



ROCKY MOUNTAIN

HEALTH PLANS®

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GOOD HEALTH

PROVIDER EDITION

SPRING 2008

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New Group Health Plans Now Available

Rocky Mountain Health Plans has recently launched new group health plans with lower premiums and desirable benefit options. Our new Good Health PPO and HMO product lines provide a variety of deductible options, including an option of no deductible with our new Classic HMO plans. Comprehensive preventive care coverage and a prescription drug rider choice at the employee level are also included with these new plans.

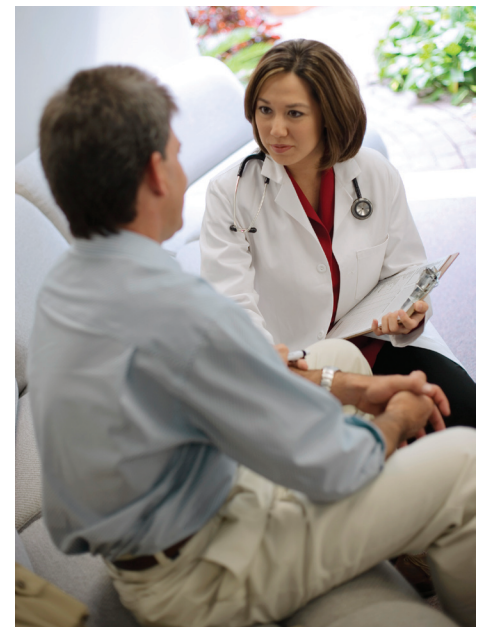
Two distinct differences in the benefit designs of the new Good Health group health plans include:

- 1) Drugs from the RMHP SELECT INJECTABLE LIST (Please refer to this link for a list of the Select injectables for these plans) http://www.rmhp.org/pdf/rx/RMHP_Good_Health_Formulary.pdf).

The Select injectable medication must now be purchased at a participating pharmacy and is not covered when charged by a physician. The administration of the injectable will continue to be paid as a physician services benefit.

Should a physician wish to obtain the drug at a specialty pharmacy on behalf of the Member, please call Customer Service at 800-843-0719 for assistance. Choose the prompt for the “Pharmacy Help Desk”. Please note that the specialty pharmacy will collect the copay from the Member.

- 2) Physician services, billed in conjunction with an office visit, will have cost sharing by the Member. The RMHP Provider Remittance will clearly show the amount to be collected at the line item level of the claim if the Member owes the copay or coinsurance directly to the provider.



Please route this important information to:

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

Enrollment will begin on March 1, 2008 and you may start seeing patients with these plan designs in March.

DME/Oxygen Authorization Requirements Effective July 1, 2008

PHYSICIANS: Please note that CPAP rental and purchase is a benefit only when ordered for a patient with diagnosis 327.23 (obstructive sleep apnea).

Oxygen authorization:

- Initial approval for oxygen will follow CMS guidelines, including oxygen saturation requirements.
- Annual oxygen saturation with the current testing date is required for renewal.
- Oxygen contents do require an authorization. Contents are included in the equipment rental.
- The request must be submitted within 30 days of providing the service or from the expiration of the most recent authorization.
- All requests must be submitted on the Certificate of Medical Necessity (CMN) form.
- All authorizations must be submitted via fax 877-201-7302 or 970-254-5738 within 30 days of providing service. Documentation submitted with the CMS1500 claim form will NOT be processed as a request for authorization.
- Rocky Mountain Health Plans will require an annual renewal except for the following diagnoses:
 - COPD
 - CHF

- interstitial lung disease
- pulmonary hypertension
- Oxygen prescribed for COPD, CHF, interstitial lung disease, and pulmonary hypertension will require authorization. The initial approval will be for one year. Renewals for these diagnoses will be for two (2) years. Requests must include current oxygen saturation with the current testing date.

CPAP – Diagnosis required for coverage

- The specific diagnosis of obstructive sleep apnea (327.23) is required for both the rental and purchase of the CPAP machine. The 2008 HCPCS codes are E0601RR and E0601NU. Coverage for CPAP machine will be denied as not a benefit for Rocky Mountain Members when billed without the diagnosis of OSA (327.23).
- CPAP machines will be rented for two (2) months. Continued use will be reimbursed as a purchase.

