

Rocky  
Mountain

# health

Spring 2014 | Provider Edition

## Quality Improvement Program

**R**ocky Mountain Health Plans (RMHP) maintains our tradition and commitment of always looking for ways to improve quality of care and level of service for our Members. The updated Quality Improvement Program Description document is available and is included in the Provider Manual. You may also find out about the performance of the Quality Improvement Program. To obtain a copy of the Quality Improvement Program Description or to request information about the performance of the Quality Improvement Program, please contact Jackie Hudson, Director of Quality Improvement, at 800-843-0719, ext. 5190 or [jackie.hudson@rmhp.org](mailto:jackie.hudson@rmhp.org).



**ROCKY MOUNTAIN  
HEALTH PLANS®**

We understand Colorado. We understand you.

DME Documentation • Well Child Visits • Upgraded Provider Portal



## *Practitioners:*

### **DME Documentation**

Your accurate and speedy response to DME vendors is appreciated and will help members obtain the supplies and equipment you've prescribed quickly.

You may be experiencing increased contact from DME vendors with requests for specific documentation, as Medicare requirements for DME have become increasingly more exacting. RMHP expects DME suppliers meet the documentation requirements for Medicare and Medicaid, which supports that Members meet their coverage guidelines, including a proof of delivery.

We encourage you, as the ordering practitioner, to provide this information to the DME supplier in a complete and timely manner. This collaboration between practitioner and supplier assures that your patient obtains what you prescribed, as quickly as possible.

Thank you on behalf of our participating DME suppliers.

### **Prior Authorization Now Required for CPT 36516**

Therapeutic Apheresis with Extracorporeal Selective Adsorption or Selective Filtration and Plasma Reinfusion (CPT code 36516) has been added to the RMHP Prior Authorization List.

Information regarding the prior authorization process may be found on RMHP's website at [rmhp.org/providers/prior-authorization](http://rmhp.org/providers/prior-authorization) or the provider portal at [www.healthtrioconnect.com](http://www.healthtrioconnect.com).

# Annual Diabetic Screening for Patients Using Antipsychotics

**A**ntipsychotic agents contribute to substantially increased diabetes risk through both primary and secondary mechanisms. Antipsychotics increase blood sugar directly, and increase the risk of diabetes due to weight gain. In addition, antipsychotic use has been strongly associated with dyslipidemia. Together, these adverse effects contribute to elevated cardiovascular risk.

The ADA has long recognized these risks and has developed comprehensive recommendations for monitoring such patients. Specifically, any patient being considered for antipsychotic therapy should undergo a complete cardiovascular risk screening (including lipid profile and family history) prior to initiation of the therapy. BMI should be monitored at every visit and glucose and lipid testing should be performed at 12 weeks after initiation, and then annually.

An increase in body weight of 5%, findings of dyslipidemia, or worsening glycemia warrant consideration of alternate antipsychotic therapies. Development of diabetes or prediabetes should not interrupt antipsychotic therapy, but patients should be referred to a clinician with diabetes treatment expertise.

To optimize quality, providers should conduct a yearly DM screening on any patient who has received **ANY** antipsychotic medication in the preceding year. It is also prudent to remember that these medications are considered 'high risk' in patients over the age of 65, and additional care should be taken in monitoring for adverse events in these patients.

Antipsychotics and DM Risk		
Drug	Cost 30 day supply	DM Risk
<b>First Generation</b>		
Haloperidol (Haldol®, Generics)	\$10	+
Fluphenazine (Generic Only)	\$12	+
Thioridazine (Generic Only)	\$20	++
Thiothixene (Generic Only)	\$20	++
Trifluoperazine (Generic Only)	\$55	++
Loxapine (Loxitane®, Generics)	\$60	++
Perphenazine (Generic Only)	\$100	++
Chlorpromazine (Generic Only)	\$125	+++
<b>Second Generation</b>		
Risperidone (Risperdal®, Generics)	\$12	++
Olanzapine (Zyprexa®, Generics)	\$23	+++
Quetiapine (Seroquel®, Generics)	\$23	++
Clozapine (Clozaril®, Generics)	\$70	+++
Ziprasidone (Geodon®, Generics)	\$140	-
Asenapine (Saphris®)	\$585	+
Lurasidone (Latuda®)	\$600	-
Paliperidone (Invega®)	\$700	++
Aripiprazole (Abilify®)	\$765	-
lloperidone (Fanapt®)	\$815	++





