



ROCKY MOUNTAIN

HEALTH PLANS®

Good health. That's the plan.

GOOD HEALTH

PROVIDER EDITION

SPRING 2005

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QUALITY IMPROVEMENT



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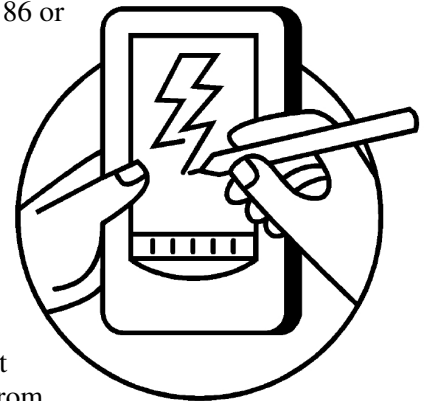


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Pharmacy Services for Providers Update

Rocky Mountain Health Plans maintains a staff of registered pharmacists who continuously strive to save our members money when they get the medication their physicians have prescribed for their health.

- ▶ More than 30% of Colorado physicians use ePocrates, the clinical drug and formulary handheld PDA tool, to get detailed drug information such as cost, side effects, interactions, and RMHP formulary status. If you are interested in ePocrates, please call 970-248-5186 or 800-843-0719, extension 5186.
- ▶ RMHP Pharmacy Department works with the Rocky Mountain Health Foundation to present ePocrates educational seminars to physicians throughout the state, showing doctors how to use the program to prescribe the most clinically appropriate, cost effective medications.
- ▶ More than 25 physician continuing medical education (CME) programs were given throughout the state by RMHP pharmacists, covering topics from ePocrates to COX 2 Inhibitors.
- ▶ RMHP forwards updated drug information to physicians on a regular basis and has an active, experienced physician committee that discusses new drugs and their appropriate use, safety, and cost.
- ▶ RMHP has over 750 pharmacies in the state of Colorado that fill RMHP members' prescriptions.
- ▶ RMHP Pharmacy Advisory Panel was formed in 2004 to facilitate communication between RMHP and our participating pharmacies to improve service to our members.
- ▶ If RMHP participating pharmacies are having difficulty in billing a prescription drug claim, they may call our Pharmacy Help Desk for assistance at 970-248-5031 or 800-641-8921. The Pharmacy Help Desk is open Monday through Friday, 8:00 A.M. – 6:00 P.M.



Preventive Health Guidelines

Screening Guideline	Source
Cancer Screening	
Breast Cancer Screening <ul style="list-style-type: none"> • Age 20-40 = clinical breast exam every 2 years* • Age 40-49 = clinical breast exam and mammography 1-2 years* • Age 50-70 = clinical breast exam and mammography annually <p>* Dialogue between patient and physician should determine a patient's desires, risks, and needs for yearly screening versus every 2 years.</p>	American Cancer Society American College of Obstetricians and Gynecologists American College of Radiology National Cancer Institute US Preventive Services Task Force
Cervical Cancer Screening <ul style="list-style-type: none"> • Age 18 and older = every 1-3 years based on dialogue with physician 	American Cancer Society American College of Obstetricians and Gynecologists National Cancer Institute US Preventive Services Task Force
Colorectal Cancer Screening <ul style="list-style-type: none"> • When to Begin Screening <ul style="list-style-type: none"> • Begin screening for colorectal cancer at age 50. • Individuals who are at high risk for developing colon cancer should be screened earlier and more frequently in consultation with a specialist in this area. • When to Stop Screening <ul style="list-style-type: none"> • All screening should be individualized based on age, medical condition, and comorbidity, and may not be appropriate for individuals with a life expectancy of less than 5 years. Thus, screening may be discontinued late in life. • Screening Options <ul style="list-style-type: none"> • FOBT yearly • Flexible sigmoidoscopy every 5 years (every 10 years may also be effective), with or without FOBT every year • Colonoscopy every 10 years • Double contrast barium enema every 5 years 	American Cancer Society Colorado Clinical Guidelines Collaborative
Prostate Cancer Screening <ul style="list-style-type: none"> • Beginning at age 40, counsel about the known risks and unknown benefits of screening for prostate cancer. • If screening is performed, screen with DRE and PSA. It is most helpful among young, relatively healthy men — those with a life expectancy of greater than 10 years. 	American Cancer Society US Preventive Services Task Force
Immunizations	
Adult Tetanus-Diphtheria (Td) Vaccine <ul style="list-style-type: none"> • Adults, including pregnant women with uncertain history of a complete primary vaccination series, should receive a primary series of Td. • Adults who have completed the series should receive a Td booster every 10 years. • Persons with major wounds may require a booster if 5 years have elapsed since the last dose. 	Advisory Committee on Immunization Practices American College of Obstetricians and Gynecologists Colorado Department of Public Health and Environment
Childhood Immunizations <ul style="list-style-type: none"> • Recommended Childhood Immunization Schedule, 2005 • Recommended Childhood and Adolescent Catch-Up Schedule, 2005 	Advisory Committee on Immunization Practices American Academy of Pediatrics American Academy of Family Physicians

