



May 2023

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## Rocky Mountain Health Plans Transition Updates

### IMPORTANT NOTICE: Authorization submission process for dates of service on or after April 1, 2023

Rocky Mountain Health Plans (RMHP), a UnitedHealthcare company, appreciates your patience with the transition of our claims processing systems that began on January 1, 2023.

#### Prior Authorization Update for Oxygen

- As of April 1, 2023 the below codes for oxygen no longer require prior authorization for all lines of business.
- The prior authorization requirement is removed, but may still be listed online in prior authorization lists, changes will be officially published in June 2023

E0424	E0425	E0431	E0433	E0434	E0435
E0446	E0470	E0471	E0472	E0550	E0560
E0439	E0440	E0441	E0442	E0443	E0444
E1390	E1391	E1392	E1405	E1406	K0738

Please read all communications you receive from UHC and RMHP including the regularly updated [Frequently Asked Questions \(FAQ\)](#). Please bookmark and check [this link](#) often for new and updated information throughout the transition.

#### We are here to help

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

**UnitedHealthcare Individual and Family Plans**  
888-478-4760

**UnitedHealthcare D-SNP**  
800-701-9054

**UnitedHealthcare Community Health Plans (CHP+)**  
877-668-5947

**UnitedHealthcare Community Health Plans (Medicaid PRIME/RAE)**  
877-421-6204

**UnitedHealthcare Medicare Advantage**  
877-842-3210

## REMINDER: Check the Prescription Drug Monitoring Program (PDMP)

Remember, as of October 1, 2021, prescribers are **required** to check the PDMP before prescribing controlled substances to any RMHP Member.

## Medicaid/CHP+ Continuous Coverage Unwind

### Public Health Emergency (PHE) Expiration and Member Eligibility

The COVID-19 Public Health Emergency (PHE) will expire on May 11, 2023. Some Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+) members that are currently receiving benefits due to the PHE will become ineligible upon their renewal date if they do not renew and qualify. Providers are encouraged to check member eligibility after May 11, 2023, to ensure accurate claim processing.

Visit the [Public Health Emergency Planning web page](#) for more information on the PHE and member renewals and eligibility.

Contact the [Provider Services Call Center](#) with questions.

### Public Health Emergency (PHE) Unwind Resources

Materials to help Health First Colorado and Child Health Plan *Plus* (CHP+) members prepare for the return to normal renewal processes have been developed with stakeholders and partners over the past year. Toolkits with downloadable flyers and messaging can be found on the [Public Health Emergency Planning web page](#).

[Frequently Asked Questions](#) about the PHE Unwind have been updated and will be expanded over the coming months. The [Public Health Emergency Planning web page](#) also includes a link to sign up for a monthly [PHE Planning newsletter](#).

### Scammer Alert

Scammers are targeting Health First Colorado and CHP+ members through text messages and phone calls. Members are being told that they must pay to keep or renew their health coverage.

Members or applicants are never asked for money, bank account or credit card information, social security numbers or any other financial information through text or over the phone. Help spread the word and report any suspected scam activity to the [Attorney General Consumer Protection Unit](#).

### Partner Webinars

Quarterly informational sessions about the end of the Continuous Coverage Requirement and the COVID-19 PHE are being hosted. These webinars are geared toward community partners such as advocacy organizations, providers, and community organizations who may provide other assistance to Health First Colorado or CHP+ members (housing, social services, etc.).

#### Upcoming Webinar Information

- When: July 26, 2023, 1:00 p.m. to 2:30 p.m. MT
- Register in advance for this webinar: [Zoom Registration](#)
- A confirmation email containing information about joining the webinar will be received after registering.

Visit the [COVID-19 PHE Planning web page](#) for the latest information on returning to normal renewal processes and other communication resources.

As a reminder, RMHP has digital renewal materials available for providers to use in your offices and clinics to help spread the word to members about renewals and how to find more information about this process. You can help by encouraging members to sign up for emails and texts so the State can reach them with important Medicaid and CHP+ renewal



## Keep your Medicaid or CHP+ coverage

messages. Additionally, you can help educate patients who have Medicaid by downloading and printing the attached print materials in your offices, lobbies, or clinics.

