



ROCKY MOUNTAIN
health
 PROVIDER EDITION | FALL 2018



What's Inside

Rekindling the Spark: Meaningful and Effective Leadership in Health Care..... 2

Education and Training Availability 2

RMHP Announces Physician-Specific Patient Satisfaction Survey Project..... 3

Changes to Medicare Marketing and Communication Guidance..... 4

Understanding the Importance of Proper Documentation..... 5

Required Medical Record Request 5

Health First Colorado Members Have a Free Choice of Providers for Family Planning Services..... 6

Social Needs Screening is Live 7

Early and Periodic Screening, Diagnosis, and Treatment Benefit 8

Rocky Mountain HealthCare Options 9

Diabetic Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications 9

Care Management Focuses on Drug Safety, Complex Cases, Chronic Conditions..... 10

Updates on RMHP's 2018 Quality Improvement Program..... 11

RMHP Medicare Members Mistakenly Receive Non-Renewal Notice From Centers for Medicare and Medicaid Services 11

Medicare Annual Enrollment Period (AEP) Is Here..... 12

Rekindling the Spark: Meaningful and Effective Leadership in Health Care

Rocky Mountain Health Plans (RMHP) Practice Transformation (PT) Team hosts its first annual leadership training for Western Colorado clinical and administrative leaders in health care. These interactive and informative conference sessions focus on developing skills to guide collaborative teams of empowered staff members, make thoughtful and strategic business decisions, and implement efficiency strategies

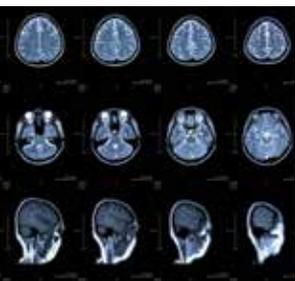
to promote a healthy work-life balance. Physicians, nurse practitioners, physician assistants, clinic directors, and those holding a supervisory or leadership role in primary and specialty care clinics are encouraged to attend.

Speakers include Marie Brown, MD, a senior physician advisor with the American Medical Association (AMA), and Paul Howard, the Director of Community Initiatives for 100 Million Healthier Lives at the Institute for Healthcare Improvement (IHI). This training is free of charge for all attendees and includes breakfast and lunch.

Friday, October 26, 8 a.m. – 3:30 p.m.

DoubleTree by Hilton Hotel • 743 Horizon Drive, Grand Junction

For more information or to register, contact Mindy Patton, Program Education and Communication Coordinator, at mindy.patton@rmhp.org.



Opportunities Available For Education and Training

RMHP is committed to our providers' education and training needs to better understand Health First Colorado (Colorado's Medicaid Program) benefits, services, and requirements. Please contact us if you have additional training needs not listed below. Topics may include, but are not limited to, the following:

- Colorado Health First eligibility and application processes
- Cultural responsiveness
- Access to Care standards
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
- RMHP's Population Health Management Plan
- Health First Colorado benefits
- Member rights, grievances, and appeals
- Quality Improvement initiatives, including those to address population health
- Principles of recovery and psychiatric rehabilitation
- Trauma-informed care
- Additional trainings identified
- Use and proper submission of the Colorado Client Assessment Record for Members (CCAR) or the current Colorado Office of Behavioral Health's data collection tool for mental health and substance use disorders

Contact Nicole Konkoly, RAE Network Relations Manager, about education and training needs by calling 303-967-2004 or emailing nicole.konkoly@rmhp.org.



RMHP Announces Physician-Specific Patient Satisfaction Survey Project

RMHP believes that the quality of health care can be improved by obtaining regular feedback from our Members. We conduct a series of satisfaction surveys on an annual basis, including surveying your patients about their experience with RMHP. Additionally, we survey Members about the care they have received from their physicians, alternating each year between primary care physicians and specialist physicians. This year we are conducting the primary care physician survey.

How may this impact you?

We are beginning to mail physician-specific satisfaction surveys to our Members who have received care from RMHP physicians during the past six months.

Members may contact you about the survey. Please encourage them to complete the survey and return it to RMHP.

How are physicians selected for the survey?

Physicians who have had more than 50 RMHP Member visits during the past six months will be included in this survey.

What does the survey ask?