Screening Guideline	Source
<p>Influenza Vaccine</p> <ul style="list-style-type: none"> • Persons at increased risk for complications of influenza: <ul style="list-style-type: none"> • age 65 and older • residents of chronic care facilities • adults and children with: <ul style="list-style-type: none"> • chronic disorders of the pulmonary and cardiovascular systems • chronic metabolic diseases (including diabetes) • renal dysfunction • hemoglobinopathies • immunosuppression (including immunosuppression caused by medications or HIV) • children and adolescents (age 6 months-18 years) receiving long-term aspirin therapy • women who will be pregnant during the influenza season • children age 6-23 months • Household members or caregivers of persons at high risk • Health care workers • Healthy people age 50-64 • Anyone who wants to reduce the likelihood of becoming ill with influenza 	<p>Advisory Committee on Immunization Practices American Academy of Family Physicians American Academy of Pediatrics</p>
<p>Pneumococcal Conjugate Vaccine (Children under 5 years)</p> <ul style="list-style-type: none"> • Children age 2-23 months • Children age 24-59 months considered high risk, such as: <ul style="list-style-type: none"> • children with sickle cell disease • children with HIV infection • children who are immunocompromised • children with chronic illness • Alaskan Natives, Native Americans, and African Americans • children who have or will receive cochlear implants 	<p>Advisory Committee on Immunization Practices American Academy of Pediatrics</p>
<p>Pneumococcal Polysaccharide Vaccine (Children 5 Years + and Adults)</p> <ul style="list-style-type: none"> • Age 65+ • Institutionalized persons age 50+ • Immunocompetent persons age 5+ who are at increased risk for illness and death associated with pneumococcal disease because of chronic illness • Age 5 + with functional or anatomic asplenia, chronic cardiac or pulmonary disease, or diabetes • Age 5+ living in environment in which the risk for disease is high • Immunocompromised persons age 5+ who are at high risk for infection • Age 5+ with cochlear implants • Age 5+ planning to receive a cochlear implant should be up to date on age-appropriate pneumococcal vaccination <u>at least</u> 2 weeks before surgery, if possible 	<p>Advisory Committee on Immunization Practices</p>
Well-Care Guidelines	
<p>Well-Care Guidelines for Infants</p> <ul style="list-style-type: none"> • Recommended intervals: 1 and 4 weeks, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months 	<p>American Academy of Pediatrics American Academy of Family Physicians</p>
<p>Well-Care Guidelines for Children and Adolescents</p> <ul style="list-style-type: none"> • Age 3-5 annually • Age 6-10 every two years • Age 11-21 annually 	<p>American Academy of Pediatrics American Academy of Family Physicians</p>
<p>Well-Care Guidelines for Adults</p> <ul style="list-style-type: none"> • Age 21-40 = every 5 years (if healthy) • Age 40+ = every 1-3 years 	<p>American Academy of Family Physicians US Preventive Services Task Force</p>

Improving Preventive Cancer Screening Rates



Preventive cancer screening is important; however, the process of evaluating what screening tests are needed and subsequently counseling the patient about the recommended screenings can be time consuming. When a patient requires chronic disease management, this task can be particularly challenging because of the patient's many needs. Here are some tips to help increase screenings by improving office visit efficiency.

