



**ROCKY MOUNTAIN**

**HEALTH PLANS®**

Good health. That's the plan.

# GOOD HEALTH

PROVIDER EDITION

SPRING 2007

## INSIDE

RMHP Partners with Healthways, Inc.....	2
Correct Coding .....	3
Administration of IV Drugs.....	3
Member Benefits.....	4
How Much Are Your Paper Claim Submissions Costing You? .....	4
Drug Interactions.....	5
24-Hour Availability of Services .....	6
False Claims Act Information .....	7
National Provider Identifier Number .....	8

## UB-04 Claim Form Replacing the UB-92 Claim Form

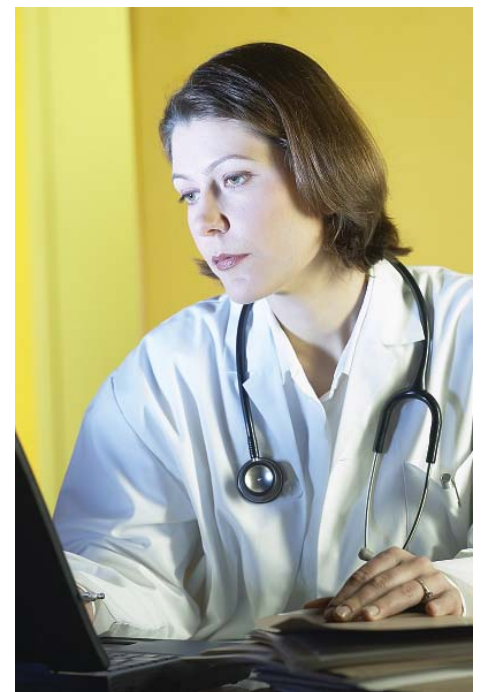
An effective date of May 23, 2007 has been given by CMS for the UB-92 claim form to be replaced with the UB-04 claim form. Providers may begin using the new UB-04 form March 1, 2007. RMHP will follow CMS's guidelines and effective dates for implementation of the new UB-04 form. For more information regarding these changes, please contact CMS at 1-800-465-3203.

## HIPAA Security Rule Guidance

The Centers for Medicare and Medicaid Services (CMS), which has the authority to enforce the HIPAA Security Rule, recently issued a "Guidance for Remote Use of and Access to Electronic Protected Health Information." This guidance identifies potential risks and provides mitigation strategies that should be considered by providers and health plans who must comply with HIPAA. The HIPAA Security Rule requires that safeguards be in place when electronic protected health information is accessed, transmitted or stored off-site, and the new guidance reflects CMS compliance expectations in this regard.

Specifically the guidance addresses many topics such as security for laptops and other portable devices, automatic session terminations, use of remote PCs, and use of encryption and virus protection.

The guidance is available from the "Downloads" section on the following CMS web page:  
<http://www.cms.hhs.gov/SecurityStandard/>



Please route this important information to:

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

# Rocky Mountain Health Plans Partners with Healthways, Inc.

Rocky Mountain Health Plans has contracted with Healthways, Inc. to support its Members with diabetes, coronary artery disease, and heart failure through the Rocky Mountain Health Plans For Your Health disease management program. Healthways has more than 25 years of experience working with people who have diabetes, cardiac disease, and other chronic conditions, as well as with the physicians who provide their medical care.

Healthways' disease management programs are proactive, physician- and patient-focused. These programs have been developed utilizing evidenced-based medicine in consultation with physician panels. While you continue to direct your patient's treatment plan, our team of health care professionals (led by registered nurses) encourages patients to take a more active and responsible role in self-care.

## The Rocky Mountain Health Plans For Your Health program includes the following components:

Maintain and improve patient health status by:

- Monitoring of disease
- Adherence to treatment plans
- Co-morbid management
- Lifestyle behavior change, utilizing:
  - Goal setting
  - Problem-solving techniques
  - Community resource support



## Physician resources:

- Physician education and support materials, including evidenced-based, disease-specific care guides and quarterly newsletters
- Access to the Rocky Mountain Health Plans For Your Health program toll-free number
- Periodic summaries of how well your patients follow your prescribed treatment plan

## Patient resources:

- Regular telephonic contact with the Rocky Mountain Health Plans For Your Health clinician team for patients who agree to participate in the program
- Periodic reminder calls encouraging patients to obtain recommended laboratory tests and exams
- Educational mailers, including disease-specific workbooks, newsletters, good health guidelines, flu reminders, and individual educational pieces

We look forward to your collaboration as we offer these enhanced disease management services to your patients, and we welcome any comments you may have about the program. Please feel free to contact us toll free at 866-782-7218 with any questions you may have about the program.



