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GOOD HEALTH

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Do your health a favor: Make exercise an essential part of your daily routine.

MAKING EXERCISE A habit

Of all the items on your to-do list, exercise can be one of the first things to be put off.

Although it's easy to make excuses, being active is an essential part of a healthy lifestyle. Among its many health benefits, exercise can help you maintain a healthy weight and lower your risk of serious health conditions, such as diabetes, heart disease and high blood pressure.

Getting past those excuses may be tough, but it can be done. The following are some common roadblocks to exercise and how to overcome them:

I don't have the time or energy to work out. Most health experts recommend that you get at least 30 minutes of moderate activity on most days of the week.

If it seems nearly impossible to fit a 30-minute exercise session into your day, short bouts of activity may be more manageable and less tiring. Try breaking up your workout into smaller chunks of time. For example, take three 10-minute walks every day. The National Institutes of Health reports that shorter, more frequent bouts of exercise can be just as good for you as a longer workout.

Exercise is boring. To keep from getting bored, make fitness fun. Try these tips: ➤ Choose an activity that you enjoy, such as swimming or gardening. ➤ Work out with a friend. Having someone to talk to can help make exercise less tedious. ➤ Read, listen to music or watch television while you walk on a treadmill or ride a stationary bike.

I'm afraid I'll hurt myself. To avoid injury: ➤ Warm up before every workout with some light stretching or brisk walking. This can help make your muscles and joints more flexible. ➤ Take a class. A certified fitness instructor can show you how to move properly and lower your risk for injury. ➤ Listen to your body. Stop exercising if it hurts or if you feel dizzy, faint or nauseated.

If you haven't been active for a while or have a chronic health condition, be sure to check with your doctor before you begin a vigorous exercise program.

I just can't stick with it. When you need extra motivation: ➤ Pick a goal and decide on a reward for when you reach it. ➤ Remind yourself of what you'll gain from being more active, such as better sleep, an improved mood, more energy and a stronger body.

Additional source: American Academy of Family Physicians

west nile VIRUS MAY BE BACK

The return of summer brings back the risk of West Nile virus infection.

According to the Colorado Department of Public Health and Environment, last year in Colorado there were 345 confirmed cases, resulting in seven deaths. It is difficult to predict what will happen this year, but it's always important to be prepared.

What is West Nile virus?

West Nile virus is a mosquito-borne disease that can cause serious illness in humans. Mosquitoes spread this virus after they feed on infected birds and then bite people. West Nile virus is not spread by routine person-to-person contact, and there is no evidence that people can get the virus by handling

infected animals.

West Nile fever typically starts with sudden onset of fever, headache, fatigue, and muscle aches, often with severe cramping. Sometimes there will be a rash on the body. The acute illness usually lasts about a week, but the fatigue may go on much longer.

Children seldom have much problem with this illness, but adults, especially those over age 50, are more likely to fall ill from this virus, especially the more severe forms.

Preventing the virus

To help prevent exposure to West Nile virus, avoid spending time outside

at dawn and dusk. Keep skin covered when outside and wear tightly woven materials. Drain standing water to prevent mosquito breeding.

For protection, use an insect repellent containing DEET. In most circumstances products with 10 to 35 percent DEET provide adequate protection for adults.



free diabetes screening FOR MEDICARE BENEFICIARIES

JUST ASK

Q How can I learn about Rocky Mountain Health Plans privacy practices?

A Rocky Mountain Health Plans respects the privacy of your protected health information. Our Notice of Privacy Practices describes your rights and how medical information about you may be used or disclosed.

To view the notice on our website, www.rmhp.org, click on "Privacy Practices & Disclosures" at the bottom of the page.

For a paper copy, call Customer Service at 800-346-4643 or write to Rocky Mountain Health Plans.

Diabetes is a national health epidemic, and it affects many in the Medicare population. Of the 35 million people with Medicare age 65 or older, 21 million have diabetes or pre-diabetes.

