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Rocky Mountain Health Plans Transition Updates

On January 1, 2023, Rocky Mountain Health Plans (RMHP) transitioned our computer systems to UnitedHealthcare (UHC). This transition includes changes to claim submissions and payments. **Please read all communications you receive from UHC and RMHP.** Read the most recent [Frequently Asked Questions \(FAQ\)](#). This FAQ will be updated regularly. Please bookmark and check [this link](#) often for new and updated information throughout the transition.

Additionally, please be aware that the process for prior authorizations for RMHP plans has some different steps than other UHC plans. For more information on the process to submit authorizations for RMHP Members on UHCprovider.com, please review the tutorial by clicking [here](#).

If you have questions, please reach out to your RMHP Provider Relations Representative, or call the following Provider Services phone number based upon the specific plan in question:

UnitedHealthcare Individual and Family Plans
888-478-4760

UnitedHealthcare D-SNP
800-701-9054

UnitedHealthcare Medicare Advantage
877-842-3210

UnitedHealthcare Community Health Plans
877-668-5947

Colorado Specialty CareConnect: Actively Seeking Participation with Network Providers

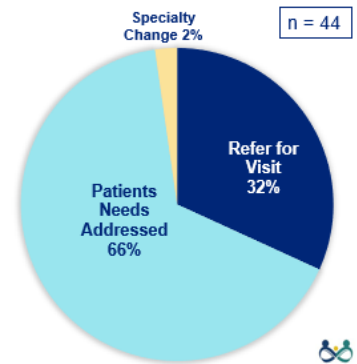
Exciting things are happening with Colorado Specialty CareConnect, an eConsult platform that allows primary care providers (PCPs) to receive interprofessional consults with specialists without the back and forth of a traditional curbside consult. In collaboration with Quality Health Network (QHN) and Safety Net Connect, the site launched in April 2022 and the pilot PCP sites have been using eConsults to advance the curbside consult to improve care. The pilot program has officially ended and **we are actively seeking participation from RMHP network providers for 2023.**



Do you have questions about your patients' medical conditions but are unsure if they need a specialist visit or you are unable to get them scheduled with a specialist in a timely manner? If so, Colorado Specialty CareConnect can help you fill this need. eConsults are a great way to get access to high demand specialists like endocrinology, rheumatology and pain management. Additionally, this is a billable service paid by RMHP.

Ordering an eConsult is as simple as following these five steps:

- Log on through your existing QHN single sign-on (SSO)
- Search for the RMHP patient and ask your clinical question to 13 available specialties
- Receive a written response form a board-certified (and likely local) specialist
- Close your consult and the summary is delivered directly to your EMR through QHN
- Use the eConsult interprofessional advice to inform your treatment plan for your patient



Data from 2022 shows us that 66% of eConsults are resulting in the patients need being addressed. This means that the response by the specialist reviewer is sufficient in answering the PCP's question, and they can use that information to inform next steps in care for the patient.



Colorado Specialty CareConnect's eConsult platform is highly recommended by PCPs who are accessing this great resource.

Would you recommend this resource to your colleagues?

100%! This improves the quality/detail of thought given to complex/unusual presentations and gives easier/sooner access when there are barriers to specialty care.

- Dr. Tiffany Russell, The PIC Place

The responses have all been very timely and have saved a lot of time and effort for the patients and providers alike.

I have learned SO MUCH through the few e-consults I've done and will certainly apply what I've learned to patient care in the future.

- Greta Hoffman, PA-C, The PIC Place

Absolutely. Very convenient and helpful. At minimum, everyone should be aware of the option to use this for an EKG over-read, which were always very difficult prior to this service!

- Dr. Angie Gao, Family Health West Primary Care

Yes, for sure! Faster patient care, more efficient patient care. Pts like the quick responses/help as well.

- Dr. Rebecca Levin, Family Health West Primary Care

Who can participate?

- PCPs who reside in an RMHP PRIME county
- PCPs who accept RMHP Medicare Advantage, DSNP or RMHP individual plans from the health exchange
- Board certified specialists in Colorado who are contracted with Health First Colorado Medicaid

Want to learn more?

