



# ROCKY MOUNTAIN HEALTH

PROVIDER EDITION

SPRING 2009

## **We understand Colorado. We understand you.**

As a Provider of Rocky Mountain Health Plans we're pleased to introduce to you our new brand promise that further defines our health plan and our local presence in the Colorado market. Beginning in February the new Rocky Mountain Health Plans brand promise is:

**We understand Colorado. We understand you.**

We're making this change because we believe this new brand promise will do the following things for our organization:

- Reinforce what makes Rocky Mountain Health Plans different and better than our competitors
- Emphasize our Colorado roots
- Demonstrate why Rocky Mountain Health Plans is a better choice for Colorado health care consumers
- Uniquely position us while avoiding overused health care lingo

As we work to transition this new key phrase into all things Rocky, you'll begin to see it appear in our logo, website, and business correspondence to name a few. We're also excited about a new advertising campaign we're kicking off in February, so in the coming days look for some great new advertisements that clearly communicate the strengths of Rocky Mountain Health Plans. Additionally, you may have noticed this newsletter has a new name, *Rocky Mountain Health, Provider Edition*. This too supports our unique positioning of being a local health plan that better understands the needs of all we serve. We welcome your feedback and value your support and commitment to our organization as we introduce the new Rocky Mountain Health Plans brand promise.

Please route this important information to:

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



## Medication Prescribers:

Many pharmacies advertise a 30 day supply of generics for \$4, or a 90 day supply for \$10. This offers a great savings opportunity for RMHP Members. It is very important, however, that you encourage your RMHP patients to instruct the pharmacy to bill these prescription drug claims to RMHP.

When a Member pays cash for a \$4 generic, RMHP doesn't capture that claim. These claims are critical for our Medication Therapy Management Program (required by CMS), physician incentive programs, HEDIS data, generic percentage analysis, and other drug related data. Some Medicare Members are being told to "just pay cash and avoid the gap." Four dollar generic prescriptions will have very little impact toward the gap and most Members never reach it. Those that hit the coverage gap do so because of expensive drugs, not \$4 generics.

If your RMHP patient pays cash for a generic drug, our data will not reflect that you prescribed that drug. This will result in a low generic percentage, higher cost PMPM, and incomplete data for medication reviews.

Please encourage your patients to continue utilizing the \$4 generic option at participating pharmacies. Please encourage them to show their RMHP identification card and ask the pharmacist to send the prescription drug claim to RMHP.

## Pharmacy Providers:

We encourage our Members to take advantage of \$4 generic programs. However, it is highly important that we capture these claims. We advise pharmacies to always run these prescriptions through RMHP to ensure our data is complete for these Members; physician programs, quality initiatives, and CMS mandated programs depend upon data that is reported.

## Member Education Campaign

The rising costs of health care services and health insurance premiums continue to be a major source of concern for employers, workers and patients. That's why Rocky Mountain Health Plans is launching a Member education campaign. In each issue of the 2009 Member Newsletter, we will offer information and practical tips on steps individuals can take to positively impact out-of-pocket costs. Here is the schedule and topics:



<b>March 2009</b>	Where does your health insurance dollar go?
<b>June 2009</b>	It is important to establish a relationship with a primary care physician. We'll suggest important questions to ask your doctor.
<b>September 2009</b>	Getting the preventive care you need can save you money. We'll offer tips on resources available that provide reliable health information.
<b>December 2009</b>	Cost savings can be achieved by simply knowing your health plan benefits.

## CORNER

### CODERS

Total OB Care covers both antepartum and postpartum care. Antepartum or prenatal care includes the initial and subsequent histories, physical examinations, recording of weight, blood pressures, fetal heart tones, and routine chemical urinalysis. It includes monthly visits up to 28 weeks gestation, biweekly visits up to 36 weeks gestation, and weekly visits until delivery. Postpartum care includes hospital and office visits following delivery.

#### Total OB care includes:

- OB Ultrasound (2)
- Obstetrical Panel (1) (CBC, Hepatitis B antigen, Rubella antibody, Syphilis test, antibody screen, blood typing ABO, blood typing Rh)
- Urinalysis (at each visit)
- Urine culture (1)
- Labs
  - Alpha-fetoprotein (1)
  - Cervical cytology (2)
  - Chlamydia testing (1)
  - Fast Blood Glucose - 1 done postpartum for followup to gestational diabetes
  - Genetic Testing: Cystic Fibrosis (1) \*
  - Glucose Tolerance Test (GTT) (1)
  - Gonorrhea testing (2)
  - Hematocrit (1)
  - Hemoglobin (1)
  - HIV testing (1)
  - 1 hour glucose challenge (2)
  - Streptococcus Group B strep (vaginal culture) (1)
  - Rho D immune globulin (Rhlg) - if indicated (1) at 28 weeks
  - Syphilis Test (2) (1 included in the obstetrical panel)
  - Blood typing Rh (D) (2) (1 included in the obstetrical panel)
- Flu Vaccine (1)
- Vaccine Administration (2)

\* Exception - 83901 billed for each additional sequence. 83914 billed for each additional segment.

