



**ROCKY MOUNTAIN**  
**HEALTH PLANS®**

We understand Colorado. We understand you.

# ROCKY MOUNTAIN HEALTH

PROVIDER EDITION

FALL 2009

## ROCKY MOUNTAIN HEALTH PLANS ANNOUNCES **2010 Medicare Premiums**

### **Competitive \$0 Premium Medical Plan Introduced**

Rocky Mountain Health Plans is announcing its 2010 Medicare Premiums and is introducing a **Zero Premium** Green Medical Plan across the state which includes a free annual physical, free Medicare covered preventive care, and low office visit copayments to see primary care doctors and specialists.

The new Green Plan also offers a worldwide travel benefit and a low \$500 deductible on all other Medicare-approved services that are received from Rocky Mountain Health Plans providers. Members who want to add Part D prescription drug coverage to the **Green Plan** will pay just \$31.60 per month.

*(continued on page 2...)*



### **CLINICAL GUIDELINE UPDATES**

We have posted links on our website for several clinical guidelines that have been updated recently.

- Clinical Preventive Health Recommendations
- Colorectal Cancer Screening Recommendations
- Tobacco Cessation and Secondhand Smoke Exposure
- Gestational Diabetes
- Prenatal Care

You will also find links for several other clinical guidelines such as Depression, Diabetes, Asthma, and CVD & Stroke.

In addition to clinical guidelines, patient education and decision support tools are available on our website. This information can be found at: [http://www.rmhp.org/providers/evidence\\_based\\_care](http://www.rmhp.org/providers/evidence_based_care).

We've placed a few tools on our website to help with the management of anticoagulation therapy. You'll find information about anticoagulation recommendations and flow sheets to assist with documentation. This information can be found at: [http://www.rmhp.org/providers/evidence\\_based\\_care](http://www.rmhp.org/providers/evidence_based_care).

## 2010 Medicare Premiums con't...

“We know that today’s seniors want choices and stability,” says Karen Swiat, director of Medicare for Rocky Mountain Health Plans. “That’s why we are excited to offer our new Green Plan in addition to our three most popular health plans. We want to give our Members a broad spectrum of coverage and premium options. And with Rocky Mountain Health Plans, they also get peace of mind by knowing they are with an organization that has a 36-year history of service to Medicare beneficiaries in Colorado.”

Other 2010 plan offerings from Rocky Mountain Health Plans include the **Thrifty Plan** with a combined medical and prescription drug coverage premium ranging from \$52.70 to \$72.70 per month; the **Standard Plan** with a combined premium ranging from \$92.90 to \$118.20 per month; and the **Gold/Plus Plan** with a combined premium ranging from \$236.20 to \$250.30 per month.

“At a time when the economy is pressuring patients’ budgets, Rocky Mountain Health Plans is introducing a zero premium plan and limiting premium increases to less than two percent on other plans.” says Swiat. “We’re pleased to be able to do this for our Members.”

The Rocky Medicare plans continue to provide more value for the dollar than other Medicare offerings, such as:

- No referrals needed for specialist care
- Free preventive care such as an annual physical, vaccinations, and screenings
- Extras such as an enhanced dental option, vision and discount plans and discounted complementary care, including visits to chiropractors, acupuncturists, massage therapists, dieticians, and some fitness programs.

# Medicare CHOICES



Making the most of Medicare benefits can be a little confusing. Coming in November, the annual Medicare Open Enrollment period begins – a time when people with Medicare can select new health plans and prescription drug coverage for an effective date of January 1, 2010. As a leading Medicare health plan, Rocky Mountain Health Plans has resources available to help Medicare beneficiaries understand their benefits, receive the health care they deserve, and get the most for their money.

### Coverage Options to Consider

Original Medicare helps with many health care costs. However, because it does not cover everything, many people also purchase supplemental insurance or look for other options to cover their out-of-pocket hospital and doctor bills.

### Medigap Supplemental Plans

While Medicare is a government program, Medicare supplemental policies are offered by private insurance companies. Some supplemental policies will pay most or all of the Medicare coinsurance amounts. Some plans may also cover Medicare’s deductibles.

Certain plans will also pay for preventive care, and emergency medical care in a foreign country. Part D benefits are not covered by a Medigap Supplemental plan. If the Medicare member wishes to receive Medicare Part D prescription drug benefits, then that person will have to sign up for a separate drug plan. Medigap Supplemental plans may have requirements to qualify for acceptance by taking a physical. The premiums may increase as the person's age increases on these plans.

**Medicare Advantage Plans**

Another option to choose is a Medicare Advantage plan. These plans provide care under a contract with the Centers for Medicare and Medicaid Services (CMS). They may offer such services as coordination of care or reducing out-of-pocket expenses.