Durable Medical Equipment

- All durable medical equipment will be rented for two (2) months and then purchased unless no purchase option is available.
- Refer to the 2007 DME Preauthorization Schedule for all other requirements.



HEDIS Data Collection

Rocky Mountain Health Plans (RMHP) is once again completing work on the HEDIS (Healthcare Effective Data and Information Set) project. As many of you may remember, Member data is collected from claims submitted as well as from chart review in the physicians' offices. You may be contacted by an RMHP nurse to schedule an appointment to gather information needed to determine rates for specific health indicators such as immunizations, cholesterol management, cervical cancer screening, and diabetes care. We will be scheduling these audits soon with your office managers. Thank you for making charts available for this important effort.

Child Health Plan Plus (CHP+) — Free-To-Low-Cost Health Insurance For Colorado Kids And Pregnant Women



Do you know a family that needs health insurance for their children? Child Health Plan Plus (CHP+) may be a solution. CHP+ is the State's free-to-low-cost health and dental insurance program for uninsured Colorado children ages 18 and under whose families earn too much to

qualify for Medicaid but cannot afford private health insurance. CHP+ also offers comprehensive health care benefits to pregnant women through the CHP+ Prenatal Care Program

CHP+ pays for many health care services for children including well-child check ups, immunizations, doctor visits, medications, mental health and substance abuse services, vision and dental care. **Well-child check ups are free for children and all prenatal care visits are free for pregnant women enrolled in the CHP+ Prenatal Care Program.**

Many working families are eligible and can participate in CHP+. A family's size, income and some deductions determine if they qualify for the program. For example, a family of four that earns slightly more than \$43,000 may qualify CHP+ health insurance. They can

make even more if they have certain deductions to include.

Beginning in January 2008, children under 19 who are approved at a presumptive eligibility – PE – site can receive immediate medical coverage. An application must be completed and the family must appear eligible for CHP+. The children will receive a temporary CHP+ card that will provide no less than 45 days of full CHP+ coverage. To find a list of PE sites, visit www.CHPplus.org.

Visit the CHP+ web site at www.CHPplus.org for more information, in English and Spanish, about eligibility or to get an application. Families can also call toll free at 1-800-359-1991. For additional information regarding CHP+ outreach support or professional training opportunities, please call 303-830-3558.



Remember Access RMHP is available to all Participating Providers!

This is a secure website that provides you access to Rocky Mountain Health Plans 24 hours a day, seven days a week. Access RMHP is updated nightly, so the information is always up-to-date. You can use this helpful site to:

- Check Member eligibility
- Look up the status of Member authorizations
- Search for providers, including specialists, pharmacies, and facilities
- Check the most current claims status and detail
- Check remittance status and detail

There's also other helpful information and tools, such as:

- Code look-up functionality
- A link to RMHP's current formulary
- The ability to create Member rosters (PCP only)

For more information visit www.rmhp.org today!



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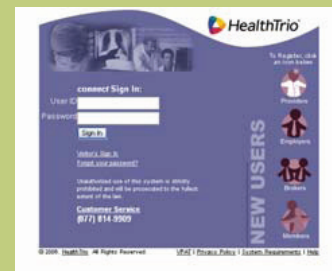
Access RMHP: Provider Quick Reference Guide

Get Registered

- Only one person per office needs to complete registration.
- Go to www.rmhp.org and **click the Go button** for Access RMHP For Providers: New Users – To Register.
- You will be prompted to accept an on-line user agreement and enter user registration information. You can enter multiple users.
- At the end of the registration process, make sure to **write down your User ID(s) and password!**
- RMHP will confirm your registration in 1-2 days and you will receive an e-mail that your account is active.

Log In

- After RMHP has confirmed your registration, go to www.rmhp.org, and click on Access RMHP For Providers: Returning Users.
- Enter your **User ID** and **Password** and click **Sign In**.
- If you're inactive for 20 minutes, you'll be logged out and need to log back in.



Check Eligibility

- Use the Eligibility Search on the Home Page or click **Eligibility** under Office Management – it's the same search.
- Check eligibility each time you see a patient.
- Enter the **Patient's Name** or **Member ID** or the subscriber's **Social Security Number**. You can add search criteria: As of Date, Birth Date, Gender, or Age.
- Click **Search**.
- If you're having trouble searching by Member ID, search by Name.