The office visit to confirm pregnancy is payable outside of global OB. Use diagnosis code 626.0, or V72.4 through V72.42.

Per Medicare guidelines, codes 99441 – 99444 as well as 99371-99373 are non-covered and will not be reimbursed.

## Anticoagulation Therapy: Tools for Your Office

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 flowsheets 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).



## Introduce Your Patients to Rocky Mountain Medicare

Rocky Mountain Health Plans offers medical only plans, which are open for enrollment all year round. If your patients are looking to change from expensive Medicare supplemental policies, they can begin to enjoy Rocky Mountain benefits as soon as next month!

*With no referrals, free preventive care, low premiums and excellent, local customer service,* Rocky Mountain Health Plans can give your patients the coverage they deserve at an affordable price.

Because RMHP is a not-for-profit organization, we are able to concentrate on serving our Members and supporting the doctor-patient relationship to help ensure quality health care. Rocky Mountain Health Plans has been helping Medicare beneficiaries since 1977 by offering excellent choices in medical and Part D plans to meet individual needs.

Let your patients know they can arrange for a free, personalized meeting with a Medicare health plan expert by calling 888-251-1330.



- For medical benefit questions, we are open 8:00 A.M. to 5:00 P.M., Mountain Time, Monday through Friday.
- If you are hearing impaired and use TTY equipment, call 800-704-6370.
- Para asistencia en español llame al 800-346-4643.
- For Part D prescription drug benefit questions, please call between 8:00 A.M. and 8:00 P.M., Mountain Time, Monday through Friday. From November 15 through March 1, we are also available 8:00 A.M. to 8:00 P.M., Mountain Time, on weekends and most holidays.



### 2009 - 2010 Clinical Quality Improvement Program Description

The updated Clinical Quality Improvement Program Description document will be available in June. It will be included in your provider manual. 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).

### HEDIS

Rocky Mountain Health Plans has begun the 2009 HEDIS (Healthcare Effectiveness Data and Information Set) project. As many of you know, Member data is collected from claims submitted and by medical record reviews in physician offices. RMHP nurses will be visiting offices this Spring to gather information we need to determine rates for health indicators such as immunizations, cervical cancer screening, colorectal cancer screening, cholesterol management, and diabetes care.

# Online Billing of Part D Vaccines

Effective immediately Rocky Mountain Health Plans will be participating with Dispensing Solutions, Inc. (DSI) e-Dispense to facilitate seamless online processing for these vaccine claims. Online billing of Part D vaccines allows for real-time, point of service in-network claim adjudication and will facilitate

collection of the correct Medicare Part D copayment and provider reimbursement. As an RMHP contracting provider we would like to encourage you to complete the enrollment and agreement process at <http://enroll.edispense.com> to become a participating provider with the DSI eDispense program. DSI has a customer service

department available for questions and assistance at 866-522-EDVM (9986). The only requirement for participation is access to the internet. **There is no cost to providers to process claims through DSI and you will be reimbursed on a regular monthly basis.**

Vaccine	Billing Option 1	Billing Option 2	Billing Option 3
Part D vaccines: <ul style="list-style-type: none"> <li>• Zostavax</li> <li>• Tetanus boosters</li> <li>• Travel vaccines</li> </ul>	Use DSI online billing.  <a href="http://www.enroll.edispense.com">www.enroll.edispense.com</a> to enroll.	Send patient to pharmacy with prescription.  Call RMHP for list of participating pharmacies.	Charge Member in full, tell them to seek reimbursement from RMHP.
Part B vaccines: <ul style="list-style-type: none"> <li>• Tetanus (not booster)</li> <li>• Influenza vaccine</li> <li>• Pneumococcal vaccine</li> <li>• Hepatitis vaccine</li> </ul>	Bill RMHP as usual		

## Access RMHP

Remember *Access* RMHP is available to all Participating Providers! This is a secure website that provides you access to Rocky Mountain Health Plans 24 hours a day, seven days a week. *Access* RMHP is updated nightly, so the information is always up-to-date.

### You can use this helpful site to:

- Check the most current claims status and detail
- Check Member eligibility
- Look up the status of Member authorizations
- Search for providers, including specialists, pharmacies, and facilities
- Check remittance status and detail

### There's also other helpful information and tools, such as:

- Code look-up functionality
- A link to RMHP's current formulary
- The ability to create Member rosters (PCP only)

For more information visit [www.rmhp.org](http://www.rmhp.org) today!



## We Are Here to Help!

When your patients have a serious medical crisis, Rocky Mountain Health Plans (RMHP) can help. We have specially-trained nurse case managers to help your patients during a major illness. Different from disease management programs, which focus on patients with a chronic condition such as asthma or diabetes, case management services are for Members with complex medical conditions such as cancer or an organ transplant. Our Case Managers can help your patients with everything from avoiding duplicated tests to finding the best-priced prescriptions and other services to assist them in managing their care.

