



ROCKY MOUNTAIN HEALTH

PROVIDER EDITION

SUMMER 2009

RMHP expanding participation WITH CHP+



RMHP is pleased to announce that we are expanding our participation in the Child Health Plan Plus (CHP+) program! We are currently working with the State of Colorado to implement RMHP CHP+ coverage in Montezuma and La Plata counties, and will file for expansions in other counties as soon as possible.

CHP+ is a State health coverage program for low-income kids who do not qualify for Medicaid. Unlike Medicaid, CHP+

RMHP IS increasing its commitment TO CHP+ KIDS AND THE PROVIDERS WHO SERVE THEM.

operates on a mainstream, “commercial” model of benefits and coverage. However, like Medicaid, professional reimbursement from the State is much lower than most commercial fee schedules, and patient eligibility status can be somewhat volatile.

In keeping with our mission as a not-for-profit, Colorado-based health integrator and payer, RMHP is increasing its commitment to CHP+ kids and the providers who serve them. RMHP’s approach to government programs like CHP+ is to ensure that providers are equitably reimbursed for the services that they provide.

Professional fee schedules for primary and specialty care are substantially higher within RMHP’s CHP+ plan than under the State’s Network. Additionally, RMHP is in the process of making changes to automate eligibility status validation on the date of service — to reduce the burden of verifying patient eligibility and add administrative value for providers who serve this population.

Finally, RMHP offers a quality improvement structure and practice-level resources that are

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critical to achieving designation as a “medical home”. Such supports for providers are essential at this time — particularly as the government works to expand the number of children, families, and adults who qualify for coverage under public programs like CHP+.

Despite these advantages, RMHP’s ability to expand and sustain its participation in programs like CHP+ is entirely dependent upon support from participating providers in each community we serve.

We welcome inquiries and suggestions from providers who currently serve CHP+ kids within the State Network, and are interested in doing so under their agreement with RMHP.

We also welcome questions from providers who are not now serving CHP+ kids, but would be interested in doing so via RMHP. Providers have a wide range of options regarding how they participate and manage their patient panel within programs like CHP+. Please contact your RMHP Professional Relations Representative for more information.



Colorado. Where formal wear means ironing your jeans.



**We understand Colorado.
We understand you.**

We’re a Colorado health care company. So it just makes sense to give the people who live here a plan that understands local needs. It stands to reason that we put people before profits. And it seems right that health care decisions stay between you and your doctor. That’s not so hard to understand.



For more information visit www.rmhp.org or call 970-248-5066 or 800-274-5186

prevent MAIL ORDER PRESCRIPTION **delays**

Mail Order Pharmacies consider all prescriptions whether called in, faxed or mailed, a **Request to Fill**. Prescriptions are not “held” for later dispensing. Members are automatically charged a copay as the prescription is processed.

If a prescription is faxed to the mail order pharmacy by mistake, the prescription will be filled and the Member will be charged. If a provider contacts the mail order pharmacy and states an error was made on the prescription, the pharmacist will either authorize a return (for controlled substances) or advise the

patient to destroy the medication (non-controlled substances). The original claim is normally not

reversed, but if approved may provide a copayment credit to the patient’s account. The Member may contact the prescriber to obtain a copay refund.

Mail order pharmacies take time to process and mail prescriptions. If instructions are vague or an interaction is caught, the delay could be weeks while the pharmacy attempts to contact the prescriber. Prescriptions received at a mail order pharmacy with “take as directed” directions will be held until the prescriber can be contacted and new directions obtained.

Use retail pharmacies for acute meds and short term therapies. For new prescriptions, give a 30 day supply to be filled at a retail pharmacy along with a 90 day mail order prescription.

**IF INSTRUCTIONS
ARE VAGUE OR AN
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**RMHP Medicare Members may use
WellDyneRx (fax number 888-830-3608)**

— or —

**Express Scripts Home Delivery
(fax number 800-613-5628).**

**All RMHP Commercial Members must
use Express Scripts Home Delivery.**



The Professional Relations Department hopes you continue to find **access|RMHP** a helpful and cost-saving tool for your facility or office. Feedback continues to be extremely positive and suggestions from the provider community help us plan our future enhancements to the web portal.