- ▶ Prepare and distribute preventive screening guidelines for patients and their families.
- ▶ Use templates or flowsheets to document screening tests.
- ▶ Delegate screening and counseling tasks to the appropriate office staff, including:
 - medical record review
 - administration of screening questionnaires
 - counseling patients about healthy lifestyle choices

HEDIS

Rocky Mountain Health Plans is once again completing work on the 2005 HEDIS (Health Plan Employer Data and Information Set) project. As many of you may remember, member data is collected from claims submitted as well as from chart reviews in physician offices. RMHP nurses have been visiting offices to gather information needed to determine rates for such health indicators as cervical cancer screening, immunizations, cholesterol management, and diabetes care. Thank you for the courtesy and professionalism you have demonstrated in making charts available for this important effort.

New Quality Improvement Program Descriptions Available Soon

The "purple book" portion of your Provider Manual has been updated and can be obtained by calling Rocky Mountain Health Plans' Quality Improvement Department at 970-244-7764 or 800-843-0179, Ext. 7764, or you can e-mail cbergman@rmhp.org.

Antibiotic Resistance

Antibiotic resistance is a major public health threat to all of us, particularly patients. Reducing unnecessary antibiotic use is a critical component of efforts to combat antibiotic resistance in our communities.

Get Smart Colorado is a public health campaign helping to educate Coloradans about the proper use of antibiotics and to help decrease pressure on health care providers to prescribe antibiotics when they are unlikely to provide benefit. This campaign is housed at the Colorado Department of Public Health and Environment and supported by a grant from the Centers for Disease Control and Prevention. Since physicians and other providers are at the forefront of health care in Colorado, *Get Smart Colorado* encourages your support to address this growing problem.

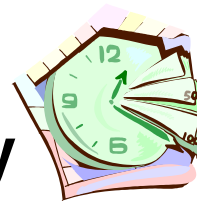


Take these two easy steps:

- ▶ Encourage and endorse these principles:
 - Antibiotic resistance is a major public health threat.
 - Overuse of antibiotics promotes antibiotic resistance in our community.
 - Prescribing antibiotic for viral infections such as colds, flu, and bronchitis is unnecessary and not the best practice for patients.
- ▶ Order patient educational materials for your offices and clinics from the campaign's website www.GetSmartColorado.com. Materials are available in English and Spanish.

If you have any questions or comments about this campaign, please contact the Project Coordinator at 303-692-2459. Remember: It's important that providers recognize and care about the problem of antibiotic resistance and take steps to address it.

Electronic Claims Submission Really Can Save You Time and Money



- ▶ Your claims turnaround time is shortened when compared to paper claims.
- ▶ A Transmission Report confirms that your claims were received. If a claim is rejected, the report provides information about how to correct and retransmit it.
- ▶ Industry estimates put a provider's savings on electronic claims submission instead of paper at anywhere from \$1.01 to \$1.98 *per claim*. That adds up fast!
- ▶ Learn more about the RMHP Electronic Data Interface (EDI) process at www.rmhp.org.

Here is a list of clearinghouses currently submitting electronic claims data to Rocky Mountain Health Plans:

- ▶ Cortex EDI
- ▶ CPSI
- ▶ Electronic Network Systems (ENS)
- ▶ Healthcare Administration Technologies, Inc.