Reach out to Heather Steele at heather.steele1@uhc.com for more information about how your practice can participate in Colorado Specialty Care Connect!

Colorado Department of Healthcare Policy & Financing (HCPF) Corner



New Provider Participation Agreement (PPA) Effective March 1, 2023

The Provider Participation Agreement (PPA) exists to define the Department of Health Care Policy & Financing's (the Department) expectations and outlines some of the state and federal requirements applicable to providers who perform services and submit billing, transactions, and/or data to the Colorado Medical Assistance Program.

The Department has updated the PPA to comply with changing state and federal requirements, and to clarify the Department's expectations of how providers should comply with those requirements. These revisions will go into effect for all currently enrolled and future providers on March 1, 2023.

No action on the provider's part is required for the revised PPA to go into effect. It is the provider's responsibility to review and assess the implications of any modifications to the PPA. Submission of a claim for reimbursement, continuing to provide covered services to members, or continued enrollment as a provider in the program constitutes acceptance of any modifications of the PPA.

The March 1, 2023, PPA is located on the [Provider Forms web page](#) under the Provider Enrollment & Update Forms dropdown.

Reminder: Health First Colorado Payer of Last Resort

Providers are reminded that Health First Colorado is the payer of last resort when a member has Medicare or other insurance. Providers are also reminded to check member eligibility to verify primary insurance coverage. Medicare and commercial insurance carriers must be billed prior to submitting a claim to Health First Colorado. The date of payment or denial must be indicated on the claim form. The explanation of benefits (EOB) must be retained but is *not required* to be attached to the claim.

Claims may deny for the following EOBs:

- EOB 2590 - CLIENT COVERED BY MEDICARE B
- EOB 4000 - CLIENT COVERED BY PRIVATE INSURANCE

Providers and billers who bill on the Provider Web Portal are encouraged to review the Submitting a Claim with Other Insurance or Medicare Crossover Information Quick Guide. Refer to the Payer of Last Resort section of the General Provider Information Billing Manual for more information.

All Providers Who Utilize the ColoradoPAR Program

Fill Out the ColoradoPAR Provider Survey

The ColoradoPAR Survey for all providers is scheduled to be released on March 6, 2023 and will be open until April 17, 2023. This survey intends to obtain provider feedback regarding Kepro® services for providers who submit Prior Authorization Requests (PARs) using the Atrezzo® platform. Contact Kepro Customer Service at 720-689-6340 or send an email to coproviderissue@kepro.com for any questions regarding PARs or the Atrezzo system.

Durable Medical Equipment (DME) Providers Submitting Prior Authorization Requests (PARs) to Kepro®

The [January 2023 Provider Bulletin \(B2300488\)](#) and the [January Special Provider Bulletin – Healthcare Common Procedure Coding System \(HCPCS\) Update for 2023 \(B2300489\)](#), both of which can be viewed on the [bulletins web page](#), included information on the HCPCS code changes as well as expected system delays in the Colorado interChange. Until the system changes occur, PARs can be submitted to Atrezzo® with the current HCPCS codes.

The release will be announced via provider bulletin. A modification can then be done on the PARs in Atrezzo with the new HCPCS codes, and the claim can be submitted to receive payment. DME PARs are allowed to be submitted up to 90 days after services were provided, allowing members to receive the necessary services during this change. Below is an example of a HCPCS code change and how to complete PARs for the following DME codes changing in 2023.

Submit HCPCS K0553 and K0554 for Continuous Glucose Monitors (CGM)

When trying to submit a fee for service Prior Authorization Request (PAR) that will contain a 2023 Healthcare Common Procedure Coding System (HCPCS) code, providers have two options to proceed with a PAR request before the Department releases those codes, which are:

1. A PAR can be submitted with the old, or a best-match code, including a note in the PAR stating a HCPCS code modification request will be submitted at a later date. Once the codes are released by the Department, that PAR modification can be submitted with the updated 2023 HCPCS code(s).
Example: CGM and/or CGM supplies - The PAR is submitted with the current CGM codes with a note stating the PAR will be updated once the new HCPCS codes are released. Once the new HCPCS codes are released, PAR modification can be requested with a note stating the PAR is being modified to the 2023 HCPCS code.
2. A retro PAR can be submitted once the codes have been released by the Department. When submitting retroactively, a note explaining the reason for the delay is included.