We do know that there are offices utilizing **access|RMHP** who may have enrolled only one staff member who becomes the Account Administrator, then shares his/her user name and password with additional staff, rather than adding each staff member with his/her own access rights. Please discontinue this practice if you are one of these offices.

The Account Administrator manages access rights for authorized users by adding each to the practice account, and removing those access rights when a particular authorized user no longer needs access in order to act on behalf of the practice or facility. This assures compliance with privacy and confidentiality.

Check it out!

Have you had the opportunity to utilize the Claims Analysis Engine? This is an enhancement tool on **access|RMHP** that was made available to provider offices on May 4, 2009. The Analysis Engine will assist provider offices in proactively entering code combinations to analyze how Clinical Edits will potentially impact their billing and enforce correct coding.

This tool is accessible by signing into **access|RMHP** and clicking the Claims Analysis Engine link on the left side of the web page. No additional registration or sign-on is required. If you have additional questions or need assistance please contact your Professional Relations Representative.

Please educate new employees that your Account Administrator will be responsible for adding them to **access|RMHP**.

RMHP has implemented a variety of technical measures in order to protect against unauthorized access to sensitive information. These measures include, but are not limited to, authentication, encryption, audit controls, and data integrity. This website and its web server is secured (note the https://URL location field). IDs and passwords, monitored for utilization and access, add an additional layer of authentication.

Thank you for complying with these guidelines. If the need arises and you must change the Account Administrator, please contact your Professional Relations representative.

ARE MEDICARE HEALTH INSURANCE PLANS **discontinuing** IN COLORADO?



Rocky Mountain has offered Medicare coverage throughout Colorado for over 30 years without ever exiting a Medicare service area. We will continue to serve Medicare beneficiaries for many years to come so you can rest assured that we will offer plan choices in 2010 in all of the counties in Colorado and Wyoming where we offer plans today.

The health plans that are leaving markets in Colorado are called Medicare Advantage plans (MA Plans) and they are leaving in response to a reduction in the payment they will receive from Medicare in 2010.

Medicare has reduced payments to Medicare Advantage plans

What does this mean to Rocky Mountain Health Plans (RMHP) and to physicians?

Medicare has reduced its payments to Medicare Advantage plans (MA Plans) by about 4-5 percent, effective January 1, 2010. MA Plans will likely have to make big increases in member premiums, copays or other out-of-pocket expenses in order to make up for less federal payment. Several MA Plans have chosen to leave Colorado altogether as a result of this change.

Information about how federal payment reductions for the Medicare Advantage program will affect specific MA Plans will be available in October 2009, when it is released publicly via the online **Medicare Compare** search tool at www.Medicare.gov.

In short, this reduction in Medicare payments to Medicare Advantage plans will not impact you or Rocky Mountain Health Plans. We are **not** a Medicare Advantage plan. Medicare will continue to reimburse Rocky Mountain in the same manner as it does today, with no change in 2010, and we will continue to pay you in the same way as well.

You may hear more news about “Medicare or MA Plan exits”. Remember, Rocky Mountain is **not** an MA Plan and our Medicare options won’t be going away.

About Reductions to Medicare Physician Payments

Medicare has announced that payments to physicians for Medicare-covered services will be reduced by 21 percent, effective January 1, 2010. This potential

payment reduction is an obvious concern to all of us who are committed to providing care for Medicare beneficiaries.

You may know that the reduction is a “scheduled” change in the existing payment method for Medicare doctors in federal law, and there have been several occasions in recent years when similar reductions were “scheduled” to take effect under the law. Congress has acted on each of those occasions to block cuts to physicians.

We will continue to monitor the situation in the hopes that Congress will again find another alternative to the scheduled physician payment reduction for 2010, and provide you with updated information as it becomes available.