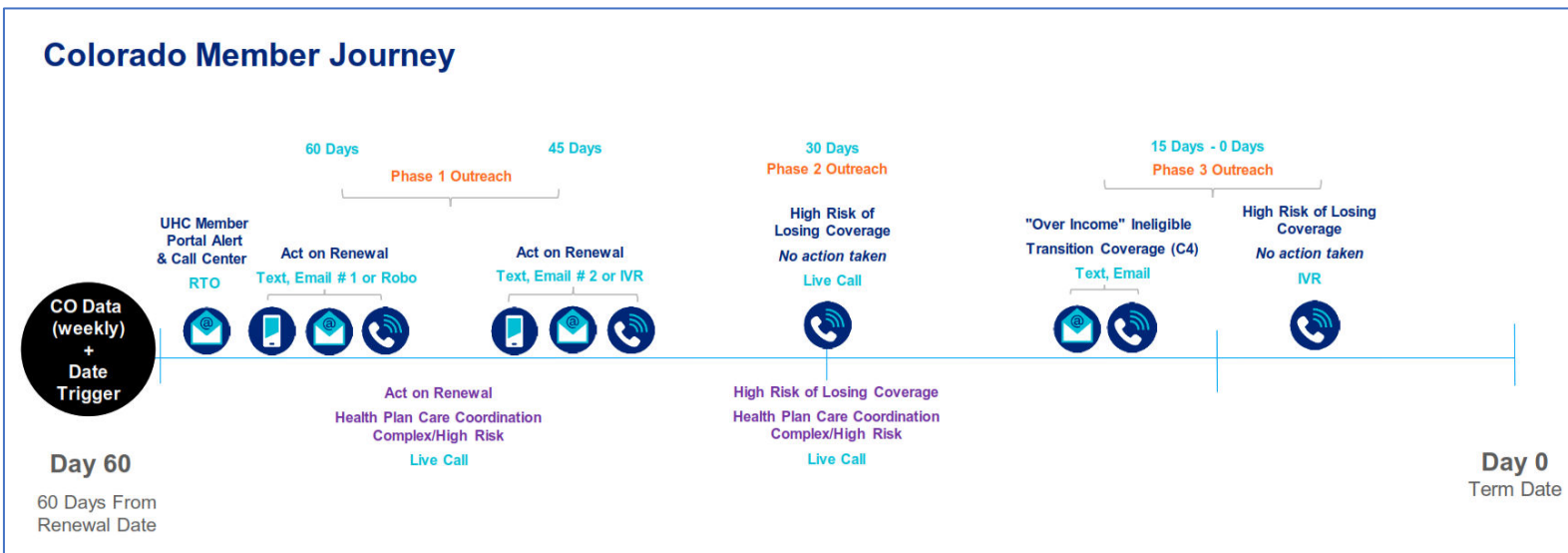
- Flyer - [English](#)
- Table tent - [English](#) / [Spanish](#)
- Poster - [English](#) / [Spanish](#)

### What is RMHP doing to support MA Renewals?

RMHP will be conducting several outreach campaigns for Members during each renewal cycle.

- Outreach campaigns will be completed via text, email, live call, auto dialer call, interactive voice response (IVR) and some in person activity.
- Outreach campaigns will be based on weekly data updates and associated campaign criteria for Members that may need additional support, those who have not taken action on their renewal, or those that are deemed ineligible and need support connecting with an affordable exchange product through Connect for Health Colorado (C4H).

The timeline below is an example of the RMHP outreach campaigns.



### Additional Resources:

- <https://hcpf.colorado.gov/covid-19-phe-planning>
- <https://hcpf.colorado.gov/covid-19-public-health-emergency-faqs>
- [healthfirstcolorado.com/renewals](http://healthfirstcolorado.com/renewals)
- [keepcococovered.com](http://keepcococovered.com)

### We are here to help.

Have Questions or Support Needs from RMHP? Contact us at [RAESupport@uhc.com](mailto:RAESupport@uhc.com).



**You're invited**

## Colorado and Wyoming town hall virtual session

Tuesday, June 20, 2023 | 11 a.m.–12:30 p.m. MT | [Register here](#)

Thursday, June 22, 2023 | 11 a.m.–12:30 p.m. MT | [Register here](#)

**Get updates on the Provider Portal, Optum Care, naviHealth and Rocky Mountain Health Plans**

- Learn about our new health plan initiative
- See tools that can help improve patient outcomes
- Get reacquainted with your provider advocate

**Questions? We're here to help**  
Contact us at  
[westorteam@uhc.com](mailto:westorteam@uhc.com).

### Colorado Department of Healthcare Policy & Financing (HCPF) Corner



Please refer to the Colorado Department of [Health Care Policy & Financing Provider News & Resources](#) newsletter for any additional information.

#### National Provider Identifier (NPI) Updates in the Provider Web Portal

Providers will soon be required to use a National Provider Identifier (NPI) that is not already active on a pending new enrollment application, or on a pending NPI change maintenance request. The NPI is entered on a provider application in the Request Information panel in the [Provider Web Portal](#). The NPI is entered on the Specialty and Contact Information Changes panel for maintenance requests.

This update will prevent an already-enrolled provider from changing their NPI to an NPI that is on an Application Tracking Number (ATN) under review (enrollment application or maintenance request), or from changing it to an NPI that is already active and enrolled.

An error message will appear if a provider enters an NPI that is already included on an active enrollment or maintenance ATN. Providers will be unable to continue with their applications or maintenance requests until the error is resolved. The new error messages will state the following:

- For enrollment applications: “The NPI entered is either pending in another application or already enrolled and active. Please enter a unique NPI that is not in use.”
- For maintenance requests: “The NPI entered is either pending in another application or previously used. Please enter a unique NPI that is not in use.”

Refer to the [Provider Maintenance - Adding a National Provider Identifier \(NPI\) Quick Guide](#) and the [Provider Maintenance - Hospital Provider - Adding a National Provider Identifier \(NPI\) Quick Guide](#) for more information. Contact the [Provider Services Call Center](#) with questions.