Contact the Utilization Management (UM) inbox at HCPF_UM@state.co.us with any additional issues or questions about PARs or billing for K0553 and K0554.

Basic Fertility Services Coverage

Basic fertility services are covered by Health First Colorado, including for members eligible for the Emergency Medical Services (EMS) and Family Planning Limited (FAMPL) benefit plans.

Covered fertility services include:

- Counseling regarding the reproductive system and fertility awareness (e.g., helping individuals predict when ovulation will occur)
- Initial evaluations on a member's ability to achieve a healthy term pregnancy (e.g., sperm analysis or ultrasound to determine any anatomical barrier) that would occur in a family planning setting

Covered services should focus on identifying potential causes or reasons an individual is unable to become pregnant. Providers may work with members to initiate an evaluation of potential causes for the inability to achieve pregnancy and then make appropriate referrals to specialty care if infertility continues. Services to treat identified fertility concerns and infertility treatment and related tests are not covered under Health First Colorado. Contact Maternal Child Health at hcpf_maternalchildhealth@state.co.us with questions.

Emergent Add-A-Baby Request Process

As a reminder, this existing process was implemented to offer medical providers an alternative for adding needy newborns of eligible mothers to their Medical Assistance (MA) case for intensive medical care. Mothers need to be eligible for MA at the time of baby's birth for an emergent request.

Emergent requests are accepted and processed from medical providers for newborns that need intensive medical care for:

- Border,
- SYNAGIS, or
- Neonatal Intensive Care Unit (NICU)

Emergent requests can only be submitted through the [Health First Colorado Add-A-Baby Emergent Request Form](#). **This link is for medical providers only. Requests submitted by non-medical providers or by the parent will not be processed.**

Note: Do not fax the old Medicaid Add-A-Baby Request Form, as it is outdated and will not be processed.

Helpful Tips for Providers:

- Before submitting a request, verify with the parent(s) that they have not submitted newborn information to the county or through Colorado PEAK or the Health First Colorado App to add the baby.
- Let the parent(s) know that a request has been submitted to add the newborn so they will not duplicate efforts by adding the newborn through Colorado PEAK, the Health First Colorado app or through the county.
- If a request has already been submitted by the parent(s) to the county or through Colorado PEAK or the Health First Colorado app, do not submit another emergent request as duplicate requests can cause a delay in approval of benefits and a delay of provider payments.
- Review the request form for accuracy before submitting the request.
- Do not submit a request to obtain only the newborn's member ID. Providers can get the member ID through the [Provider Web Portal](#).
- Providers can verify a newborn's eligibility through the Web Portal. Providers can search with two of the following: Name, Social Security Number (SSN) or date of birth (DOB). This information can be found on the Eligibility verification section in the Web Portal. Refer to the [Verifying Member Eligibility Quick Guide](#).

Non-Emergent Requests

Providers are requested to work directly with the parent's county department of human services or MA sites when a request is needed to add non-emergent newborns for mothers eligible for MA. Parents can also contact their county department of human services or can add the newborn through Colorado PEAK or the Health First Colorado app.

Planning for the end of the COVID-19 Continuous Coverage Requirement

Health First Colorado and CHP+ will return to normal renewal processes.

- The Department of Health Care Policy & Financing (HCPF) will take **12 months** (14 months including noticing) to complete renewals for each of the approximately **1.7 million** people currently enrolled.
- It's essential that members update their contact information so we can reach them and respond to renewal packets to make sure they keep their Health First Colorado and CHP+ coverage if they are still eligible.
- Members can find out their renewal dates and access more information at hfcgo.com/renewals

How you can help

HCPF needs your partnership to ensure eligible members can keep their health coverage and those who no longer qualify know where they can go for affordable coverage resources.