Questions included on the survey are derived from the Consumer Assessment of Health Plans Survey (CAHPS) and ask Members about their perception of their doctor's office and experience with the care provided.

When will you see the results?

Completed surveys will be processed by RMHP and your individual results will be mailed to you later this year. You will receive:

- Physician-Specific Patient Satisfaction survey results
- Individual handwritten patient comments, when available
- Description of the survey methodology

If you have any questions regarding the survey, please contact Maura Cameron, Director of Quality Improvement, at maura.cameron@rmhp.org.

It is our hope that this project will assist you in continuing to provide high-quality health care to your patients and our Members. Thank you for your continued support.

Changes to Medicare Marketing and Communication Guidance

The Centers for Medicare and Medicaid Services (CMS) recently issued changes regarding what providers may or may not do when presenting Medicare plan options to patients. In order to help provide a clear snapshot of allowable as well as unapproved interactions, RMHP has provided the following review to help you better understand the possible conversation between you and your patients. Should you have any questions regarding the following, please contact RMHP Provider Relations at 888-286-3113.

Permissible contracted provider-initiated activities include:

- Distributing unaltered, printed materials created by CMS, such as reports from Medicare Plan Finder, the “Medicare & You” handbook, or “Medicare Options Compare” from **medicare.gov**, including in areas where care is delivered
- Providing the names of RMHP (and other plans they contract with or participate)
- Answering questions or discussing the merits of RMHP, including cost sharing and benefits information. These discussions may occur in areas where care is delivered
- Referring patients to other sources of information, such as State Health Insurance Assistance Program (SHIP) representatives, RMHP marketing representatives, their State Medicaid Office, local Social Security Office, the CMS website at **medicare.gov**, or 1-800-MEDICARE
- Referring patients to RMHP marketing materials available in common areas
- Providing information and assistance in applying for the LIS

RMHP does not allow contracted providers to:

- Accept / collect scope of appointment forms
- Accept Medicare enrollment applications
- Make phone calls or direct, urge, or attempt to persuade their patients to enroll in a specific plan based on financial or any other interest of the provider
- Mail marketing materials on behalf of RMHP
- Offer inducements to persuade their patients to enroll in RMHP
- Conduct health screenings as a marketing activity
- Distribute marketing materials / applications in areas where care is being delivered
- Offer anything of value to induce enrollees to select them as their provider
- Accept compensations from RMHP for any marketing or enrollment activities

RMHP allows contracted providers to:

- Make available, distribute, and display communication materials, including in areas where care is being delivered
- Provide or make available RMHP marketing materials and enrollment forms outside of the areas where care is delivered (such as common entry ways, vestibules, hospital or nursing home cafeterias, and community, recreational, or conference rooms)



Understanding the Importance of Proper Documentation

RMHP understands the part we play in the overall documentation process. As a payer, RMHP is always looking for ways to assist you in improving the claims adjudication and payment processes. A great way to help you review the importance of proper documentation and learn more about how proper documentation is achieved is through the released video available by visiting cms.gov.

Through this short video, you will understand why proper documentation is important to you and your patients.

Additionally, you can learn more about:

- The effects of items / services
- How proper documentation impacts claim payment
- Medical reviews
- Top five documentation errors
- Submission details behind a Comprehensive Error Rate Testing review
- How your Medicare Administrative Contractor is available to help

Visit cms.gov for assistance in helping us to improve our payment processes by improving documentation. On cms.gov, navigate to *Outreach and Education > Medicare > Medicare Learning Network > Fast Facts > Provider Minute Video: The Importance of Proper Documentation*.

Important: Required Medical Record Request

RMHP recently received a mandated review by The Centers for Medicare & Medicaid Services (CMS) to validate 2017 medical records for our Members and your patients. You are required to provide medical records upon request for RMHP Members according to your RMHP provider contract. RMHP will reimburse you for these records as contractually outlined. A CMS memo noting this record request requirement and the HHS-operated Risk Adjustment Data Validation (HHS-RADV) program was issued to provide an explanation behind the request.

Health Data Vision, Inc. (HDVI), a HIPAA-compliant vendor, will be collecting these records on behalf of RMHP in accordance with the HHS-RADV program. Due to CMS requirements and timelines, records need to be supplied within **5 days** of request.