However, in many cases the member must see only the plan's contracted doctors, specialists, and hospitals for all health care needs. Often these plans require a referral to see specialist doctors. Some plans may offer Part D prescription coverage as part of their medical plans.

**A Cost-Saving Alternative**

An option to help save money and still get the care the member is entitled to is through a Medicare Health Plan like Rocky Mountain Health Plans. Rocky Mountain

has contracted with Medicare since 1977, and Medicare beneficiaries may apply regardless of age.

Choosing a Medicare plan through Rocky Mountain Health Plans not only provides all services covered by Medicare Parts A, B, and D, but also offers additional coverage and benefits. For instance, Rocky Mountain covers benefits such as free preventive care. This can provide substantial savings.

When the member enrolls in this type of plan, that person also has the choice to see any doctor outside of the contracted provider network for Medicare-covered services. In this case, Medicare will pay for its share of the charges, and the member will pay the beneficiary share of the charges.

For persons interested in getting more information about the Medicare choices available, call Rocky Mountain Health Plans – 888-251-1330 or go online [www.coloradomedicareinfo.com](http://www.coloradomedicareinfo.com)

**ROCKY MOUNTAIN HEALTH PLANS IS A not-for-profit, Colorado-based health plan WITH A MEDICARE CONTRACT AND IS A MEDICARE APPROVED PART D SPONSOR.**

**Medicare Information Meetings**

The following schedule lists Medicare Town Hall meetings. These meetings are open to the public and anyone can attend to learn more about Medicare and the options available with Rocky Mountain Health Plans.

<b>Ft. Collins</b>	<b>Longmont</b>	<b>Pueblo</b>
Tuesday, December 1, 2009 2:00 – 4:00 Ft. Collins Senior Center 1200 Raintree Drive Ft. Collins, CO 80526	Wednesday, December 2, 2009 9:00 – 11:00 Longmont Clinic 1925 W. Mountain View Avenue Longmont, CO 80501	Thursday, December 3, 2009 10:00 – 12:00 Thatcher Building 503 N. Main Street Pueblo, CO 81003
<b>Boulder</b>	<b>Denver</b>	<b>Wheat Ridge</b>
Thursday, December 3, 2009 1:00 – 3:00 Boulder Senior Center 5660 Sioux Drive Boulder, CO 80303	Tuesday, December 8, 2009 2:00 – 4:00 Schlessman's YMCA 3901 E. Yale Avenue Denver, CO 80210	Wednesday, December 9, 2008 10:00 – 12:00 Wheat Ridge Recreation Center 4005 Kipling Street Wheat Ridge, CO 80033
<b>Grand Junction</b>	<b>Montrose</b>	<b>Cortez</b>
Thursday, December 10, 2009 10:00 – 12:00 or 2:00 – 4:00 La Quinta Hotel 2761 Crossroads Boulevard Grand Junction, CO 81506	Wednesday, December 16, 2009 2:00 – 4:00 Holiday Inn Hotel 1391 S. Townsend Avenue Montrose, CO 81401	Thursday, December 17, 2009 10:00 – 12:00 Cortez Public Library 202 N. Park Street Cortez, CO 81321

# CODERS **corner**

## **New Codes:**

- 0199T - 0202T.....Experimental. Requires preauthorization
- Q4115, Q4116.....Experimental. Requires preauthorization
- 90670.....Not a Benefit (not FDA approved)
- C9249.....Requires Clinical preauthorization by pharmacy
- Q2023.....No preauthorization required

## **V Code Billed As Primary Diagnosis:**

- Please refer to the 2009 ICD-9, page 19 (Coding Guidelines) which lists the V codes that can be billed in the primary diagnosis, secondary and/or, additional diagnosis field.

## **E&M + Vaccine/Immunization + Immunization Administration Code:**

- Please refer to CPT 2009, page 385 which addresses the billing of Codes 90465-90468 and codes 90471-90474.
- Review the information in the same section regarding “significant, separately identifiable” E&M service.
- Information regarding the use of Modifier 25 can be located in CPT 2009, page 477.

## **Deleted Modifier:**

- Modifier 21 is no longer a valid modifier for 2009

## **CPT 2009 Changes / Updates:**

- For a complete listing of the 2009 code changes and updates, please refer to the Current Procedural Terminology CPT 2009 Professional Edition.