## *Utilizing Well-Child Visits*

### **Building a Medical Home Sweet Home**

RMHP values our physician partners and the quality health care they provide. Preventive care is a critical component in providing quality health care and is key to maintaining the health of your patients. We recognize your practice's efforts in creating an environment of care that promotes positive health outcomes. Many physicians are now implementing specific care measures and transforming their practices into a medical home for their patients and families. As part of your medical neighborhood, RMHP wants to support our partner's investment in prevention and continue strengthening this foundation by helping providers enhance their skills, reinforce infrastructure, integrate partnerships with families, and strengthen collaborations to advance patient care. One way to achieve this goal is through the utilization of well-child visits for the specific purpose of strengthening the medical neighborhood.

# Enhancing Skills

As a medical home, your primary care practice can foster a culture of improvement by incorporating quality improvement into daily work through establishing core performance measures, collecting and analyzing data for better clinical management and efficiencies, and discussing ways to improve through best practices. The American Academy of Family Practice (AAFP), American Academy of Pediatrics (AAP), and the American Academy of Pediatric Dentistry (AAPD) highlight the following best practices that are evidence-based screening and counseling interventions that you can incorporate into your next well-child visit.

- Obesity screening for children. Obesity is a body mass index (BMI) at or above the 95th percentile for age and gender.
- Blood pressure screening annually once the child turns three.
- Vision and hearing screening annually or every two years in school-aged children.
- Consider screening for lipids or fat in the blood for children beginning at 2 years of age with positive family history of any early cardiovascular event.
- Screening for depression before 12 years of age.
- Children should receive at least 400 IU of vitamin D daily and higher doses may be needed for children with vitamin D deficiency.
- Fluoride dietary supplements should be considered for children at caries risk who drink fluoride-deficient (less than 0.6 ppm) water.
- Age-appropriate immunizations should be given, including missed immunizations.



## Reinforcing Infrastructure

As a practice, prevent missed opportunities by taking advantage of every visit to provide necessary preventive health services for your patients. Well-child visits are an ideal opportunity to incorporate all aspects of your practice's infrastructure for the purpose of increasing the quality of care through population health management. For example:

- Utilize your EMR to generate recalls to patients for reminders of care and to bridge gaps in care.
- Ensure medical office staff receives training that will prepare them for taking an active and appropriate role in patient education through self-management support.
- Revise processes to include daily huddles to evaluate each patient and their needs, setting in place a standardized process to proactively address any gaps in care.
- Empower and engage your patients and their families in taking an activate role in their health care through the use of care plans.

# Integrative Partnerships with Families

Does your practice incorporate measures to encourage patient-centered care? The following are examples of measures you can implement to strengthen your medical home.

## Patients' access to care

- Same-day appointments or use of physician's extender appointments.
- Extended hours.
- 24/7 physician access to the EMR to inform care decisions.
- Ability for patients to select their own physician, creating balanced panel populations for providers and care teams.
- Utilization of secure email for communication with patients or via patient portal.
- Web portal for patients to request Rx refills, schedule appointments, view immunization records, etc.
- Procedures to accommodate patients' barriers to care.
- Cultural and linguistically appropriate services.

## Shared decision-making

- Unbiased discussion of treatment options.
- Consideration of patient's health care goals, important values and priorities.
- Provide patients with decision aid tools.
- Have decision-making discussions with patients after they have reviewed decision aid tools.

- Ensure follow through on decisions by tracking and recording patient preferences in their medical record and retrieve documentation from other providers from referrals in the patient's medical neighborhood.

## Support patient self-management

- Assess patient and family's ability for self-management.
- Use motivational interviewing to coach patients into taking proactive steps with their health.
- Home monitoring of patients with chronic conditions via care plans.
- Engaging caregivers and family in plan of care.
- Offer health coach or community support services.

## Improving patient's experience of care

- Perform patient satisfaction surveys.
- Establish a patient advisory committee to guide practice transformation and quality improvement.
- Conduct patient focus groups.



# Collaboration with the Medical Neighborhood

Do you coordinate care across a medical neighborhood? Each provider and medical home is one component of a larger medical neighborhood that is designed to maximize quality patient care. Consider incorporating the following into your practice:

## Create an informed care team to oversee continuity and coordination of care

There are several benefits of informed care teams, including enhanced access to services, improved quality of care, and reduced overall health care expenditures through the reduction of duplicate testing or other sources of waste.