**RMHP "new" PreAuth list is effective 5/1/07**

**Please visit [www.RMHP.org](http://www.RMHP.org) for the new PreAuth Schedule**

**CORNER**

**Are you using correct coding when billing for an accident?**

Clean claim submission (per the Colorado Revised Statutes Section 10-16-106.5) requires specific fields to be populated on the appropriate claim form. Box 10 on the CMS 1500 claim form must be completed. Please run a test claim to ensure your software is populating the required fields on the CMS 1500 form.

You must fill out field 10 on the CMS 1500 form when billing for an accident.

10. IS PATIENT'S CONDITION RELATED TO	
a. EMPLOYMENT? (Current or Previous)	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. AUTO ACCIDENT?	PLACE (State)
<input type="checkbox"/> YES	<input type="checkbox"/> NO _____
c. OTHER ACCIDENT?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you have checked "YES" to any question in field 10 on the CMS 1500 form then you must also fill out the corresponding information in fields 14, 15, 16, and 18 on the CMS 1500 form.

**Administration of IV Drugs**

Many providers are inappropriately billing for IV Administration with codes 96413 and 96415. Please note these two codes are only to be utilized for Chemotherapy Administration. Inappropriate use of these codes will cause a delay in processing your claim and result in a denial of payment.

**Appropriate Use of 99058**

**"Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to the basic service":** RMHP will consider these changes when the claim meets both the criteria of an emergency service and when the scheduled office services have been disrupted. An example of appropriate use would be an evaluation in the office of chest pain.



**Post More Quickly!  
Include Your Patient  
Account Number!**

Many providers still do not transmit or note their internal patient account number on claims. Although this is not a required field for clean claims submission, per Colorado Statute, it is reported back to you on the RMHP Remittance Advices and could promote more efficient and accurate posting.

**Thank You**

Rocky Mountain Health Plans is once again completing work on the annual 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.

# Member Benefits

Just a reminder to our physicians, providers, facilities, and vendors that the RMHP plans available on the market today offer a variety of benefit plans. Explanations to the most commonly questioned benefits are available on Access RMHP, our secure RMHP website ([www.rmhp.org](http://www.rmhp.org)) when eligibility for a specific Member is researched.

For those of you who have worked with RMHP for some time, we advise you to verify benefit coverage, especially on plans that are new to you!

If the service you are providing is not listed on the website, clarification may be obtained from the Customer Service line, 800-854-4558 or 970-248-5036.



## How Much Are Your Paper Claim Submissions Costing Your Practice?

Sample Estimation	Type of Claim Submission	
	Paper	Electronic
# of Claims Submitted	200	200
Labor Process Time per Claim	10 mins	3 mins
Labor Rate (\$ per Hour Rate)	12.75	12.75
Labor Cost per Submission	\$2.13	\$0.64
CMS 1500 Form (Est. 0 to \$0.15)	\$0.10	
Envelope (Est. \$0.10/Avg Vol. Mailed)	\$0.10	
Postage Cost (assuming 1 claim per envelope)	\$0.39	
Vendor – Fee Per Transaction		\$0.50
Phone Line Expense		\$0.15
One Time Expenses (PC etc) (Vol for 3 yrs)		\$0.10
Savings — Faster Payments		-\$0.10
<b>Net Cost Per Transaction</b>	<b>\$2.72</b>	<b>\$1.29</b>
<b>Total Cost After 200 Claims</b>	<b>~\$544</b>	<b>~\$258</b>

\*Figures represent national averages and were compiled by various sources.

Save more than 50% by submitting electronically (in this example). To start submitting claims with RMHP electronically, contact RMHP Customer Service today at 800-854-4558.

# An Update on Drug Interactions

It is estimated that there are two million Adverse Drug Reactions (ADR) each year in the US and drug interactions (DI) represent 3-5 percent of the preventable ADRs. Nearly 2.8 percent of all hospitalizations in the US are secondary to drug interactions. While clinically significant drug interactions are relatively rare, it has been reported that a serious drug interaction will occur in 7-10 percent of patients who are on at least seven medications and some studies suggest that 12 percent of elderly patients will experience a dangerous drug interaction.