If you have questions, please contact your Professional Relations representative at:

Denver Regional Office: .....800-823-8356 or 303-689-7372

Pueblo Office:.....888-332-8963 or 719-253-3900

Grand Junction Office:.....888-286-3113 or 970-244-7798

Colorado Springs Office: .....719-622-3325

## New User REGISTRATION

### Welcome to New User Registration for Access RMHP! With Access RMHP you can:

- Check eligibility
- Check benefits
- Check claims
- Check remittances and
- Check authorizations

This tool will walk you through the 3 simple steps to getting registered in Access RMHP.

**Note** – Only one person per office (the Main Office Contact) needs to complete these registration steps. The Main Office Contact can add users to their registration.

### Overview of Registration Steps

#### Complete the Online User Agreement

Read the user agreement below and complete the required fields on the form. When you're finished, click Submit.

#### Enter User Registration Information in Access RMHP

after you complete the User Agreement and click Submit, you will see instructions for submitting user registration information in Access RMHP and a link to the registration screens. Input the required information for all of the users in your office. When you've completed adding all users, click Finish.

#### RMHP Confirms Your Registration

Your account is not active until RMHP confirms your registration. This typically takes 1-2 days. When registration is confirmed, you will receive an e-mail that your account is active and you can log in to Access RMHP.

## CMS REQUIRED TRAINING – FRAUD WASTE AND ABUSE (FWA)

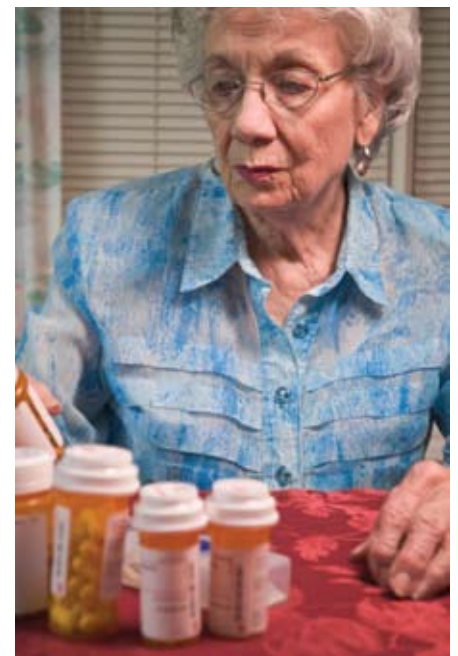
# Medicare **PART D**

Medicare Part D is a federal program used to subsidize the cost of prescription medication to Medicare beneficiaries. It was enacted as a part of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) that became effective January 1, 2006. The MMA requires Rocky Mountain Health Plans (RMHP) create and distribute Part D fraud, waste and abuse (FWA) training information. That training is required to be completed by RMHP employees as well as downstream and first-tier entities no later than December 31, 2009, upon hire or contract, and annually thereafter. To access the training type in one of the following links into your internet search browser.

[http://rmhp.org/fraud/insurance\\_fraud\\_faq.aspx](http://rmhp.org/fraud/insurance_fraud_faq.aspx)

[www.healthtrioconnect.com](http://www.healthtrioconnect.com) Access RMHP on the homepage

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## Definitions:

- **Fraud** – the intentional use of deception for unjust gain and/or enrichment
- **Waste** – careless or needless expenditures of supplies or other resources
- **Abuse** – medical practices and services that result in unnecessary costs to the Medicare program
- **First-tier entity** – any party that enters into a written arrangement to provide administrative services for a Medicare-eligible individual (an example would be a pharmacy benefit manager ‘PBM’ or a physician group)
- **Downstream entity** – any party that enters into a written arrangement with persons or entities involved with Medicare benefits, below the level of the arrangement between a plan sponsor (RMHP) and a first-tier entity, that continues down to the level of the ultimate provider of both health and administrative services (examples would include a physician or a pharmacy contracted through the PBM)

Each entity involved with Part D benefits faces its own risks which may or may not be unique to the type of entity. Some of the fraud risks faced by different entities are listed but not limited to the following:

### Plan Sponsor

- Failure to provide medically necessary services
- Marketing schemes
  - Offering beneficiaries inducement to enroll
  - Unsolicited marketing
  - Misrepresenting Part D products
- Payment for excluded drugs
- Multiple billing
- Inaccurate data submission

### PBM

- Prescription drug switching
- Steering a beneficiary to a certain plan or drug
- Inappropriate formulary decisions
- Failure to offer negotiated prices

## Pharmacy

- Inappropriate billing practices
- Prescription drug shorting
- Bait and switch pricing
- Prescription drug forging or altering
- Dispensing expired or adulterated drugs
- Prescription refill errors
- Failure to offer negotiated prices

## Prescriber

- Prescription drug switching
- “Script” mills
- Provision of false information
- Theft of DEA number or prescription pad

## Wholesaler

- Counterfeit or adulterated drugs through black markets
- Drug diversions
- Inappropriate/false documentation of pricing information