Better coverage Most of the 14 million Medicare individuals with pre-diabetes don't know they have it. Of the 7 million who have diabetes, between 2 and 3.5 million are not even aware that they have this disease. Medicare wants to make more people aware of these conditions.

Since January 2005, Medicare seniors at risk for getting diabetes are covered for a screening blood sugar test to check for diabetes. Medicare also covers certain supplies and self-management training to treat diabetes.

Diabetes defined Diabetes is a condition in which your body either doesn't respond well to its own insulin or doesn't make enough insulin. Sugar is the body's main fuel, and insulin helps drive sugar into the cells where it is used. When the body needs more energy, it puts more sugar into the bloodstream. If insulin can't push the sugar into the cells, the sugar builds up in the bloodstream. A high blood sugar level leads to many problems that are not good for your health.

You are considered at risk for diabetes if you have any of the following conditions: high blood pressure, a history of abnormal cholesterol or triglyceride levels, obesity, or a history of high blood sugar.

Pre-diabetes is a condition in which the fasting blood sugar level is high, but not high enough to be classified as diabetes. Pre-diabetes raises a person's risk of developing type 2 diabetes, heart disease, and stroke.

Small changes, big difference Recent studies have shown that even fairly small increases in exercise and changes in diet can prevent diabetes in 58 percent of people at high risk for the disease by making the body more sensitive to its own insulin. Even better, the studies showed that people over 60 years of age benefited the most—the changes reduced the development of diabetes by 71 percent.

The Medicare Diabetes Screening Project: A National Drive to Find the Undiagnosed was developed by the Association of Health Insurance Providers (AHIP), the American Diabetes Association, and others in an effort to make sure that the new Medicare diabetes screening benefits are being used by seniors at risk. A website, www.MyMedicare.gov, is available to answer your questions.

CMS050707 H0602 1186001 MCM07

LOWER YOUR RISK FOR DIABETES AND HEART DISEASE BY following A HEALTHY DIET.



Fran Pinarchick, Member since 2002, says RMHP gives her all the coverage she needs.

IN THE WORDS OF A member

"It's so valuable to have all the coverage Rocky Mountain gives me for a minimal charge each month," says Fran Pinarchick, a Metro Denver Standard Plan Member since 2002.

"Many of the other plans didn't let us go to our own doctor. It's a big benefit to be able to choose which doctor you want to see," says Fran, one of our happy Medicare Members who enthusiastically participated in our 2007 testimonial ad campaign.

Because Rocky Mountain Health Plans (RMHP) is a not-for-profit organization, we are able to concentrate on serving our Members and supporting their doctor-patient relationships. Since 1977 we have been delivering quality health care to our Medicare Members. Our plans are designed with you, our Members, in mind. RMHP efficiently connects the products with the services you receive, allowing you to have peace of mind when it comes to your health care.

"When I was with other plans, I kept getting dropped when they'd get out of Medicare," Fran says. "I really felt that Rocky Mountain came to my rescue."

Fran says it so well. RMHP takes pride in our never having exited a county. Even when times get rough, we will be here for you!

Read more from Fran and all of our testimonial participants on-line at the RMHP website, www.rmhp.org.

CMS040807 H0602 1171001 MCM06



CHRONIC ILLNESS

helping CHILDREN COPE

A story read aloud, a hug of reassurance and maybe a spoonful of medicine—this is how many parents help their children weather an illness.

But what if your child is coping with a chronic illness, such as diabetes or asthma?

Even under these circumstances, you can still tend to your child's health, both physically and emotionally. As a first step, learn as much as you can about your child's condition and its treatments. Information can help you be a better advocate for your child.

Next, consider these tips from the American Academy of Pediatrics:

Work closely with your child's doctor. Don't hesitate to ask questions about your child's illness or to share concerns. Your child's health may depend on your willingness to speak up.