Drug interactions occur by four predominant mechanisms:

- **Altered Absorption:** Changes in pH gradient, gut motility, the normal GI flora, and drug chelation can profoundly affect drug plasma concentrations by increasing or decreasing absorption.
- **Altered Distribution:** Distribution is primarily important for drugs that are highly bound to plasma proteins (Ie: phenytoin-valproic acid).
- **Altered Metabolism:** Enzymatic metabolism, either induction or inhibition, is responsible for the largest number of clinically significant drug interactions.
- **Altered Excretion:** Drugs competing for active transport via an excretion pathway can increase or decrease plasma drug concentrations (Ie: probenecid-PCN, quinidine-MTX).

## Altered Absorption

Most of the significant drug interactions occurring due to altered absorption result from the formation of a non-absorbable compound (chelation), however other examples can be significant as well.

- Chelation of antibiotics such as tetracycline or ciprofloxacin with cationic molecules like calcium (Ca<sup>2+</sup>) and iron (Fe<sup>2+</sup>). Antibiotic chelation often results in sub-therapeutic drug concentrations, failed antibiotic therapy, and can lead to an increase in drug resistant strains.
- Alteration of normal GI flora can elicit clinically significant interactions. Example: reduced efficacy of estrogen containing contraceptives after the administration of antibiotics.
- Certain transport proteins, specifically P-glycoprotein, work by excreting absorbed drugs back into the gut lumen. St. Johns Wort and Yohimbe, popular OTC herbal products, induce P-glycoprotein and can result in drastically lowered concentrations of amiodarone, digoxin, diltiazem, erythromycin, estradiol, fexofenadine, and lovastatin, among others.



## Altered Metabolism

Drugs are generally metabolized by liver enzymes to create more or less active 'metabolites' which are eventually excreted. The cytochrome P450 isoenzymes are responsible for the metabolism of many drugs and can be inhibited or induced by various other drugs. Inhibition can result in reduced enzymatic activity and consequentially elevated drug concentrations or a reduction in active metabolites. Alternatively, enzymatic induction generally results in elevated enzyme activity and reduced drug concentrations.

- Potent inhibitors such as ketoconazole, clarithromycin, fluvoxamine, fluoxetine, and paroxetine, can result in a five fold increase in drug concentration.
- Some drugs (some SSRI's, quinidine) inhibit the enzyme (CYP2D6) that metabolizes codeine to active morphine and this can result in therapeutic failure of the narcotic analgesic.

## Drug Interactions con't...

- Some potent CYP450 inducers include cigarette smoke, rifampin, carbamazepine, phenobarbital, and ethanol.

When prescribing these drugs, physicians should be particularly careful when concomitantly prescribing substrates of the CYP450 enzymes which are susceptible to these enzymatic changes, including:

- Amiodarone, APAP, TCA's, sildenafil, PPI's, some beta blockers, lovastatin, simvastatin, and warfarin among many others.

A recent case of carbamazepine toxicity occurred in Colorado — a result of inhibition of the metabolizing enzyme (CYP3A4) by propoxyphene. This interaction, while rare, can elevate carbamazepine concentrations

by as much as 77 percent and in this case resulted in the patient being hospitalized.

Drug interactions can be minimized by paying close attention to drugs with a narrow therapeutic index. Small changes in their serum concentration can elicit clinically relevant events making drug interactions more likely. Some drugs with a narrow therapeutic index include: warfarin, phenytoin, carbamazepine, digoxin, lithium, theophylline, and levothyroxine.

Every prescriber should have access to an up-to-date and valid resource for identifying potential drug interactions. Good examples include Lexi-Comp, ePocrates, Micromedex, and Facts&Comparisons. Using these resources, clinical suspicion of an interaction can lead to the early discontinuance of an interacting drug and possible avoidance of hospitalization or other serious events.



## 24-Hour Availability of Services

Under a provision of the ASO contract between Rocky Mountain Health Plans (RMHP) and the Department of Health Care Policy and Financing, RMHP must “ensure that Members, including Members with disabilities, have a point of access to appropriate services available on a 24-hour per day basis.” Additionally, we are required to communicate this information to Participating Providers and Members, and have a routine monitoring mechanism to ensure that Participating Providers comply.