Eligibility Search			
Conduct Eligibility Search			
Patient	<input checked="" type="radio"/> Last Name <input type="radio"/> Member Id <input type="radio"/> Social Security Number		
	<input type="text"/>		
Search Filters			
As of	<input type="text" value="9/19/2006"/>	Birth Date	<input type="text"/>
Gender	<input type="text"/>	Age	<input type="text"/>
<input type="button" value="Search"/>		<input type="button" value="Clear"/>	

Check Benefits

- From Eligibility Search Results, click the patient's **Name**.
- The most requested benefit information is displayed. If you have questions about other benefits, call RMHP Customer Service.

Eligibility Detail as of 19 Sep 2006									
Patient Information									
Name	Abby Powell				Birth Date	26 Jun 1975			
Sex	Female				PCP	Darren Peters			
Member ID	0000067890 00				Address	1000 Monroe St. Denver, CO 80206			
Address	1000 Monroe St. Denver, CO 80206				Phone	(303) 555-1212			
Benefit Information									
Benefit Description	Copay	Coinsurance	Deductible Individual	Deductible Family	Benefit Limit	Dollar Limit	Out of Pocket Max Individual	Out of Pocket Max Family	
Office Visit - PCP	\$30	0%	None	None	None	None	None	None	None
Office Visit - Specialist	\$60	0%	None	None	None	None	None	None	None
Preventive Care Office Visit	\$30	0%	None	None	1 visits/year	None	None	None	None
Well Child Care	\$0	0%	None	None	None	None	\$5,000/year per plan	\$10,000/year per plan	

Check Claims

- In Office Management, click **Claims** link.
- Enter **Claim Number** or search by **Patient** or **Provider**.
- You can also modify the **Date of Service Start** and **End** dates.
- Click **Search**.
- Searching by a specific claim number will override the Date of Service Start and End date fields.

Claim Status Search	
Claim Number	<input type="text"/> ?
Date of Service Start	6/19/2006 <input type="text"/>
Date of Service End	9/19/2006 <input type="text"/>
Patient	<input checked="" type="radio"/> Last Name <input type="radio"/> Member Id <input type="radio"/> Patient Account Number <input type="text"/> ? (Maint List)
Provider	<input checked="" type="radio"/> Last Name <input type="radio"/> Tax Id <input type="text"/> ?
<input type="button" value="Search"/> <input type="button" value="Clear"/>	

Check Remittances

- In Office Management, click **Claims** link.
- Click the **Remittance Advice** tab.
- Search by **Provider**, **Patient**, **Check Number**, **Claim Number**, or **Date**.
- You can use multiple search criteria to narrow your search.
- Click **Search**.

Remittance Advice	
By Provider	
<input checked="" type="radio"/> Last Name <input type="radio"/> Provider TIN	<input type="text"/>
By Patient	
<input checked="" type="radio"/> Last Name <input type="radio"/> Member ID	<input type="text"/>
By Remittance Advice	
<input checked="" type="radio"/> Check Number <input type="radio"/> Claim Number	<input type="text"/>
By Date	
<input checked="" type="radio"/> Check Date <input type="radio"/> Date of Service	<input type="text"/> <input type="text"/>
<input type="button" value="Search"/> <input type="button" value="Clear"/>	

Check Authorizations

- In Office Management, click the **Referrals/Auths** link.
- Search by **Patient**, **Requesting Provider**, **Servicing Provider**, **Authorization Number**, **Authorization Type**, **Start/End Date** or **Status**.
- Click **Search**.
- The Request Number is the Authorization Number.
- The authorization must fall within the date range. If you're having trouble finding an authorization, change the dates to include the date of the authorization.