- ▶ M. Transaction Services (formerly known as Misys and Medic)
- ▶ MSA (Medical Software Associates)
- ▶ McKesson
- ▶ Medical Software Associates (MSA)
- ▶ NDC (institutional claims only)
- ▶ Navaro Medical Solutions
- ▶ Practice Insight
- ▶ QuadraMed
- ▶ The SSI Group
- ▶ ViaTrack Systems
- ▶ WebMD/Envoy (via SciNet)

If you have a relationship with a clearinghouse not listed above that you would like Rocky Mountain Health Plans to consider, please contact the EDI Department (800-311-5269, option 2) to discuss.



EPSDT Well-Child Care — Keeping Medicaid Children Healthy

About half of all births in the United States are covered by Medicaid.

- ▶ Medicaid covers more than 22 percent of all children younger than age six.
- ▶ Nearly one in five (20 percent) American children ages six through 17 do not visit a doctor regularly.
- ▶ Primary care doctor visits catch and stop health problems before they become serious.
- ▶ Medicaid (and RMHP) cover primary care doctor visits.

Medicaid covers well-child care for:

- ▶ Babies born to Medicaid-enrolled women.
- ▶ Pregnant women and teenagers.
- ▶ Children from birth through age five.
- ▶ Children in foster care.
- ▶ Children with Supplemental Security Income (SSI).

- ▶ Children who have physical or mental health problems.
- ▶ Children who need special support to remain at home.

Medicaid-enrolled children are covered for complete well-child exams and any visits needed in between well-child exams that may include:

- ▶ Head-to-toe exams.
- ▶ Health history.
- ▶ All normal shots.
- ▶ Eye checks.
- ▶ Ear checks.
- ▶ Mouth and teeth checks.

Needed services not administered through RMHP are covered by State Medicaid in a program called EPSDT. More information about EPSDT can be found by calling Colorado Medicaid at 800-688-7777.

Network Changes in El Paso and Teller Counties

This winter, RMHP announced our expansion of products and services into Colorado Springs. We have formed an exclusive relationship with Memorial Hospital, a highly respected health care provider in the Rocky Mountain region.

After February 1, 2005, the Centura Health hospital facilities in Colorado Springs — Penrose St. Francis Hospital and Penrose Community Hospital — are not participating providers with RMHP for members enrolled in our commercial plans (group and individual).

The physician and ancillary components of our network have been expanded with the addition of the providers from the Memorial Hospital Medical Network. Ancillary providers and most physicians previously contracted with RMHP remain in the network.

Exceptions, as specified below:

- This change **does not affect** RMHP participating Centura Health hospital facilities in counties other than El Paso and Teller.
- This change **does not affect RMHP Medicare members.** Centura Health facilities in El Paso and Teller counties will continue to be participating providers for RMHP Medicare members.

Please call Customer Service at 970-248-5036 or 800-854-4558 with any questions you may have. Rocky Mountain Health Plans appreciates the opportunity to work with you in providing quality, affordable health care to Coloradans.

Provider Dispute Resolution

Instructions

The Colorado Medical Society has worked in collaboration with payers to standardize the format and required information necessary to request a dispute resolution. This level of resolution is subject to §10-16-705 (13) Colorado Revised Statutes and Colorado Regulation 4-2-23.

Note: This form is to be used for complex issues such as bundling, no preauthorization, and no admission notification denials. For simple problems such as claims correction, please use the Claim Action Request (CAR) form.

- 1) Determine the reason the claim or your CAR was not processed as you expected:
 - a. Review the messages on the Remittance Advice (RA) or Explanation of Payment (EOP).
 - b. Follow up with Customer Service for clarification.
- 2) Be sure to fill out the form completely and attach a copy of the RA or EOP showing the original processing, as well as any supporting documentation. If you are disputing the result of a CAR, include that original request with your documentation.
- 3) Mail the completed form and attachments to:

Rocky Mountain Health Plans
Provider Dispute Resolution Coordinator
PO Box 10600
Grand Junction, CO 81502-5600

Please begin use of the
Provider Dispute Resolution Form immediately.