Professional Relations Representatives have recently completed monitoring physicians in the seven counties currently serving RMHP Medicaid Members by calling offices after hours. The majority of offices are complying with the 24/7 availability, and those that could improve will be directly contacted.

The monitoring will be repeated annually, or as appropriate.

## 2007 – 2008 Clinical Quality Improvement Program Description

The updated Clinical Quality Improvement Program Description document will be available the end of March. It will be included in your Provider Manual that is available on our secure provider website ([www.rmhp.org](http://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](mailto:jackie_hudson@rmhp.org).

# False Claims Act Information

Health care fraud, waste, and abuse are expensive and growing more costly each year. Health care fraud can take many forms. For example, it can include altered medical bills, improper bundling of claims, billing for unnecessary treatments or for treatments that were not rendered. The False Claims Act is a federal law that provides the government a tool to prevent and detect fraud, waste, and abuse, which prohibits any person from knowingly submitting a false or fraudulent claim for payment or approval from government funds.

Effective January 2007, all Medicaid contractors and providers who receive over \$5 million in annual revenue from Medicaid must comply with a requirement to ensure its written policies and procedures, include information about the federal False Claims Act requirements as a condition of participation in the Medicaid program, and distribute this information to subcontractors. In addition, the 2007 Colorado legislature is considering a bill called the Colorado False Claims Act which would create a law to protect state funds in a fashion similar to the federal law.

The False Claims Act provides civil enforcement and administrative remedies for false claims. The Attorney General may bring a civil action under the False Claims Act. Additionally, individuals have a right to bring a civil action in the name of the US government and potentially share in the recovery. It makes the person who submits false claims liable to the federal government for three times the amount of the federal government's damages plus penalties of \$5,000 - \$10,000 per false or fraudulent claim.

The federal False Claims Act provides special protections for whistleblowers that provide information or assistance in investigations of potential False Claims Act violations. These protections include the right to sue an employer if a whistleblower is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against because of actions taken by the employee relative to a False Claims Act investigation.

Rocky Mountain Health Plans is committed to preventing and detecting fraud, waste, and abuse. Our comprehensive Fraud Plan and policies and procedures contained in our Compliance Plan describe our on-going auditing and monitoring efforts to help detect fraud and include further information regarding False Claims Act laws. If fraud is suspected, we conduct a prompt investigation. We have established a toll-free Fraud hotline which is available to employees, providers, and the general public.

More information about the federal False Claims Act and the new requirements for policies and procedures is available at [cms.hhs.gov/DeficitReductionAct](http://cms.hhs.gov/DeficitReductionAct). For more information about Colorado House Bill 07-1144, visit [www.leg.state.co.us](http://www.leg.state.co.us).

## Report Suspected Fraud

- Call RMHP Fraud Hotline 888-237-1179 or 970-248-5101;
- Email to [FraudAuditor@RMHP.org](mailto:FraudAuditor@RMHP.org); or
- Write to:

Rocky Mountain Health Plans  
PO Box 10600  
Grand Junction, CO 81502-5600  
Attention: Fraud Investigator

*We will maintain the confidentiality of the individual reporting to the fullest extent allowed by law and the nature of the investigation.*

# Do you have your National Provider Identifier Number Yet?

Beginning May 23, 2007, the Centers for Medicare and Medicaid Services is requiring a National Provider Identifier (NPI) on all HIPAA compliant electronic transactions. An NPI is an identification number assigned to health care providers by CMS. If you haven't already applied for your NPI number, please contact CMS at 800-465-3203 or online at <https://nppes.cms.hhs.gov>.

When you receive your NPI number (or numbers), please email it to Rocky Mountain Health Plans (RMHP) at **NPI.ProviderNumber@rmhp.org**. Please include the provider name, NPI number and a contact phone number in your email. You may also fax us a copy of the written confirmation that you receive from the National Plan and Provider Enumerator (NPPES) containing your NPI number at 970-248-5012.

It is important to provide us with your NPI number to avoid disruption in payment of your electronically submitted claims. We will notify all RMHP providers when the NPI can be accepted on electronic transactions.

Please call your Rocky Mountain Health Plans Professional Relations representative with questions.

- 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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