## Manufacturer

- Lack of data integrity to establish payment or determine reimbursement
- Kickbacks, inducement, or other illegal remuneration
- Inappropriate relations with formulary committee members
- Inappropriate relations with physicians
- Illegal “off-label” promotion
- Illegal use of free samples

## Beneficiary

- Misrepresentation of enrollment status
- Identity theft
- Prescription forging or altering
- Drug diversion or inappropriate use
- Prescription stockpiling
- Doctor “shopping” for drugs

Medicare Part D is affected by multiple laws and regulations. The MMA requires CMS to have a comprehensive program in the Medicare Prescription

Drug Program to detect, correct and prevent FWA. It also requires FWA programs for Medicare plans.

It is a violation of the Federal False Claims Act (FCA) to knowingly present, or cause to be presented, a false or fraudulent claim to the federal government. Penalties under the FCA include civil fines up to \$11,000 per claim and three times the amount of the false claim(s). In addition to the above, the FCA allows individuals or entities to bring suit in the name of the government for instances of FWA. The suit is referred to as a “whistleblower” suit or qui tam suit. The FCA allows for protection of the “whistleblower” from any type of retaliation for reporting instances of FWA. If the whistleblower suit is successful, the person or entity bringing the suit may be entitled to a percentage of amounts recovered by the government.

The Stark Law, also known as the Federal Anti-kickback Statute, prohibits self-referral or remuneration that is directly tied to patient referral, or recommending purchase of supplies or services. Violating the Stark Law is considered a felony with penalties of up to \$25,000 and/or five years of imprisonment.

The Health Insurance Portability and Accountability Act (HIPAA) established standards and requirements for electronic data submission of certain health information and requires patient information to be kept confidential. HIPAA violations can result in penalties of up to \$250,000 and/or imprisonment for up to ten years for knowingly misusing individually identifiable health information.

Violations of the above can result in dual liability in some states with similar statutes as well as exclusion from the Medicare program. CMS publishes a database containing the names of persons or entities that are excluded from receiving payment by any federal health care program. The exclusion applies to items or services furnished, ordered or prescribed by an excluded individual or entity. For more information on exclusions or to search for an excluded individual or entity, visit <http://exclusions.oig.hhs.gov/search.aspx>.

To help ensure compliance with federal programs guidelines, the Office of the Inspector General (OIG) has outlined seven suggested components for an

effective compliance program that physicians can implement within their practices that includes the following:

- Conducting internal monitoring and auditing;
- Implementing compliance and practice standards;
- Designating a compliance officer or contact;
- Conducting appropriate training and education;
- Responding appropriately to detected offenses and developing corrective action;
- Developing open lines of communication; and,
- Enforcing disciplinary standards through well-publicized guidelines.

**Further information regarding an effective compliance program can be found at:**

<http://oig.hhs.gov/authorities/docs/physician.pdf>.

**The following is a list of some government agencies involved in curbing FWA:**

- Centers for Medicare and Medicaid Services (CMS)
- MEDICs – the contractors responsible for monitoring FWA in the Medicare prescription drug program
- Office of Inspector General (OIG)
- Department of Justice (DOJ)
- Federal and State Attorneys General

RMHP remains committed to complying with FWA requirements outlined by CMS. You may report FWA through the following resources:

#### **Rocky Mountain Health Plans (RMHP)**

Fraud/Compliance Hotline – 888-237-1179 or 970-248-5101

Email – [fraudauditor@rmhp.org](mailto:fraudauditor@rmhp.org)

Mail reports to: Fraud Investigator, 2775 Crossroads Blvd, Grand Junction, CO 81506

#### **CMS**

Hotline – 800-447-8477

Fax – 800-223-8164

Email – [HHSTips@oig.hhs.gov](mailto:HHSTips@oig.hhs.gov)

Mail reports to: Office of the Inspector General, HHS Tips Hotline, PO Box 23489, Washington, D.C. 20026

# PRIMARY CARE PHYSICIANS —

# Medical Home



RMHP is a proponent of establishing a Medical Home for all of our membership so that the critical partnership between the Member and physician can be developed. Although every Member can benefit from establishing a good relationship with a primary care physician, Rocky Mountain Health Plans only requires Members enrolled in an HMO plan to select a PCP.

To ensure no Members with an HMO plan are without a primary care physician, RMHP is systematically assigning a PCP to new and current Members that have not selected a personal provider. This process is based on geographical location of the Member and/or claims history. Our Members will have the ability to change providers if they choose. RMHP encourages every Member to select a personal primary care provider.

Please route this important information to:

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

Please check the RMHP website [www.rmhp.org](http://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

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