



**ROCKY MOUNTAIN**

**HEALTH PLANS®**

Good health. That's the plan.

# GOOD HEALTH

## PROVIDER EDITION

WINTER 2005

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## Update on Medicare Part D

The drug coverage portion of the Medicare Modernization Act takes effect on January 1, 2006. RMHP will begin providing Medicare Part D drug coverage on that date. RMHP will offer two forms of Part D coverage: Members may choose either an option that includes medical benefits (MA-PD plan) or a stand-alone prescription drug plan (PDP).

The RMHP Part D formulary is a five-tier design, similar to our current formulary:

- **1<sup>st</sup> tier** – generic drugs
- **2<sup>nd</sup> tier** – preferred brand
- **3<sup>rd</sup> tier** – non-preferred brand
- **4<sup>th</sup> tier** – specialty oral and injectable drugs
- **5<sup>th</sup> tier** – injectable drugs

Drug coverage is generous and will change very little from RMHP's current Medicare formulary, with the following notable exceptions:

### Excluded from Part D

The Centers for Medicaid and Medicare Services (CMS) has specifically excluded these drugs from Part D coverage, regardless of their intended medical use:

Drug Class	Examples
Benzodiazepines	diazepam, clonazepam, lorazepam
Barbiturates	Phenobarbital, secobarbital, butalbital
Agents for weight loss	Didrex, Tenuate, Meridia, Xenical
Cosmetic agents	Vaniqa, Propecia, Solage,
Antitussives	dextromethorphan, codeine, hydrocodone, benzonatate containing agents for cough
Fertility drugs	Clomid, Ovidrel, Bravelle
Vitamins, except prenatal (contain folic acid)	

(continued...)

## ...Update on Medicare Part D, continued

### Self-injectable Drugs

Historically, many expensive self-administered injectables have not been covered for RMHP Medicare Members because they have not been a Medicare benefit. Coverage for these drugs will begin under Medicare Part D (examples include Enbrel, Kineret, Humira, Betaseron, Copaxone, and Rebif).

Medicare Part B coverage is not changing. In general, if a drug is covered under Part B now, it will continue to be covered under Part B in 2006.

### Medication Transition Process

Members new to RMHP may be on maintenance medications that are not on our Part D formulary. To ensure non-interrupted drug therapy when these Members transition to RMHP Medicare Part D, RMHP will cover any *coverable* Part D drug for a period of 30 days. During that time, RMHP will contact the prescribing physician and a decision will be made to either continue this coverage, or to switch the Member to a therapeutically similar drug that is on the formulary.

**The transition process will NOT take place for non-coverable Part D drugs (e.g., the benzodiazepines).**

### Part D Formulary on ePocrates!

We will be updating ePocrates to include a new RMHP Medicare Part D formulary. This formulary will be ready to download from [www.epocrates.com](http://www.epocrates.com) by the end of December 2005. **If you aren't using ePocrates and would like to, please call 970-248-5186 or 800-843-0719 x5186 for more information.**

To view the RMHP Medicare Part D drug formulary, please visit [www.rmhp.org](http://www.rmhp.org).

### Medication Therapy Management

An important aspect of Medicare Part D is a mandatory drug utilization review program known as Medication Therapy Management (MTM). RMHP has always offered clinical pharmacist review of any Member's medications; the MTM program will build and expand on those services. CMS has required this program in an effort to ensure that patients with high drug costs and multiple medications and/or disease states are receiving absolutely optimal medication therapy, both from a clinical and economic standpoint.

RMHP will use internal, as well as a small number of externally contracted, clinical pharmacists to review patient medications on a regular basis. The initial screening involves an MTM Pharmacist review of the Member's disease and pharmacotherapy history. Each Member will be carefully evaluated with regard to:

- appropriateness of drug therapy regimen given the disease(s) present
- duplicative or unnecessary therapy
- under- or over-utilization
- drug interactions
- alternative medications that could result in lower costs
- issues that may be affecting compliance

Principles of sound, evidence-based medicine will be applied to each review. The recommendations of these clinical pharmacists are not intended to supercede or interfere with a physician's care of his or her patient. If medication issues are identified, the MTM pharmacist will contact the provider(s) and the Member with a letter, and may follow up via telephone. The MTM pharmacist will be available to each enrolled Member to answer any medication-related questions and will assist Members in improving compliance.

RMHP Part D Members will be automatically enrolled in the program if they meet the following criteria:

- Total drugs cost likely to exceed \$4,000 per year
- Multiple chronic diseases (such as asthma, COPD, CAD, CHF, diabetes, hypertension ...)
- Multiple Part D covered drugs (more than two drugs will qualify a Member)

Any provider who would like to enroll a Member in the MTM program may do so by calling our Pharmacy Help Desk at 1-800-641-8921. RMHP will perform this service for any Member.

### 90-Day Supply at Retail

Beginning Jan. 1, 2006, RMHP Commercial and Medicare Members can fill prescriptions for a 90-day supply at *select* retail pharmacies. RxWest remains our mail order pharmacy.

To find out if a particular pharmacy offers a 90-day supply, please check our online provider directory at [http://www.rmhp.org/directory/search\\_rx.asp](http://www.rmhp.org/directory/search_rx.asp) or call our Pharmacy Help Desk at 1-800-641-8921.