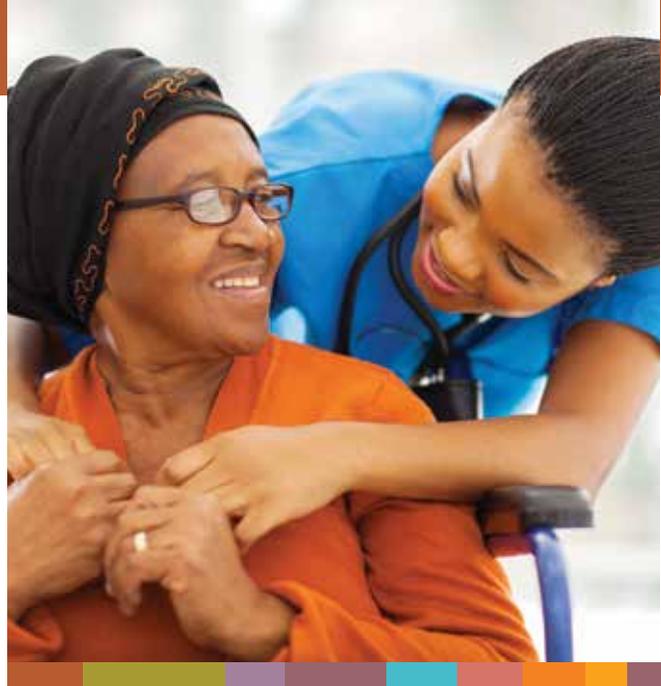
HDVI will need the full year 2017 chart components (as applicable). For more information on required components, where to send these, and questions about this request please contact HDVI Provider Services directly at 855-454-6182. In order to be compliant with CMS, it is imperative HDVI receives the requested medical records.

Our agreement with HDVI complies with HIPAA privacy regulations. As a “business associate” of RMHP under HIPAA, HDVI is authorized to conduct this medical record review as our Initial Validation Auditor (IVA), defined in the mandated HHS-RADV program. HDVI will maintain the confidentiality of any protected health information (PHI) they receive from you on our behalf, in accordance with HIPAA and other applicable confidentiality and privacy laws.

Health First Colorado Members Have a Free Choice of Providers for Family Planning Services

Federal regulations require that all Health First Colorado (Colorado’s Medicaid Program) Members, including clients enrolled in a managed care plan such as RMHP Prime, have a free choice of providers for family planning services regardless of whether the provider is “in-network” or “out-of-network” with a managed care plan.

This is reflected in the RMHP Health First Colorado Member Rights and Responsibilities with the following highlighted language:



It is Your Right

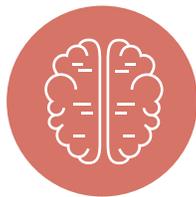
- To get information about RMHP and its services, doctors, and health care providers and to get information about your rights and responsibilities
- To be treated with respect and with recognition of your dignity and right to privacy
- To accept or refuse medical treatment to the extent provided by Colorado state law and to participate in making decisions about your health care
- To have open discussion with health care providers about appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage, and presented in a manner appropriate to your condition and ability to understand
- To make appeals, and to bring complaints to RMHP, the Insurance Commissioner of the State of Colorado, or the Department of Health Care Policy and Financing
- To be furnished health care services in accordance with federal health care regulations for access and availability, care coordination and quality
- To expect all communications regarding your care to be kept confidential as required by law
- To freely exercise your rights without being treated differently
- To be free from the use of physical restraint or being isolated. These methods may not be used to make you cooperate, to punish you, for the ease of the caregiver, or as a way of getting back at you
- **To get family planning services from any Health First Colorado provider, in or out of RMHP’s network, with no referral**
- To request and receive your medical records and to have them changed according to federal law
- To get a second opinion
- To be free from discrimination based on race, color, national origin, age, disability, sex, sexual orientation, or gender identity
- To make recommendations regarding RMHP’s rights and responsibilities policy

As a reminder, the RMHP Health First Colorado Member Rights and Responsibilities can be found at rmhp.org/medicaid-chp-plus/get-help/faqs.