Use and share the materials in the toolkits to:

1. Ask members to [update their contact information](#) so we can reach them.
2. [Educate yourselves on the renewal process](#) so you can effectively help members.
3. Inform members when they need to take action to keep coverage.

HCPF ePrescriber Tool

HCPF is requesting that PCMPs and Hospitals that have not attested to their utilization or need to update HCPF on the status of their Real Time Benefit Inquiry tool utilization, please complete a new attestation form at the following links:

- Hospitals: [Hospital Attestation Link](#)
- PCMPs: [RAE/PCMP Attestation Link](#)

PCMPs and Hospitals that have full utilization of the HCPF Real Time Benefits Inquiry tool within the ePrescriber system will be automatically enrolled in an incentivized APM Program that is set to begin in July 2023. You will receive communication with program details as it is received from HCPF. Please refer to the [HCPF ePrescriber website](#), or contact Lauren Hussey at: lauren.hussey@state.co.us for more information.

HCPF Alternative Payment Model (APM) PY2022

End of Program Year Reporting Notification - eQMs

Your eQMs, if selected, will be collected by your Health Data Colorado (HDCo) organization, either QHN or Contexture in Q1 of 2023. Please watch your email for further communication from your HDCo contact for submission timelines.

HCPF Alternative Payment Model (APM) 1 - PY2023

New Program Year Information

The HCPF APM PY2023 Program Resources are now available on the [HCPF APM website](#). Please reach out to your Clinical Program Manager for program support throughout the year. As a reminder, Primary Care Medical Providers who serve at least 500 attributed enrollees are automatically enrolled in the APM program.

For more information, please contact your Clinical Program Manager or refer to the [HCPF APM website](#).

HCPF APM 2

All primary medical care providers participating in the HCPF APM 1 program who have 500 or more attributed Health First Colorado ACC enrollees are eligible to enroll in the HCPF APM 2 payment program.

- Participating practices can choose to receive some or all of their revenue as Per Member Per Month payments, to provide stable revenue and allow for increased investment in care improvement.
- Participating providers are also eligible to share in the savings that result from improved chronic care management by meeting quality thresholds.
- Please refer to the [HCPF APM 2 program website](#) or reach out to Araceli Santistevan at araceli.santistevan@state.co.us for more information.

New Opportunity to Enhance Behavioral Health Integration

Healthcare Practice Transformation (HB 22-1302) legislation to enhance Behavioral Health Integration - In May 2022 the Colorado Legislature passed [House Bill 22-1302](#). The goal of the program is to support, improve and expand integrated behavioral health services in Colorado. The Department of Health Care Policy and Financing (HCPF) will be offering short-term grant funding for physical and behavioral health care providers looking to implement or expand access to care and treatment for mental health and substance use disorders using an evidence-based integrated care model. Funding distribution and the program start date is July 1, 2023 and will continue through December of 2026. A fact sheet from HCPF can be found [here](#). You can also contact Rodrick Prayer at HCPF for more information Rodrick.prayer@state.co.us.

To sign up for updates from HCPF visit this [site](#). Request for Applications (RFA) are expected to be posted on February 28th with responses due April 12, 2023.

Clinical Update: Controlling High Blood Pressure

According to the CDC, about half of all adults in the United States (108 million) have high blood pressure, and only 1 in 4 adults (25%) with high blood pressure have their condition under control. In 2020, high blood pressure was the primary or contributing cause for more than 670,000 deaths. Proper management of high blood pressure can help lower the risk of heart disease and stroke.