Status			
Search by Any Combination			
Patient	(None) <input type="text"/>	or	<input checked="" type="radio"/> Last Name <input type="radio"/> Member ID <input type="radio"/> Member SSN <input type="text"/>
Requesting Provider	No Referred By List	or	<input checked="" type="radio"/> Last Name <input type="radio"/> Provider UPIN <input type="text"/>
Servicing Provider	No Referred to List	or	<input checked="" type="radio"/> Last Name <input type="radio"/> Provider UPIN <input type="text"/> Specialty Type <input type="text"/>
Request Number	<input type="text"/>	Requested Service	<input checked="" type="checkbox"/> Specialist <input checked="" type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Admission <input checked="" type="checkbox"/> Transportation <input checked="" type="checkbox"/> Home Care
Start Date	8/19/2006 <input type="text"/>	End Date	9/19/2006 <input type="text"/>
Service Request Status	<input checked="" type="checkbox"/> Pending <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied		
Sort	Select Sort <input type="text"/>	<input checked="" type="checkbox"/> Ascending	
<input type="button" value="Search"/> <input type="button" value="Clear"/>			

Look Up Codes

- In Office Management, click **Code Lookup**.
- You can search for diagnosis and procedure codes, by words or code numbers.

Procedure Code Search			
Search		<input type="radio"/> Diagnosis <input checked="" type="radio"/> Procedure <input type="text"/> <input type="button" value="Find"/>	
Search Results			
Code Set	Code	Description	Related Codes
ICD-9-CM	89.50	Ambulatory cardiac monitoring	View
CPT	01920	Anesthesia for cardiac catheterization including coronary angiography and ventriculography (not to include Swan-Ganz catheter)	
CPT	00537	Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation	
CPT	92993	Atrial septectomy or septostomy, blade method (Park septostomy) (includes cardiac catheterization)	
CPT	92992	Atrial septectomy or septostomy, transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)	
CPT	78483	Cardiac blood pool imaging, (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	

EPSDT — Early and Periodic Screening, Diagnosis and Treatment

The goals of the EPSDT program are to identify children with actual or potential health problems and provide screening, diagnosis, and treatment. This is a preventive health service of Medicaid and is for children under 21. Types of screening included with this program are:

- Initial
- Periodic
- Interperiodic
- Vision
- Hearing
- Dental

The frequency of the periodic screening is as follows:

- 2 to 4 days after birth, if the newborn leaves the hospital less than 48 hours after delivery by 1 month
- 2, 4, 6, 9, 12, 15 and 18 months
- Once every year for ages 2 to 20
- From the ages of 2-20, visits include safety awareness for the child, along with anticipatory guidance for the parents. Charting of anticipatory guidance at age appropriate levels helps define screening and keeps charting complete.

To be billed as a comprehensive screening, the following must be included in your documentation:

- Unclothed “head to toe” physical examination
- Health history
- Identification of all medical conditions and needs
- Immunizations according to the ACIP schedule
- Age-appropriate laboratory tests, including test for lead toxicity at one and two years old, for any time up to age six if not previously tested
- Developmental assessment
- Nutritional assessment
- Mental/behavioral health screening
- Vision screening, including corrective lenses
- Hearing screening, including hearing aids
- Oral inspection; physician screening twice per year, starting no later than age one
- Health education including anticipatory guidance

- Family planning services and adolescent maternity care (when appropriate)
- Treatment and referrals for any necessary services

It is imperative that EPSDT screening exams are coded properly to reflect accurately the services delivered. Rocky Mountain Health Plans captures and reports data to Medicaid based on your accurate coding.

CPT Preventive Medicine Codes

Use these codes for EPSDT screening

- 99381 – 99385 Initial comprehensive preventive medicine evaluation and management, New Patient (age specific)
- 99391 – 99395 Periodic comprehensive preventive medicine re-evaluation and management, Established Patient (age specific)
- 99431 History and examination of normal newborn infant
- 99432 Normal newborn care in other than hospital or birth room setting

CPT Evaluation & Management (E&M) Codes

- 99203 – 99205 New Patient/Office or other outpatient visit
- 99214 – 99215 Established Patient/Office or other outpatient visit

NOTE: These codes must be used in conjunction with diagnosis codes V20-V20.2 (Health Supervision of Infant or Child) and/or V70.0 and/or V70.3 – 70.9 (General Medical Examination)

To learn more:

Colorado Medicaid

EPSDT Coordinator

Phone: 800-688-777

http://www.chcpf.state.co.us/HCPF/EPSDT/EPSDT_Final_page2.asp

If a child is too ill when they arrive for immunizations or comprehensive exam, please reschedule with patient, or do exam and immunizations at follow up visit and code appropriately.