## Manage care transitions and build connections to community-based resources

Participate in the Colorado Immunization Information System (CIIS). CIIS is a confidential, population-based, computerized system that collects and disseminates immunization information for Coloradans of all ages. CIIS is an important tool to increase and sustain high immunization coverage rates by consolidating immunization records from multiple providers, allowing providers to generate recall notices for individuals who are not up-to-date, minimizing over-immunization, and identifying missed opportunities for immunization. [www.colorado.gov/cs/Satellite/CDPHE-DCEED/CBON/1251607754827](http://www.colorado.gov/cs/Satellite/CDPHE-DCEED/CBON/1251607754827)

## Coordinate and monitor exchanges of information with the health care community

Take advantage of your existing partnership with RMHP by becoming more involved with Health Plan Employer Data Information Set (HEDIS). HEDIS data collection and analysis allows RMHP to provide continuous quality improvement by monitoring, measuring, and taking effective actions on identified opportunities to improve the quality and safety of health care services. Specific HEDIS measures we are focusing on include well-child visits. In the first 15 months of life infants need at least six or more well-child visits and children between the ages of 3 and 6 years need one well-child visit every year.



## Evaluate care transition processes

An example of a seamless care transition would be when a newborn is discharged from the hospital. The hospital sends the PCP or practice a copy of the newborn records, including Hepatitis B vaccine records. It is imperative practices have a workflow to enter this data into their EMR in discrete data fields to be able to pull reports to bridge gaps in care.

A medical home isn't a place; it is a collaborative model of care. Balancing best quality and experience of care through innovation leads to better health outcomes, increased patient satisfaction, and lower health care costs for you and your patients.



## Acceptable Value Set Codes for Well Child Visits (HEDIS Tech Specs 2014)

CPT	99381	CPT	99382	CPT	99383	CPT	99384	CPT	99385	CPT	99391
CPT	99392	CPT	99393	CPT	99394	CPT	99395	CPT	99461	HCPCS	G0438
HCPCS	G0439	ICD9CM	V20.2	ICD9CM	V20.3	ICD9M	V20.31	ICD9CM	V20.32	ICD9CM	V70.0
ICD9CM	V70.3	ICD9CM	V70.5	ICD9CM	V70.6	ICD9M	V70.8	ICD9M	V70.9		

## More Information on Practice Transformation

If you would like to know more about RMHP's opportunities to improve your practice's transformation to a medical home with National Committee for Quality Assurance (NCQA) and Patient Centered Medical Home (PCMH) recognition please contact:

**Brooke Thomas**  
 Quality Improvement Program Advisor  
 970-248-8725  
[Brooke.Thomas@rmhp.org](mailto:Brooke.Thomas@rmhp.org)



# ICD-10 Compliance Countdown Begins



## News

As you know, we are now approximately seven months from the go live date of ICD-10, effective October 1, 2014. Recently there have been several articles released announcing that CMS will NOT be delaying the implementation of ICD-10. Please continue to work on your ICD-10 readiness as RMHP will be following CMS Guidelines.

## Testing

At this time, RMHP is working on internal testing while also preparing for external testing. RMHP will test with some of our clearinghouses, direct submitters and vendors who request to test. RMHP plans to begin external testing in July 2014.

If you submit your claims to a clearinghouse we encourage you to test with your clearinghouse, EMR and/or practice management, and billing software partners. It is important for you to know when your clearinghouse will be ICD-10 compliant, so that you can test with them prior to billing the payer. If your clearinghouse is not ICD-10 compliant, your claims will be denied.

## 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](mailto:cmslists@subscriptions.cms.hhs.gov)

## Cultural Diversity

### Translation of Member Materials

While all written materials can be made available in any language requested, RMHP has many materials readily available in Spanish, the most commonly requested language, other than English by our membership. All materials developed for Medicaid HMO Members are available in Spanish. In addition to the Medicaid materials, the following materials are available in Spanish upon request:

- Authorization to Use or Disclose Specific Information Form
- Certificate of Dependent Status Form
- Employee Disenrollment Form
- Essential Prescription Standalone Application Form
- Medicare Short Enrollment Change Form
- Notice of Privacy Practice Instructions

Member materials are also available in Braille and larger print. RMHP uses an experienced third party vendor to translate all written Member materials, including marketing materials, for all product lines into Spanish and any other languages as requested. The timeframe for the completion of translations is based on the size and language of the document. Generally, a request for translation can be fulfilled in five to ten business days. Please contact Customer Service at 970-244-7760 or 800-346-4643 for more information or to request the translation of RMHP materials.



