RCCO Eligibility Information No Longer Available on RMHP Provider Portal

Effective immediately, RCCO Member eligibility information is no longer available by querying the RMHP Provider Portal. If a provider does an “Eligibility Search” on an RCCO Member, the portal will display the message “No Records Found”.

To obtain eligibility verification for RCCO Members, you must query the Colorado Medicaid provider portal. Please contact your Provider Relations Representative if you have any questions.
Medicare Prescriber
Enrollment Requirements

CMS is delaying the enforcement of the Part D Prescriber Enrollment Requirements until February 1, 2017. The delay is necessary in order to minimize the potential for disrupting beneficiaries’ access to needed Part D medications. The revised implementation date will provide sufficient time for prescribers to complete their enrollment activities.

3-Month Provisional Supply

In the event a prescriber is not enrolled, or has not opted out of, Medicare Part D, CMS will allow a 3-month provisional fill of the prescription. This allowance minimizes the potential for interruptions to Part D-covered beneficiary’s access to needed medications. The provisional supply will allow time for the prescriber to properly enroll or for the beneficiary to find a prescriber who is able to prescribe Part D drugs.

Special Note About Opt Out Physicians

Physicians/practitioners (including Dentists) opting out of Medicare will not be eligible to receive reimbursement for items and services covered by traditional Medicare or an MA plan, including those covered as supplemental benefits, except for urgent or emergent care.

Enrollment Process

CMS expects prescribers to timely enroll in, or opt out of, Medicare Part D. Failure to enroll promptly could result in beneficiary prescriptions being denied. The application may be completed electronically or on paper as follows:

Electronic process

Use the PECOS system at go.cms.gov/pecos. For limited enrollment, we recommend using the step-by-step instructions at go.cms.gov/PECOSsteps and a video tutorial at Go.cms.gov/PECOSVideo; or

Paper process

Complete the paper application for limited enrollment at go.cms.gov/cms855o and submit it to the MAC in your geographic area. To locate your MAC, please refer to the MAC list at: go.cms.gov/partdmaclist.

Medicare National Coverage Determinations

From time to time, Medicare makes decisions called Medicare National Coverage Determinations (NCDs). These decisions may add new covered services or change the coverage of items and services. Rocky Mountain Health Plans (RMHP) wants to ensure our Members have the most current information regarding NCDs. Visit mhp.org/members/how-to-use/medicare-plans and scroll down the page to the Medicare National Coverage Determinations section.
A Message on Opioid Abuse from Beacon Health Options

Last October, U.S. Surgeon General Vivek Murthy announced that in 2016 there will be the first-ever “Surgeon General’s Report on Substance Abuse, Addiction and Health.” Hopefully, it will transform the perception and understanding of substance use disorders the way the “1964 Surgeon General’s Report on Smoking” launched the public health war against tobacco use.

Many primary care physicians (PCPs) are on the frontlines of identifying and treating opioid addiction. PCPs are the ones addressing pain issues in the primary care setting, developing strategies to treat mild- to-moderate chronic pain. They are also confronted with coordinating care with pain management practices for individuals dealing with severe pain and complex needs.

Unfortunately today, nearly 2 million people struggle with opioid use or dependence in the United States. Sadly, someone dies from an opioid overdose every 24 minutes in the country.

To help PCPs better understand opioid addiction and the need to treat it as a brain disease — with a continuum of care, much as we do asthma or diabetes — we are sharing with you a white paper, “Confronting the Crisis of Opioid Addiction” published by the behavioral health management company, Beacon Health Options. In addition, we have a Beacon Clinical Topic on medication-assisted treatment, “MAT Options for People with Opioid Addiction” that offers an easy-to-read overview of this type of addiction treatment. The paper can be found by typing the title in the search function on Beacon Health Option’s website at Beaconhealthoptions.com.

Thank you for the important work you do in helping to combat this nationwide epidemic. For more information or to request copies of the above reports, please contact: Maura Cameron, RMHP Quality Manager; 303-967-2085 or maura.cameron@rmhp.org.
Complex Case Management

We Are Here to Help

When your patients have a complex medical condition, Rocky Mountain Health Plans (RMHP) can help. Our Case Managers function as the go-to person within the health plan for you and your patients. We have specially-trained RN Case Managers who can help the Member access care and services, and coordinate their care.

Patients with complex conditions may face barriers in achieving optimal care. Our Case Managers collaborate with other providers involved in the Member’s care, including behavioral health professionals. Case Managers can answer questions and interact with specialists to assist members in putting together a plan for treatment based on their specific needs. Additionally, RMHP Case Managers have access to resources throughout our communities to help patients who are experiencing financial hardship.

Case Management services are free to RMHP 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 and no referral.

RMHP has a Case Management Referral line for our providers’ convenience. Please call 970-248-8718 or 1-800-793-1339 to speak to a Case Management RN or to refer a member to one of our programs.

In the Know

A revised preauthorization list is now available at the provider portal on rmhp.org.

Provider Appeals

Appealing a denied claim:

- Make sure to submit the appeal on a Provider Dispute Form found on the website.
- Make sure to include all necessary supporting documentation.
- For medical review denials, submit all supporting documentation including medical notes and denial letter.
- For timely filing denials, all supporting documentation including RMHP Accept/Reject report (do not send medical records).
- For all types of appeals, please include a detail description or explanation of Action Requested.
Clinical Practice Guidelines Update

Rocky Mountain Health Plans writes, adopts and reviews evidence-based clinical guidelines to help practitioners and Members make decisions about appropriate healthcare for specific clinical circumstances. Below is a list of these guidelines and the source that provided the information.