New Forms In Use for Reconsiderations and Provider Disputes

In the Winter 2004 issue of Good Health — Provider Edition, we introduced a new standardized Claim Action Request Form to be used as the cover sheet for requests for a claims correction, reconsideration, or review of how a claim was processed. Use of this form allows RMHP to scan and efficiently queue the request to appropriate staff. Thanks to those of you using this form! Your notes about what you want done with the corrected claim are so helpful to our Research and Adjustment Team.

In this issue, we introduce you to the new Provider Dispute Resolution Form. Please see the example on page 7. This form is also the result of the collaboration between the Colorado Medical Society and key carriers in the state. We are happy to adopt this form in the spirit of making appeals a streamlined process among the carriers who participated in the project. You may access this form and the Claim Action Request Form from www.rmhp.org (*Provider Newsletters*) or the Colorado Medical Society's website www.cms.org (*HealthCare Financing page*).

A photograph of a 'Claim Action Request' form from Rocky Mountain Health Plans. The form is tilted and shows various fields for patient information, claim details, and a section for 'Action Requested' with checkboxes for 'Date of Service', 'Amount of Claim', 'Medical Necessity', 'Coding', 'Duplicate Billing', and 'Other'. There is also a section for 'Comments' and a footer with contact information.

Provider Dispute Resolution Form

Date (mm/dd/yyyy): _____

Requestor Information		
Provider Name:		
Provider # or TIN:		
Office/Practice Name:		
Contact Name:		Signature:
Telephone:		
Fax:		
Signature:	State: CO	Zip:

Claim Information	
Patient Name:	
Subscriber Name:	
Patient ID #:	<i>(include prefix or suffix if applicable)</i>
Claim Number(s):	
Date(s) of Service:	
Billed Amount:	Disputed Amount:
Process Date:	

Reason	
<input type="checkbox"/> - Clinical Edit/Bundling <input type="checkbox"/> - No Authorization/Referral # on File <input type="checkbox"/> - No Hospital Notification <input type="checkbox"/> - Length of Stay	<input type="checkbox"/> - Out of Network <input type="checkbox"/> - Other: _____ <input type="checkbox"/> - Timely Filing Denial <input type="checkbox"/> - Assistant Surgeon/Surgical Assistant Not Allowed <input type="checkbox"/> - Do Not Agree With Outcome of Claim Action Request
Explain:	

Supporting Documentation	
(Please indicate what is attached. If you are unsure of what to attach, refer to your Provider Manual.)	
<input type="checkbox"/> - Proof of Timely Filing <input type="checkbox"/> - Office/Progress Notes <input type="checkbox"/> - Medical Records <input type="checkbox"/> - Procedure/Operative Report	<input type="checkbox"/> - Original Claim Action Request <input type="checkbox"/> - Other: _____

From time to time, RMHP will provide coding information in this space.

Physicians: RMHP will cover HCPC **G0344** for Medicare members. This code is defined as “initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first six months of Medicare enrollment.”

Physicians and Therapists: 97026 (“application of a modality to one or more areas; hot or cold packs, infrared”) and **E0221** (“infrared heating pad system”) are not a benefit for any RMHP plan.

DME and Oxygen Vendors: You are encouraged to bill with appropriate **RR** (rental) and **NU** (new equipment) when applicable.

Medicaid Now Covers Adult Annual Physicals

State Medicaid recently changed the policy for covering annual physical exams for adults. This means that Rocky Mountain Health Plans Medicaid members older than 21 are now covered for annual visits, including physical exams, mammograms, Pap smears, pelvic exams, and prostate screenings.

Preauthorization Update

In order for RMHP to process preauthorization requests efficiently, only services on the preauthorization list should be submitted to RMHP. Preauthorizations submitted for services not on the list will not receive a response. The updated preauthorization lists are effective January 1, 2005, for physicians and facilities and May 1, 2005, for DME vendors. Copies of the lists are available from Customer Service at 970-248-5036 or 800-854-4558.

Grand Junction, CO 81502-5600
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