**WE WILL
CONTINUE TO
SERVE MEDICARE
BENEFICIARIES
FOR many
years TO COME**

ESTABLISH THE “Medical Home”



Setting up a partnership with a personal primary care physician (PCP) is a vital step in managing an individual’s health care. PCPs can provide preventive care, serve as a guide for patients when making decisions on the need of specialty care, and help avoid unnecessary medical expenses.

Although every Member can benefit from establishing a good relationship with a primary care physician, Rocky Mountain Health Plans (RMHP) requires Members enrolled in an HMO plan to select a PCP. Here’s why:

- They know patient’s family and medical history, lifestyle, and habits.
- PCPs treat the individual as a whole person instead of focusing on one particular illness or injury.

- They help individuals and families to maintain overall health by providing preventive care, which can detect health problems early.
- A PCP helps with health improvement programs like weight reduction or quitting smoking.
- A PCP assists in the long-term management of chronic illnesses like diabetes.
- A PCP acts on patient’s behalf to:
 - work with specialists when such care is needed
 - help work with multiple organizations or providers, such as hospitals, home health, therapies, and other doctors

- maintain a complete set of all individual medical records

The time for an individual to establish a relationship with a PCP is when that individual is healthy, instead of waiting until he or she is sick or injured and in need of medical care in a hurry. RMHP encourages every Member to select a personal primary care provider.



APPROPRIATE CLAIM SUBMISSION ADDRESSES!

To make sure that your CNIC ASO Solutions claims get to the right processing center, please review the back of the Member’s ID card for the appropriate claims address. CNIC has two different addresses for claims

submission, the correct address is driven by the Member’s group plan. Please do not send CNIC claims to Rocky Mountain Health Plans, this will prolong processing of claims.

Colorado Springs
P.O. Box 76149
Colorado Springs, CO
80970-6149

Denver
P.O. Box 3559
Englewood, CO
80155-3559



CNIC also accepts Electronic claims submission.

Electronic
ENS: CHCNT
WebMD: 37227

www.liveandworkwell.com

This website is now provided to Rocky Mountain Health Plans (RMHP) Members to help find answers to life's day-to-day challenges. The site contains a wealth of health and wellness resources to help Members manage chronic diseases, find ways to alleviate stress, and take charge of their overall health and well being. Site features include:

- **Healthy Family** — gives Members and their kids a resource for child and teen health issues.
- **Health and Wellness Library** — has more than 6,300 articles on behavioral health, lifestyle, and wellness issues.
- **Behavioral Health Videos** — provides health videos to help Members learn about depression, ADHD, stress management, grief, addictions, caregiving, and other topics.
- **Wellness and Preventive Health programs** — provides reliable information about depression, alcohol abuse or dependence, and attention-deficit disorder.



To access this new Member benefit, Members must login to our secure Member Portal, **access|RMHP**, and click **liveandworkwell**.

For assistance with registering on our secure Member Portal, Members should contact our Customer Service department at **800-346-4643**.

CODERS corner

Modifier 25 – Significant separately identifiable E/M service by the same physician on the same day of the procedure or other service.

It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed.

A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported. The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided.

As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service.

Immunization Administration for Vaccines/Toxoids

If a significant separately identifiable Evaluation and Management service (e.g., office or other outpatient services, preventive medicine services) is performed, the appropriate E/M service code should be reported in addition to the vaccine and toxoid administration codes with modifier 25.

NEW YORKER MAGAZINE

highlights GJ's Model of Care

The June issue of the New Yorker magazine includes a lengthy article, The Cost Conundrum, What a Texas town can teach us about health care, by Atul Gawande.

Toward the end of the article the writer features Grand Junction's health care model,

and the role Rocky Mountain Health Plans and community providers played in establishing the model. To read the full article, you can find it online at www.newyorker.com.

Providers please refer to our website at www.rmhp.org for information regarding new products and benefits available to our Members effective 07/01/2009.

Please route this important information to:

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

Please check the RMHP website www.rmhp.org for recent changes to the RMHP Medicare Part D Drug Formulary

- 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

PO Box 10600
Grand Junction, CO 81502-5600

We understand Colorado. We understand you.

ROCKY MOUNTAIN
HEALTH PLANS®



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