Rocky Mountain Health Plans has skilled nurse Case Managers who can help your patients navigate these issues. A Case Manager functions as the *go-to* person within the health plan for

you and your patients. She can answer questions, interact with your patient's doctors, specialists and others to assist Members in putting together a plan for health care based on their specific needs. Additionally, our Case Managers have access to various resources throughout our communities to assist your patients who are experiencing financial hardships with meeting their out-of-pocket expenses. They can direct your patients to state and national organizations that may be able to help.

Case Management services are free to Rocky Mountain Health Plans Members in all areas of the state. You, your staff or a Member can call a Case Manager to discuss a question or concern with no appointment or referral necessary. The Rocky Mountain Health Plans Case Managers are:

### Joanna Saville, Oncology (cancer) Case Manager

- Joanna is a Registered Nurse with a Master's degree in Nursing. She has more than 13 years of nursing expertise. She specializes in cancer, patients with special needs, home health care, home infusion services, and hospice.

### Jessica Segrest, Specialty Case Manager

- Jessica is a Registered Nurse with a Bachelor's degree and seven years of nursing expertise. She specializes in one-on-one case management for Members with asthma, CAD, COPD, chronic back pain, and diabetes.

Don't get frustrated when steering through today's complex health care system. Let the Case Management Team at Rocky Mountain Health Plans be your guide. For these and other Case Management Programs, go to [www.rmhp.org](http://www.rmhp.org). All of our Case Managers can be reached Monday through Friday, from 8:00 A.M. – 5:00 P.M. by calling 800-843-0719.



## Rocky Mountain Health Plans Introduces New Chief Medical Officer

Rocky Mountain Health Plans announces the appointment of primary care physician Kevin R. Fitzgerald, M.D., as Chief Medical Officer, succeeding David Herr, MD, who recently retired after 15 years of service. Fitzgerald will oversee all clinical programs and medical policies.

Dr. Fitzgerald has been a physician in Colorado since graduating from the University of Colorado School of Medicine in 1989, and a family practice physician since completing his residency at the Mercy Family Medicine Residency program in 1992. He is a former medical director for United

Healthcare and for Physician Health Partners, a large Denver-based physician-owned management group.

“In looking for a new chief medical officer, it was essential that we find an individual who shares the values that have been at the core of Rocky Mountain Health Plans since its founding in 1974. Dr. Fitzgerald fits the criteria,” said Chief Executive Officer John Hopkins. “In addition, he is committed to continuing and expanding our innovative programs in quality improvement, care management, and pharmacy utilization. We are very pleased to have someone with his clinical experience and credentials join our organization.”

## Notes from the RMHP Pharmacy Help Desk

### Pharmacy Providers:

The following information may reduce your call volume to the RMHP Pharmacy Help Desk.

**Please clip and post** this information to use when you submit online prescription drug claims for ALL RMHP Members. (Medicare, Medicaid, Commercial, and CHP+)

RMHP – All members  
Bin Number = 003858  
Processor Control Number = A4  
Group = MHYA

### Physician Providers:

Please view the list of prescription drugs that require prior authorization, and the criteria for authorization at:

<http://www.rmhp.org/providers/preauthorization.aspx>

Note: Some drugs are preauthorized by the RMHP Pharmacy Department, and some are preauthorized by Care Management. Sending your request to the correct department will reduce the time it takes for a decision.

### Please clip and save:

To request Prior Authorization on a RMHP drug, Fax form to:  
Pharmacy Department PA: 970-248-5034  
Care Management PA: 877-201-7302 or 970-254-5738.  
WINhealth Partners 877-825-3018  
View PA drugs here: <http://www.rmhp.org/providers/preauthorization.aspx>



## Attention:

When requesting a Provider Appeal or a Claims Action Request, please be certain you are using the appropriate form type for your request. Requests are routed to the appropriate department by form type. Using the appropriate form will avoid unnecessary delays in processing your request and will ensure that it is reviewed timely.

### Provider Dispute Resolution Form

The Provider Dispute Resolution form is used for issues such as timely filing, bundling, no preauthorization, and no admission notification. Please note: A claim cannot be appealed until it has been processed. Do not send proof of timely submittal for claims that have not been processed.

### Claims Action Request Form

The Claims Action Request (CAR) form is used for correcting diagnosis code, date of service, units billed, adding modifiers, duplicate procedure, etc.

Forms are available on our website at [www.rmhp.org](http://www.rmhp.org), Health Care Providers, Commonly Used Forms.

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

We understand Colorado. We understand you.

**HEALTH PLANS<sup>®</sup>**  
**ROCKY MOUNTAIN**



**PRSRT STD**  
U.S. Postage Paid  
Grand Junction, CO  
Permit No. 243