It is Your Responsibility

- To choose a Primary Care Physician (PCP) for each member of your family and to let that PCP know of any advance directive regarding your medical care
- To let your PCP direct your care with specialists and other health care providers, except in cases of medical emergencies, urgent care when outside the service area, obstetrical or gynecological care, and eye care
- To learn about your RMHP health care benefits, procedures, and limitations and to be cooperative
- To notify RMHP Customer Service of membership or address changes, marriage, birth of a child, or adoption of a child
- To take responsibility for copayments and costs for certain health care services and any services that are not covered by Health First Colorado
- To understand your health problems and participate in making treatment goals
- To provide the health care provider with all information needed for you to receive appropriate care and to follow the care and instructions agreed upon with your provider
- To tell RMHP about any other insurance you may have, including Medicare

Your RMHP patients may file a complaint or grievance by following the rules as described in the *Appeal and Grievance* section of our handbook.



Calling All Hospitals, Primary Care, and Behavioral Health Providers: Social Needs Screening is Live

Addressing social needs is critical to improving the health of our Members. RMHP has partnered with Quality Health Network to develop two applications for providers to screen patients with needs related to food, housing, transportation, utilities, and social isolation. These two applications provide slightly different patient experience and support different workflows. Both tools

allow patients to complete the screening on a tablet in the waiting room. RMHP and our partners will provide you with resource lists for each of the positive screenings so you don't have to identify and maintain the available resources for these needs. Tier 1 and Tier 2 participating practices are eligible to receive up to \$10,000 for conducting social needs screening. In addition, RMHP Practice Transformation

Coaches are available to assist you in integrating this into your workflow. We may be able to provide you with tablets to use for social needs screening. For more information contact Kathryn Jantz, Senior Program Operations Leader of Community Integration, at 303-638-9897 or kathryn.jantz@rmhp.org.

Early & Periodic Screening, Diagnosis, and Treatment Benefit

All children served by Health First Colorado (Colorado’s Medicaid Program), including RMHP Prime Members, are eligible for the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit from birth through age 20. This comprehensive benefit is designed to support early identification and treatment of developmental delays with the goal of improving long-term outcomes.

EPSDT provides a comprehensive well-child exam, including:

- Health and developmental history
- Immunizations
- Vision and hearing screenings
- Oral health assessment
- Developmental and behavioral screenings
- Anticipatory guidance
- Lab tests (includes elevated blood lead level)

Health First Colorado has adopted the Bright Futures Periodicity schedule, endorsed by the American Academy of Pediatrics (AAP) and found at aap.org.

A critical component of the EPSDT benefit is diagnosis and treatment. There is no lifetime limit in cost of care or number of units (such as the number of physical therapy visits). All treatment deemed medically necessary can be provided under EPSDT, even if the services are not specifically defined as a covered Health First Colorado benefit. Prior authorization is required for any services beyond those specifically defined as covered by Health First Colorado. With the EPSDT benefit, children can receive therapies and other care that meets the medically necessary criteria. Services do not have to be curative or restorative as long as they provide therapeutic value.



EPSDT Fall Training Schedule

RMHP is conducting 30-minute lunchtime EPSDT webinars.

- **Wednesday, October 24, Noon – 12:30 p.m.**
EPSDT Billing and Coding
- **Wednesday, November 14, Noon – 12:30 p.m.**
Overview of EPSDT Benefits and Prior Authorization

Please inform your RMHP Provider Representative if you are interested in attending an EPSDT lunchtime webinar.



Rocky Mountain HealthCare Options

Effective September 30, 2018, the business operations of Rocky Mountain HealthCare Options (HCO) were transferred to Rocky Mountain Health Maintenance Organization, dba Rocky Mountain Health Plans.

RMHP continues to offer benefit plans to individuals, families, employers, retirees, and Health First Colorado (Colorado's Medicaid Program) and Child Health Plan Plus (CHP+) beneficiaries. There is no change to current RMHP Members' benefit plans or costs of coverage.

For a limited time after September 30, providers may receive two checks for claims: one for RMHP plans, and another replacing the HCO check for claims under HCO plans. After all outstanding HCO claims have been paid, providers should expect to receive only one check from RMHP.

If you have any questions, please contact your local RMHP Provider Relations representative.

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications

Patients taking atypical antipsychotics have an increased risk of developing diabetes. Those Members on antipsychotics should be screened annually for diabetes. We encourage the inclusion of this diabetes screening for those impacted.

