can provide a well child visit and RMHP will reimburse you.

## Acceptable Codes for Well Child Visits

Age Group	CPT Codes	Diagnosis Codes
0-15 Months	99381, 99382, 99391, 99392, 99461	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9
3-6 Years	99382, 99383, 99392, 99393	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9





## Care Management Programs

**W**hen your patients have a serious medical crisis, RMHP can help. We offer Case Management and Disease Management services to our Members. We have specially-trained nurse case managers to help your patients during a major illness or when they are coping with multiple co-morbidities.

Case Management services are for Members with complex medical conditions such as cancer or an organ transplant. Our Case Managers can help your patients with everything from avoiding duplicated tests to finding the best-priced prescriptions. This is different from our Disease Management programs, which focus on building self management skills through health education and goal setting. You can refer a Member to either program at any time by calling the number below.

RMHP has skilled nurses in our Care Management programs that can help your patients navigate the system with their health care concerns. Our nurses function as the go-to person within the health plan for you and your patients. They can answer questions and interact with you, physician specialists, and others in the health care community to assist Members in putting together a plan for health care based on their specific needs. Additionally, our nurses have access to various resources throughout our communities to assist your patients who are experiencing financial hardships with meeting their copays. They can also assist your patients in finding state and national organizations that may be able to help.

Our Care Management services are free to RMHP Members in all areas of the state. You, your staff or our Member can call a Case Manager to discuss a question or concern with no appointment or referral necessary.

### The RMHP Case Managers are:

- Susie, Oncology Case Manager
- Sharon, Transplant Case Manager
- Shelly, ER and General Case Manager
- Heather, High Risk Obstetrical Case Manager
- Janice, High Risk Obstetrical Case Manager
- Deb, Diabetes and Cardiovascular Disease Health Educator

**RMHP has a Case Management Referral line for your convenience, please call 970-248-8718 or 800-793-1339 to speak to one of our nurses or to refer a Member to one of our programs or enroll our Member online at [rmhp.org](http://rmhp.org).**



## For your information

Our goal at Rocky Mountain Health Plans (RMHP) is to make the preauthorization process as easy as possible for our Members, practitioners, and providers. You can get a list of services that require preauthorization from the RMHP website, [www.rmhp.org/providers/preauthorization.aspx](http://www.rmhp.org/providers/preauthorization.aspx), or by calling your provider relations representative or Customer Service.

## Communication

RMHP staff is available during normal business hours Monday through Friday, 8:00 a.m. to 5:00 p.m. for calls, faxes, and secure emails including Care Management issues. You may also make arrangements in advance to speak to Care Management staff after normal business hours by calling your provider relations representative at 970-248-5036.

RMHP Care Management staff have password protected, confidential voice mail in order to receive inbound calls after normal business hours. Calls will be returned as soon as possible but no later than one business day.

## Coordination of Care

RMHP strongly encourages primary care physicians to follow up with your patients after all specialist visits or episodes of care.

RMHP strongly encourages specialists to send summaries of recommendations to the patients primary care providers including medications prescribed.

## Criteria

RMHP considers the Member's medical needs using criteria based on scientific evidence to make utilization management decisions. A RMHP medical director or registered pharmacist reviews all requests that do not meet these criteria. The medical director consults with specialist physicians experienced in the type of care you requested, as needed.

The criteria used to make a decision are available, upon request, at no cost to the Member, practitioner, or provider. To get a copy of specific criteria, call 800-843-0719, ext. 2092, or send your request in writing to Rocky Mountain Health Plans Care Management, 2775 Crossroads Blvd., Grand Junction, CO 81506.

## Affirmative Statement

RMHP decision making is based only on the benefit structure and appropriateness of care and services. RMHP does not offer incentives to encourage inappropriate under-utilization and does not reward providers for issuing denials.

## Reviewer Availability

RMHP reviewers, decision makers, are available to discuss any Utilization Management decisions. You may call 800-854-4558 or 970-248-5036 or write to:

Rocky Mountain Health Plans  
Preauthorization Department  
PO Box 10600  
Grand Junction CO 81502-5600





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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**

## RMHP's Practice Quality Monitoring Process

Starting in the last half of 2012, RMHP will be replacing its current office review process with its new Practice Quality Monitoring Process. The process will begin initially with primary care physician, internal medicine and pediatricians. The Practice Quality Monitoring Process will be performed by a quality improvement specialist and will encompass evaluation of medical records to document adherence to RMHP's medical record standards and an office site evaluation to ensure that RMHP's Members receive care in a clean, safe environment. RMHP will be sending out more information on this new process later this spring.

**For questions please call  
Helen Rajewich RN BSN  
at 970-244-7767 or  
800-843-0719 ext. 7767.**