## *RMHP is proud to introduce your newly upgraded Provider Portal*

**W**e want to save you time and make sure you have the information your team needs. The Provider Portal upgrade makes it easier to find information for your patients, get answers your practice requires, and stay on top of the latest RMHP news.

### **The upgraded features include:**

- Provider Alerts, to keep you updated with the latest information from RMHP
- Easier Navigation based on what you need to do.
  - Information split into sections: Patient Inquiry, Claims & Billing, Patient Care & Resources, Office Profile
  - Each section features an Overview page to ensure you can find the most commonly used features quickly and easily along with quick links and buttons to the most frequently used features.

- An updated look and feel
- ICD 10 Countdown
- Information on RMHP resources for your patients.
- HEDIS/Improving Care Information
- Spotlights on new and existing RMHP features

We'll be regularly improving your experience, so check back often and enjoy the new and improved functionality of your RMHP Provider Portal.

**Thank you for your continued partnership with RMHP!**

# Case Management

## How Can We Help?

**R**ocky Mountain Health Plans Case Managers are Registered Nurses with expertise in many areas of clinical care. We are here to provide Members and providers with assistance in navigating the health care system for services and care.

**Referrals:** Our Case Managers accept referrals from all internal and external sources: providers, facilities, home health, other agencies, families, and the Member. We also generate reports to identify Members that are high risk and may need coordination of care.

**Member Advocate:** Case Managers coordinate outpatient services for Members, related to their specific benefit plan. We also identify community resources that may assist with medical, social, and financial needs. Case Managers educate Members and their families to disease processes, diet, exercise, community resources, and benefits.

**Provider Advocate:** We facilitate communication between multiple providers and agencies. We can also attend office visits and arrange for Care Conferences with the entire community team for those Members that you have identified having resource needs or compliance issues related to their treatment plans.

### Case Study

We recently received a referral from a provider asking for our assistance with an 8 year old Type I Diabetic. The child had been missing a lot of school due to “stomach aches”. There was also concern about her blood sugar levels. Our Case Manager contacted the parent, conducted an Assessment, and agreed to meet them at the next office visit. During the visit, the physician, parent, and Case Manager identified the following issues:

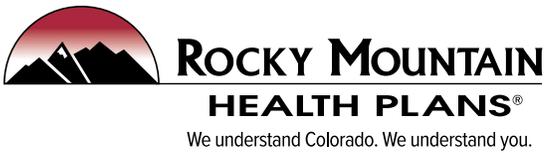
- The child was eating sugary foods in the middle of the night.
- The child stated that the kids made fun of her because her insulin pump was carried in a fanny pack.
- The parent stated that she thought something was wrong with the operation of the pump and that was some of the cause of erratic blood sugar levels.
- It was possible that the school nurses may need additional education on insulin pumps.

### An individualized care plan was developed

- The parent was educated again on Diabetic diet and foods to avoid keeping in the home.
- A new insulin pump was ordered.
- The Case Manager researched more “kid friendly” options for carrying the pump.
- The Case Manager identified an Equine Therapy Program (covered by insurance) for the child to partake in as a positive reinforcement for compliance with her treatment plan. The child wants to be a veterinarian when she grows up and loves animals.
- Discussion as to re-education by a Home Health RN for the school nurses.

**RMHP has a Case Management Referral line for your convenience. Please call 970-248-8718 or 1-800-793-1339 to speak to one of our Registered Nurses about Case Management.**





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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
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## CPT A9500

CPT A9500 has new pricing requirements for Commercial Members for 2014. There is no longer an AWP price for this HCPC code and pricing is done by invoice. Therefore, providers will need to submit an invoice for pricing when billing CPT A9500. Additionally, there is AWP pricing for A9502 for Commercial lines of business; however, A9502 will require an invoice for Medicare Members.

## New CMS 1500 Form

RMHP is following CMS Guidelines as it relates to the new CMS 1500 form. The new form was effective January 6, 2014. Per the CMS Guidelines, there is a dual submittal period, from January 6, 2014 to March 31, 2014. The Guideline states that on April 1, 2014, providers can submit the new 1500 form.

## Provider Manual

The Provider Manual has been updated and is available on the provider portal. A new section titled "Compliance" has been added to provide important information about RMHP's Compliance Program.



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