Clinical Resources:

- [Blood Pressure Recheck Initiative Flyer](#)
- [Implement a blood pressure competency program in your practice](#)

Measure Specification Resources:

- [Controlling High Blood Pressure \(CBP\)](#)
 - Acceptable Documentation for blood pressure (BP):
 - Identify the most recent BP reading noted during 2023.
 - BPs taken by the patient with any digital device and verbally reported to provider are acceptable. Documentation that it came from a digital device is not required.
 - Remote patient monitoring devices that are electronically submitted directly to the provider are acceptable.
 - All BP readings are acceptable regardless of practitioner type and setting (except inpatient and ED visits) if a copy of the visit note is in the PCP or managing provider's record or EMR.
 - BP readings taken on the same day that the member receives a common lowintensity or preventive procedure are eligible for use, i.e.; vaccinations, injections (e.g., allergy, vitamin B-12, insulin, steroid, Toradol, Depo-Provera, testosterone, lidocaine), TB test, IUD insertion, eye exam with dilating agents, wart or mole removal.
- [eClinical Quality Measure \(eCQM\): Controlling High Blood Pressure \(CMS 165\)](#)
- Use CPT II codes to support quality measure documentation – check out [this list](#).

RMHP Provider Manual

Looking for the most up-to-date RMHP Provider Manuals? Click [here](#) and bookmark. Select Colorado and you will find the RMHP Provider Guide, RMHP RAE Resource Guide and RMHP Behavioral Health Provider Manual. Please use these as reference until you are notified of updates.

Education & Training

Register today for the 2023 Monthly Webinar!

The RMHP Quality Department hosts monthly webinars for primary care practices and providers. Topics for this monthly informational webinar, *Clinical Quality Improvement Newsroom*, includes value-based contracting updates and discussion, clinical topics, RMHP program updates, & more! Join us monthly on the 4th Thursdays from 12:15-1:00PM. Register [here!](#) Questions? Please reach out to Rachael Biller at Rachael.Biller@uhc.com.

Health Equity Training Recap!

Did you miss RMHP's Health Equity Training on Friday, Feb. 10, 2023? Catch the replay and download the slides by clicking [here!](#) Topics included implicit bias, quality improvement strategies to reduce health disparities, disability equity, foundations of LGBTQ centered care, and understanding Colorado Native Americans.



Supporting Medicaid Members with Accessing Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Benefits

Join us for a FREE WEBINAR on Thursday, March 2, 2023 from 12:00-1:00PM to discuss EPSDT Benefits presented by Christy Blakely, MS. [Register here!](#)

Webinar Objectives:

- Review language in EPSDT mandate and the importance of this language
- Inform about and better understand Health First Colorado's EPSDT's benefits and policies when serving members aged birth up to their 21st birthday
- Utilize case studies to demonstrate ways EPSDT can be implemented to provide care to children 0-21
- Q & A session with Christy to answer your EPSDT questions



Screening, Brief Intervention, Referral to Treatment

This is a training for health and mental health care providers through Peer Assistance Services. This training provides interactive training for health and mental health professionals on the evidence-based approach of Screening, Brief Intervention, and Referral to Treatment (SBIRT). Screening assists providers in identifying and intervening with patients at risk for health problems due to alcohol and other drug use.

Learning Objectives:

- Summarize the relationship between substance use and health
- Describe SBIRT as an evidence-based public health approach for screening patients for alcohol, tobacco, and other drug use
- Demonstrate how to incorporate SBIRT into practice

Contact SBIRTinfo@peerassistanceservices.org to schedule a training for your organization.

Provider Role in Consumer Assessment of Healthcare Providers and Systems (CAHPS®) and Health Outcome Survey (HOS) Results

Your interactions with your patients play a key role in their experience and overall health. And your guidance helps them navigate the complex world of health care so they can get timely treatment. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and Health Outcomes Survey (HOS) help provide feedback on your patients' experience. CAHPS surveys will be sent to select patients starting in **February 2023** reflecting on their experiences with the health care system in 2022.

This [checklist](#) contains suggestions on discussing key topics with patients. Implement today to help improve patient experience! As a reminder, if you are a primary care practice with a RMHP RAE or RMHP Advanced Payment Model (APM) value-based contract, CAHPS scores impact your tier. Connect with your RMHP Clinical Program Manager for more tips on improving patient experience.