Clinical Practice Guidelines

<table>
<thead>
<tr>
<th>GUIDELINE</th>
<th>SOURCE</th>
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<tbody>
<tr>
<td>Attention Deficit Hyperactivity Disorder</td>
<td>American Academy of Pediatrics</td>
</tr>
<tr>
<td>Adult Preventive Care</td>
<td>U.S. Preventive Services Task Force</td>
</tr>
<tr>
<td>Asthma</td>
<td>National Heart Lung Blood Institute, Global Initiative For Asthma</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>American College of Cardiology/American Heart Association</td>
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<tr>
<td>Diabetes</td>
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<tr>
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<td>Pediatric Preventive Care</td>
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<tr>
<td>Special Healthcare Needs Adult</td>
<td>Rocky Mountain Health Plans</td>
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<tr>
<td>Special Healthcare Needs Children</td>
<td>Rocky Mountain Health Plans</td>
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Clinical Guidelines can be found at rmhp.org/providers/improving-quality or contact our Quality Improvement Department for a copy at 970-263-5552 or 855-830-1565.

ICD-10-CM: Excludes Notes

The ICD-10-CM has two types of excludes notes. Each type of note has a different definition for use, but they are similar, in that they indicate that codes excluded from each other are independent of each other.

Excludes1

A type 1 Excludes notes is a pure excludes note. It means “NOT CODED HERE” An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note. An Excludes1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

Excludes2

A type 2 Excludes note represents “Not included here.” An Excludes2 note indicates that the condition excluded is not part of the condition represented by the code, but a patient may have both conditions at the same time. When an Excludes2 notes appears under a code, it is acceptable to use both the code and the excluded code together, when appropriate.

If you are unsure if the code combination is correct, you can test your claim on the Claims Edit Portal. The claims edit tool applies clinical edits to individual claims and is available under the Claims & Billing tab on the RMHP Provider Portal.
Colorado Practices
Advancing Care

Practice Transformation Support
Unprecedented support and resources are available to primary care and specialty practices that want to improve, change, and redesign (transform) into examples of excellence in advanced patient-centered care.

The Practice Transformation Team at Rocky Mountain Health Plans is a recognized Practice Transformation Organization (PTO) by the Colorado Health Extension System (CHES). The team partners with practices located in the Western half of Colorado to develop a community of advanced primary care practices. By fostering quality improvement at the practice level between physicians and patients, the team is able to cultivate a focus on patient-centered primary care. Additionally, specialty practices are engaged, using the state-of-the-art Practice Transformation approach. This approach is integrated into the medical neighborhood through care management and care coordination processes.

Transforming Clinical Practice Initiative (TCPi)
The TCPi program is an opportunity for grant-funded, in-office facilitation to prepare for evolving payment models, resulting in demonstrated improvement in cost, quality and patient experience. The program is designed to measurably improve care delivery for both primary and specialty care, building strong referral relationships, reduce cost, and improve patient experience.

TCPi has the capacity to support 2000 clinics over four years (all in one cohort). Leadership commitment must be evidenced by: time allocated to transformation activities, completed assessments, EMR capacity to submit quality measures, data-sharing with peers, identification of gaps in care, and patient’s participation on provider panels.

Practice transformation organizations (PTOs) will provide technical assistance and peer-level support to clinicians, in delivering patient-centric and effective care. PTOs will support clinicians in establishing relationships with national improvement leaders to further refine their practices. The PTOs will further develop relationships with other public and private entities.

For more information, to sign up for a webinar or practice presentation, or apply, please visit colorado.gov/healthinnovation/tcpi.

Hurry! Time is running out to apply for this initiative.
 EvidenceNOW Southwest (ENSW) 

The purpose of the ENSW program is building strong primary care practices able to implement new evidence-based interventions, initially focusing on cardiovascular risk reduction. It is an opportunity for grant-funded, in-office, practice facilitation to enhance effective team-based care. By better engaging patients, improving quality measures, and expanding other primary care competencies.

Eligibility requirements for ENSW have been expanded to include practices with up to 15 providers. This change makes ENSW accessible to practices that would have been previously excluded. Practices also need to have the ability to make site-level decisions regarding guidelines, protocols, and care processes, and should not be receiving centralized quality improvement support as part of a health system.

For more information or to apply please visit evidencenowsw.org/.

State Innovation Model (SIM)

The overarching goal of Colorado SIM is to improve the health of Coloradans by providing access to integrated primary care and behavioral health services in coordinated community systems, with value-based payment structures, for 80 percent of state residents by 2019. The initiative is open to practices with leadership commitment to practice transformation that includes advancing along the spectrum of behavioral health integration.

Primary care practices selected to participate in SIM will receive considerable support including: commitment from at least one payer to support your practice with a value-based payment model, the opportunity to apply for additional grants to fund advancements towards behavioral health integration through a Practice Transformation Fund, and the opportunity to participate in twice-yearly Collaborative Learning Sessions.

A Practice Facilitator (PF) and Clinical Health Information Technology Advisor (CHITA), within Practice Transformation Organizations (PTOs), will guide your practice improvement team in ongoing change and quality improvement activities, as well as assist you in building practice capacity to demonstrate high quality clinical care through clinical quality measures.

Be on the lookout for the cohort 2 application release in late summer 2016!

For more information or questions regarding SIM, please visit/email: practiceinnovationco.org or SIMPracticeinfo@ucdenver.org.
Find Updated Formulary Information Online

To review recent changes for new drugs and generics, Rocky Mountain Health Plans has the Formulary Updates online for your convenience.

- Visit rmhp.org
- Click on the Providers tab in the taskbar
- Click on Prescription Drug Services for Providers
- Scroll down the page and click on Formulary Updates located under Drug Information and Formularies

If you would like RMHP to mail you a copy, please call 970-244-7760 or 800-346-4643 (TTY: 711).