Keep your child informed. Often, explanations about an illness stop after diagnosis. Periodically, check your child's understanding of his or her illness. Then correct misconceptions and fill in any gaps.

Talking frequently and openly with your child about the condition will help your child feel comfortable about it.

Be supportive. If your child feels frustrated or

scared, he or she needs to be able to express these emotions—without worrying that you will be upset.

Give your child choices. For instance, let your child choose which arm to draw blood from or when to schedule a non-emergency procedure. Your child will feel more in control.

Emphasize strengths. Focus on what your child can do—not what your child can't do.

Encourage independence. As your child matures, gradually allow your child to take more responsibility for managing his or her condition. While it may be less worrisome for you to be in charge, children must ultimately learn how to care for themselves.

Help your child stay safe—and succeed—at school. Ask your child's doctor for help creating a written health plan for your child's school. This helps the staff know how to respond to your child's special medical needs and how to reach you and your child's doctor in an emergency.

Also, check regularly with teachers to see if your child's health is affecting his or her schoolwork or behavior. If so, alert your child's doctor.

Learn AS MUCH AS YOU CAN ABOUT YOUR CHILD'S CONDITION AND ITS TREATMENTS.

ASTHMA SERIES, PART 2 TREATMENT IS **the key**

Asthma is a chronic disease that affects your airways. The airways are the tubes that carry air in and out of your lungs. When your asthma is active, the inside walls of your airways will be inflamed or swollen. The inflammation makes the airways sensitive, and they tend to react strongly to things to which your body is allergic or that it finds irritating. When the airways react, they get narrower, and less air flows through to your lung tissue.

The purpose of treating asthma is to try and reverse the narrowing of the airways. Treatment includes: ➤ Avoiding things that bring on your asthma (see part 1).* ➤ Using asthma medicines. ➤ Monitoring your asthma.

Asthma medicines

Most people with asthma need both quick-relief medicine to use when symptoms worsen and

long-term daily asthma control medicines to treat the ongoing inflammation.

Quick-relief medicines, or bronchodilators, take effect within minutes to relax tightened muscles around your airways. Short-acting inhaled bronchodilators, such as albuterol, are the preferred quick-relief medicines.

Long-term asthma control medicines are taken every day to prevent asthma attacks. These medicines include:

1. Inhaled steroid. This is the most effective, long-term control medicine for asthma because it reduces the airway inflammation that makes the airways irritable. These medicines may take weeks to be fully effective and are for controlling mild, moderate, and severe persistent asthma.

2. Inhaled long-acting bronchodilators, like salmeterol,



popularly known as Serevent. These medicines are not anti-inflammatory drugs like the inhaled steroids, but they can be used in combination with inhaled steroids (fluticasone propionate [Advair] or budesonide and formoterol fumarate [Symbicort]) to help control moderate and severe asthma.

3. Leukotriene modifiers. These medications are used either alone to treat mild persistent asthma or with inhaled steroids to treat moderate or severe asthma.

4. Cromolyn and nedocromil. These medications are also for treating mild, persistent asthma. It's important to stick to

your physician's treatment plan with long-term control medicines, or your asthma will likely worsen again. Over time, your doctor may need to make changes to your asthma medication. Work with him or her to find the best asthma treatment for you.

Using a peak flow meter

As part of your daily asthma self-management plan, your doctor may recommend that you use a handheld device at home, such as a peak flow meter, to monitor how well your lungs are working. You use the meter by taking a deep breath in and then blowing the air out hard into the peak flow meter.

The device then gives you a number that tells you how fast you moved the air out. You will find your personal best peak flow number.

The meter can help warn you of a possible asthma attack even before you notice symptoms, and it helps your doctor decide on medications. If the peak flow meter shows that your breathing is getting worse, follow the action plan you've worked out with your physician.

*You can find "Understanding Asthma," part 1 of our asthma series, published in the Spring 2007 issue of *Good Health*, at www.rmhp.org.