Rocky Mountain Foundation to Administer Statewide Prenatal Smoking Cessation Program

The Rocky Mountain Health Plans (RMHP) Foundation has secured funding to help mothers-to-be throughout Colorado quit smoking. “We were awarded nearly a half million dollars from The Colorado Health Foundation to start an evidence-based program at the county level and to expand statewide over the next three years,” announced Foundation Executive Director Lisa Fenton Free. The Colorado Health Foundation is a nonprofit organization working with others to make Colorado the healthiest state in the nation.

The program was introduced last month in 18 counties: Alamosa, Baca, Clear Creek, Delta, Fremont, Grand, Jackson, Larimer, Las Animas, Moffat, Montrose, Ouray, Prowers, Pueblo, Rio Blanco, Rio Grande, Routt, and Weld. It will expand to 23 additional counties in 2009 and to the remaining Colorado counties in 2010. The program is already operating in Chaffee and Mesa counties.

Pregnant smokers can be referred to the program by their physician, clinic, or health department. Women complete cessation counseling and carbon monoxide (CO) testing at their county health department or other agency. After giving birth, they return monthly for CO monitoring. Every month she remains tobacco-free, mom receives a \$25 voucher for diapers.

“Baby & Me, Tobacco Free,” an incentive-based smoking cessation program, has been used in New York for several years. “With two years of data, 87 percent of pregnant women in the program in Chautauqua County, New York, quit smoking and remained tobacco-free three months after giving birth, with 85 percent still smoke-free after nine months,” says Janice Ferguson, RNC, RMHP’s perinatal care coordinator. She will oversee the Colorado program.

The Foundation sought funding to bring “Baby & Me, Tobacco Free” to all of Colorado because of the

program’s success in New York and in a pilot program in Mesa County, Ferguson explained. The combination of individual cessation counseling and support, CO testing, and the incentive of vouchers has proven very successful, she says.



The grant secured by Rocky Mountain Health Plans Foundation from The Colorado Health Foundation will fund training and compensation of county program coordinators, the purchase of CO monitors, and marketing materials. The program will be publicized in each county as it becomes available.

To refer patients to the program, please call Janice Ferguson at 970-270-4013.

About Rocky Mountain Health Plans Foundation

Rocky Mountain Health Plans Foundation was formed in 1997 by Rocky Mountain Health Plans

to expand the health plan’s mission by bringing quality care to Coloradans outside its membership. When a health care need or gap is identified, the Foundation brings together the partners who can get things done and locates the financing through grant opportunities.

About The Colorado Health Foundation

The Colorado Health Foundation works to make Colorado the healthiest state in the nation by improving access to affordable, quality health care and encouraging Coloradans to make healthier lifestyle choices. The Foundation invests in the community through grants and initiatives, medical education programs, and direct care programs serving older adults, families, mothers and infants.



Rocky Mountain Health Plans
FOUNDATION

CORNER

HCPCS "Q" Code for Splint and Casting Supplies:

When billing for splint or casting supplies, use the appropriate HCPCS "Q" code. Only 1 unit per Q code is allowed unless different fracture sites are being casted.

Per the Medicare Correct Coding Guide, July 2007, Ingenix: "CPT codes 29874 (Surgical knee arthroscopy for removal of loose body or foreign body) and 29877 (Surgical knee arthroscopy for debridement/shaving of articular cartilage) should not be reported with other knee arthroscopy codes (29871-29889). Report G0289 (Surgical knee arthroscopy for removal of loose body, foreign body, debridement/shaving of articular cartilage at the time of other surgical knee arthroscopy in a different compartment of the same knee)." RMHP follows this coding methodology.

Please follow these coding instructions.

2008-2009 Clinical Quality Improvement Program Description

The updated Clinical Quality Improvement Program Description document will be available this spring in your Provider Manual on our secure provider website Access RMHP at www.rmhp.org. You can also obtain a copy by contacting Jackie Hudson, Quality Improvement Program Manager at 800-843-0179, Ext 5190 or jackie.hudson@rmhp.org.

ATTENTION:

National Provider Identifier (NPI)

Time to start using your NPI number on electronic claims transactions.

- 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

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