COVID-19 Provider Resources

[Vax Hub | Telligen QI Connect](#) provides on-demand tools, resources, and learning modules related to the COVID-19 vaccine and bivalent booster. [Download](#) this one-page flyer containing tips on increasing COVID-19 vaccine confidence. If you would like to learn more about promoting vaccine confidence, watch Telligen's [Promoting COVID-19 Vaccine Confidence Now](#) with guest speaker, Dr. Leslie Eber.

On December 8, 2022, the U.S. Food and Drug Administration amended the emergency use authorizations (EUAs) of the bivalent Moderna and Pfizer-BioNTech [COVID-19](#) vaccines. Healthcare providers can now administer these boosters to patients 6 months of age and older. [Here's how to code the supply and administration of these boosters using newly released CPT codes.](#)

Optum Health Education™

Did you know that [OptumHealth Education™](#) offers free clinical education and CMEs? There are on-demand courses and live sessions. Create a free account and get started today by clicking [here!](#)

RMHP Coder Biller Networking Group

Do you want to benefit from combined knowledge and experience through support and education? RMHP is providing a virtual space for you to network, learn and share best practices. Meetings are being held quarterly and with monthly newsletter distribution. The next meeting is scheduled for March 21, 2023 from 12:00-1:00 PM. View the January newsletter [here](#) where you will find questions from peers, education and resources on a chosen measure of the month. To register, email Shanteal.Buchholz@uhc.com.

Risk Adjustment and Hierarchical Condition Coding (HCC) Resource For You: Heart Failure

Accurate and complete documentation of chronic condition diagnoses by clinicians is an essential component of the risk adjustment and the hierarchical condition category (HCC) process. Providers are required to document all conditions they evaluated during every face-to-face visit. It is also imperative that the documentation of a disease/condition be as specific as possible. Specificity can make a difference in the patient's treatment plans and reimbursement. Each month, Rocky Mountain Health Plans will provide a list of resources for providers to review at their pace. The goal is to improve education and understanding around risk adjustment, HCC coding and how RMHP can support you.

<p>Heart failure is a clinical diagnosis that requires a high index of suspicion. Patients with several chronic diseases, including those that damage the pump and put chronic stress on the circulatory system, are at greater risk for heart failure.</p>			
<p>Heart failure documentation:</p> <ul style="list-style-type: none"> • Heart failure • Diastolic heart failure 	<p>Cardiac Codes:</p> <ul style="list-style-type: none"> • Cardiac Codes • Hypertensive heart disease codes 	<p>Heart Failure and Secondary Hyperaldosteronism Telehealth Job Aid</p>	<p>Videos:</p> <ul style="list-style-type: none"> • Heart Failure Diagnosis and Documentation • Heart Failure
<p>A quick educational reference to assist clinicians in documenting heart failure.</p>	<p>A handout with common ICD-10-CM codes associated with heart failure.</p>	<p>This job aide assists with documenting the condition accurately.</p>	<ul style="list-style-type: none"> • 22-minute video reviews dx and documentation of heart failure for clinicians • 3:53 minute video reviews heart failure
<p>Growing Challenges in Heart Transplantation</p>	<p>Optum Risk Adjustment Coding Standards</p>	<p>Risk Adjustment Presentation Recording</p>	
<p>Earn 1 FREE CEU credit by attending this webinar. Heart transplantation (HTx) has become standard treatment for selected patients with end-stage heart failure.</p>	<p>This extensive resource provides a summary of coding standards for the Medicare Advantage population.</p>	<p>This 14-minute video reviews risk adjustment, HCC and the importance of accurate documentation.</p>	



Engage on LinkedIn!

Follow Rocky Mountain Health Plans on LinkedIn where we will be sharing clinical resources (coding & webinars), health-focused blog content, emergency department utilization information, open enrollment educational resources, & company updates! Click [here](#) or scan the QR code!



Scan & Follow!

At RMHP, we are dedicated to working with you to help our Members receive the best care possible. Thank you for your commitment to providing quality care. We value your partnership, and hope you enjoy this monthly resource!

www.rmhp.org