Tips For Completing Screening

- Explain importance of having an A1C annual checkup while on these medications
- Order tests during every patient visit until the test is completed
- Refer to RMHP Case Management for help with care coordination, including transportation assistance

Care Management Focuses on Drug Safety, Complex Cases, and Chronic Conditions

Each year the Care Management Department assesses the characteristics of RMHP membership and develops programs to support needs identified in the review. The following programs, free to RMHP Members, address the most recently identified needs.

Drug Safety Program

RMHP Members visiting multiple prescribers and using multiple pharmacies to fill controlled medication prescriptions are identified by our Pharmacy Department and enrolled in the Drug Safety Program. The program limits these Members to one prescriber and one pharmacy with coverage denied if other prescribers or pharmacies are used.

With RMHP's Drug Safety Program:

- Case Managers facilitate appropriate utilization of resources
- Adherence to the medication treatment plan is reinforced
- Periodic member assessments are performed
- Members receive support and education pertinent to their needs
- Case Managers attend Member appointments with providers as able.

Providers can refer an RMHP Member for enrollment in the Drug Safety Program by contacting the Pharmacy Help Desk. Call 970-248-5031, fax your request to 970-248-5034, or email pharmacy.reps@rmhp.org.

Complex Case Management

RMHP's Complex Case Management Program uses a team approach to improve the quality of life for Members with complex health needs. Nurses help Members take control of their health care needs and optimize their benefits. Case Managers collaborate with Member and their providers, including behavioral health providers. RMHP Case Managers also have access to community resources to help Members experiencing financial or other challenges because of their health situation.

Providers can refer an RMHP Member or contact a Case Manager to discuss a concern by calling RMHP's referral line at 970-248-8718 or 800-793-1339 or by completing a referral at rmhp.org. Select *I am a Provider*, and you'll find commonly used forms under *Provider Resources*.

Disease Management

RMHP offers a Disease Management Program to educate and provide resources for Members diagnosed with diabetes or asthma. The Disease Management Program can help:

- Reduce complications of disease through education and lifestyle changes
- Support the Member's treatment plan
- Find additional resources

To refer a Member to RMHP's Disease Management program call 888-847-6466 or complete an online referral at rmhp.org. Go to *I am a Provider > Provider Resources > Commonly Used Forms*.





Updates to Our 2018 Quality Improvement Program

RMHP maintains its tradition and commitment to constantly seeking improvement for the quality of care and level of services for our Members. We will release an updated Quality Improvement Program Description document this fall along with your newly revised Provider Manual. To request a copy of the Quality Improvement Program Description as well as performance of the Quality Improvement Program, please call Maura Cameron, Quality Improvement Director, at 303-967-2085 or email maura.cameron@rmhp.org.



RMHP Medicare Members Mistakenly Receive Non-Renewal Notice From Centers for Medicare & Medicaid Services

In early September, RMHP's Medicare Members received a notice from the Centers for Medicare & Medicaid Services (CMS) informing them of a non-renewal for their Medicare Cost Plan beginning in 2019.

This notice was sent in error to many RMHP Medicare Members, although it was

intended only for approximately 250 RMHP Medicare Members, predominantly in Elbert and Clear Creek counties along the Front Range.

RMHP has worked to correct this error, but you may refer concerned Members to contact the RMHP Medicare Sales team at 888-251-1330 (TTY: 711).

Hours are 8 a.m. – 5 p.m. Monday – Friday, or they can find out more about available areas of coverage by visiting www.rmhpMedicare.org.



PO Box 10600
Grand Junction, CO 81502-5600

Steve ErkenBrack President and CEO
Kevin R. Fitzgerald, MD Chief Medical Officer
Front Range, Eastern Plains, and San Luis Valley
Professional Relations:
303-689-7372 or 800-823-8356
Western Slope Professional Relations:
970-244-7798 or 888-286-3113

Please route this important information to:

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



The Medicare Annual Enrollment Period Is Here

RMHP's Medicare Cost plans are open for new enrollments during Medicare Annual Enrollment Period (AEP). Medicare beneficiaries, including those retirees with a group plan option available, can change plans between October 15 and December 7. Your patients can contact RMHP for 2019 information.

Find us on Social Media

 @RMHPColorado

 @RMHP

 @RockyMtnHealthPlans

 rmhp.org/blog