### RMHP Members with Medicare AND Medicaid coverage

RMHP has several Members who receive both their Medicare and Medicaid coverage ("dual eligibles") through Rocky Mountain Health Plans. Rocky Mountain Health Plans will provide Medicare Part D benefits to these Members in 2006. Medicaid coverage of drugs that are covered under Part D will end on 12/31/05, with the exception of drugs that are presently covered by Medicaid but have been excluded under Medicare Part D. RMHP will process Medicare-covered drugs under its Medicare plan, and Medicaid-covered drugs under its Medicaid plan, for these dual eligibles. Please contact RMHP's Pharmacy Help Desk at 1-800-641-8921 for more information.

# Claims in Process Report: When to send information — and when not to!

We often receive notes or duplicate EOMBs from providers, prompting this article about when RMHP is truly in need of information to complete processing of a submitted claim.

The Claims in Process Report is divided into two sections. Each is clearly marked by a dark grey header giving specific instructions regarding the claims within that section.

The first section lists claims that require immediate action on your part to complete the claim. You will be specifically instructed what to send to allow the claim to process. Some examples of the documentation that might be requested include a copy of an invoice, chart notes, an itemization, etc. You have 30 days to fax or mail the requested documentation to RMHP. If the requested documentation is not received, the claim will deny.

Fax or mail the documentation to RMHP (970-244-7880) with a copy of the Fax Cover Sheet, available on the website ([www.rmhp.org](http://www.rmhp.org)). The appropriate cover

sheet will expedite your submission and allow the mailroom to correctly route it to the Claims Department.

Please send only the documentation specifically requested. If you have questions, please call RMHP Customer Service for clarification (800-854-4558).

If documentation is received after 30 days, the Claims Department will readjudicate the claim. No further action on the part of offices or facilities would be required in this instance.

The second section of the Claims in Process Report, also clearly marked by a dark grey header, lists pending claims on the system **THAT DO NOT REQUIRE ANY ACTION ON YOUR PART**. It is provided to assure you that specific claims have been received. Submitting information based on the pending reasons in section two costs your office unnecessary time and money. The pending reasons are internal to RMHP and do not require you to supply any documentation.

**Questions? Please call RMHP Customer Service at  
800-854-4558 or 970-248-5036.**

## To Our On-line Eligibility Users:

Rocky Mountain Health Plans is pleased to announce that in order to further protect the personal information of our Members, we will no longer be using Social Security Numbers as Member identification numbers. Members will be receiving new cards throughout 2006. During this process, the number on the Member's card may not match the number in our system. A new file for On-Line Eligibility using the new Member ID Numbers was in place December 10, 2005.

If you have a Member who has not received a new card, the following search options are available.

- Search by Member name.
- If no records are found, you may search by the Subscriber Social Security Number by going to the Multiple Method Search Table.
- Select Subscriber Social Security Number. This will pull all family members and allow you to search eligibility for any Member.

Please call RMHP Customer Service (800-854-4558) with any questions regarding Member Eligibility.

## Cultural Competency Educational Opportunities for Physicians and Office Managers

CFMC will be offering educational meetings for physicians and staff regarding cultural competency in the medical office setting. ERS points may be earned for attendance by physicians. These apply to discounts with COPIC.

For more information see [www.CFMC.org](http://www.CFMC.org).

## Credentialing Alert

The RMHP Credentialing Department will accept only the new Uniform Credentialing Application.

Please destroy any former copies of the "New Practitioner Application" that you may have in your files. Contact your Professional Relations Representative for the new application.

Applications submitted on the old format will be returned and the submitter will be required to complete the Uniform Credentialing Application.

Thank you for your attention to this change. Please call Professional Relations if you have questions.

# Need a Form? Check The Website!

We are pleased to announce that most forms that a provider office or facility would need from RMHP are now loaded on our website, [www.rmhp.org](http://www.rmhp.org).

Once on the website, click on the Provider tab. In the drop-down box, select "Commonly Used Forms." You'll find forms for Claims Management, Utilization Management and EDI.

While you're there, check out the Evidence-Based Care section where guidelines and tools for asthma, coronary heart disease, depression, diabetes and pregnancy are located. In this section you and your physicians would also find information about smoking cessation, preventive

health guidelines and information about the RMHP personal health management programs.

Prescription Drug Services will provide resources and links to the RMHP Preferred Drug List, the RMHP Outpatient Formulary guidelines and ePocrates.

And there's more. Our most updated Provider Directory and a year's worth of newsletters are stored on the website, as well.

Please be our guest and enjoy the wide range of tools and information offered at [www.rmhp.org](http://www.rmhp.org). We've developed the RMHP website with you in mind!

## Membership in RMHP High Deductible Health Plans is Growing!

Interest in high deductible health plans (HDHP) continues to grow. RMHP Membership on these plans is expected to number 4,000 as of 1/1/06. HDHP was even an option to employees of Rocky Mountain Health Plans.

In light of this, remember that these Members may present a debit card to pay for services. Participating providers, hospitals and vendors must charge the Member only the contract rate for these services. Members must not be charged the provider's usual billed amount. If the contract amount is unknown, you may balance bill the Member after you receive your Provider Remittance.

Please continue to submit claims for these Members so that their deductibles may be tracked.

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  
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