FILING A CLAIM?

USE THESE new FORMS

We are giving you this notice because if you use a non-participating provider, there may be some cases when you may need to file claims yourself.

The Centers for Medicare & Medicaid Services (CMS) has revised the following forms:

- ▶ Institutional paper claim form, called the CMS-1450, by replacing the UB-92 version with the UB-04 version.
- ▶ CMS-1500 by replacing the 12-90 version with the 08-05 version.

Rocky Mountain Health Plans (RMHP) will no longer accept the old versions of these claim forms and will only accept the CMS-1450 (UB-04) and CMS-1500 (08-05). When you use a RMHP participating provider, the

provider will file your claims for you. RMHP may contact you if additional information is needed to process your claim.

RMHP follows the claim filing requirements for these uniform claim forms as required by Colorado laws. These laws describe the details that must be included on the uniform claim forms. However, these elements and other requirements may be subject to change.

If you need to complete a claim form for services you received, you may obtain the most current requirements from the Colorado Division of Insurance website, www.dora.state.co.us/insurance/regs/4-2-24.pdf, or contact RMHP Customer Service at 800-346-4643.

2006 FINANCIAL summary

This 2006 financial summary for Rocky Mountain HMO (RMHMO) and Rocky Mountain HealthCare Options (RMHCO) has been prepared in accordance with Generally Accepted Accounting Principles (GAAP) and, as such, differs from the statutory financial statements filed with the Colorado Department of Insurance.

BALANCE SHEET	RMHMO	RMHCO	COMBINED TOTAL
ASSETS			
Cash and investments	\$41,138,000	\$4,583,000	\$45,721,000
Accounts and notes receivable	15,681,000	546,000	16,227,000
Prepayments and others	986,000	901,000	1,887,000
Long term investments	65,115,000	20,572,000	85,687,000
Property and equipment (net)	4,106,000	—	4,106,000
Total assets	127,026,000	26,602,000	153,628,000
LIABILITIES			
Medical claims payable	28,529,000	13,571,000	42,100,000
Accounts payable	18,275,000	1,551,000	19,826,000
Prepaid premiums	8,367,000	3,613,000	11,980,000
Total liabilities	55,171,000	18,735,000	73,906,000
RESERVES	71,855,000	7,867,000	79,722,000
Total liabilities and reserves	\$127,026,000	\$26,602,000	\$153,628,000

STATEMENT OF OPERATIONS	RMHMO	RMHCO	COMBINED TOTAL
Premium revenue	\$319,013,000	\$118,351,000	\$437,364,000
Medical expense			
Ambulatory (physicians and other providers)	118,734,000	30,019,000	148,753,000
Hospital	101,097,000	60,549,000	161,646,000
Pharmacy	50,236,000	9,695,000	59,931,000
Home health	3,704,000	—	3,704,000
Stop-loss claims	—	439,000	—
Other	3,122,000	1,535,000	4,657,000
Total medical expense	276,893,000	102,237,000	378,691,000
Administrative expenses	36,783,000	17,444,000	54,227,000
Total expense	313,676,000	119,681,000	432,918,000
Income from operations	5,337,000	(1,330,000)	4,446,000
Other income and expense, net	3,319,000	1,046,000	4,365,000
Net income (loss)—before tax	8,656,000	(284,000)	8,811,000
Federal and state income tax expense	N/A	122,000	122,000
Net income (loss)	\$8,656,000	\$(162,000)	\$8,933,000
NET INCOME AS A % OF PREMIUM REVENUE	2.71%	-0.14%	2.04%

GOOD HEALTH

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Kayla Arnesen Managing Editor

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Para asistencia en español 800-346-4643

TTY line for the hearing impaired 800-704-6370

(special equipment required)

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Our site www.rmhp.org



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We will be drawing names and contacting winners by mail very soon. Look for a list of the winners' names in our next issue.