### Verifying Member Eligibility – Did You Know?

Providers must not rely solely on the member to provide eligibility information but must verify through batch submissions or the [Provider Web Portal](#). Providers are responsible for verifying eligibility within 365 days of the date of service to ensure the claim can be submitted within the timely filing guidelines. Providers are responsible for using any means necessary to determine coverage. Providers may not bill the members if they did not determine eligibility within 365 days of the date of service.

### Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Providers

#### Continuous Glucose Monitors

There are two additional Healthcare Common Procedure Coding System (HCPCS) procedure codes for Continuous Glucose Monitors (CGMs): E2102 and A4238. These codes are open and require a prior authorization request effective May 1, 2023. (As a reminder, all CGM services are billed to FFS Medicaid.)

Refer to the [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) Billing Manual](#) for CGM criteria. Contact Haylee Rodgers at [Haylee.Rodgers@state.co.us](mailto:Haylee.Rodgers@state.co.us) with questions.

#### Face-To-Face (F2F) Documentation Requirements

Providers and prescribers of Durable Medical Equipment (DME) are encouraged to review the Face-To-Face (F2F) Requirements section in the [DMEPOS Billing Manual](#), specifically the Documentation subsection, which outlines the information that should be submitted. Auto-generated notes answered with yes or no, including those provided by Parachute Health, are not sufficient for determining medical necessity. Contact the ColoradoPAR Program Utilization Management (UM) Team at [HCPF\\_UM@state.co.us](mailto:HCPF_UM@state.co.us) with questions.

#### Pulse Oximeter Accessories

The [December 2022 Provider Bulletin \(B2200487\)](#), which can be found on the [Bulletins web page](#), announced the addition of two modifiers for procedure code E0445. Future requests for replacement accessories should include documentation that the tabletop pulse oximeter has already been provided in cases that were approved prior to the addition of the modifiers. Contact Haylee Rodgers at [Haylee.Rodgers@state.co.us](mailto:Haylee.Rodgers@state.co.us) with questions.

### Laboratory Service Providers

#### Coverage of Certain Laboratory Codes for the Duration of the Public Health Emergency (PHE)

The following procedure codes are covered only for the duration of the Public Health Emergency (PHE), which is ending May 11, 2023.

- 0202U
- 0223U
- 0224U
- 0225U
- 0226U
- 0240U
- 0241U

There will be no reimbursement for these services performed after that date. Contact Sarah Kaslow at [Sarah.Kaslow@state.co.us](mailto:Sarah.Kaslow@state.co.us) with questions.

### Medical and Surgical Providers: Breast Implant Policy Update

The [Medical-Surgical Billing Manual](#) has been updated to clarify when removal and replacement of breast implants is considered medically necessary. Contact Chris Lane at [Christopher.Lane@state.co.us](mailto:Christopher.Lane@state.co.us) with any questions.

### Physician Services, Federally Qualified Health Center (FQHC), Rural Health Center (RHC) Providers Well Child Check-ups Via Telemedicine Update

Temporary coverage of well child check-ups provided via telemedicine was added during the federal Public Health Emergency (PHE) for COVID-19. The telemedicine coverage of well child check-up codes will be discontinued effective May 12, 2023. This end date aligns with the expiration of the federal PHE for COVID-19 on May 11, 2023.

Procedure codes affected by this update include 99382, 99383, 99384, 99392, 99393 and 99394. Providers will still be reimbursed for in-person well child check-ups.

Visit the [Telemedicine – Provider Information web page](#) for the updated list of telemedicine codes. Contact Morgan Anderson at [Morgan.Anderson@state.co.us](mailto:Morgan.Anderson@state.co.us) and Naomi Mendoza at [Naomi.Mendoza@state.co.us](mailto:Naomi.Mendoza@state.co.us) with any questions.

### Physician Services, Pharmacy Providers: COVID-19 Pediatric Bivalent Boosters

Common Procedural Terminology (CPT) Code 0174A for the pediatric COVID-19 bivalent booster is a covered benefit for members aged six (6) months through four (4) years, effective March 14, 2023. The rate for this code is reflected on the [Immunization Rate Fee Schedule](#). Contact Christina Winship at [Christina.Winship@state.co.us](mailto:Christina.Winship@state.co.us) with questions.

### Nursing Facilities and Assisted Living Residences Providers: Frequently Asked Questions (FAQ) Document Now Available

A Frequently Asked Questions (FAQ) document titled “Accessing Regional Accountable Entity (RAE) - Covered Behavioral Health Services in Long-term Care Settings” has been published. This FAQ presents the authority, parameters and processes related to accessing RAE-covered behavioral health services for Health First Colorado members living in long-term care settings. The FAQ is intended to be a resource for facilities and clinical staff to secure appropriate care for residents needing behavioral health services.

Visit the [Accountable Care Collaborative Phase II - Provider and Stakeholder Resource Center web page](#) under the Provider Resources section to view this document. Contact Kara Gehring at [Kara.Gehring@state.co.us](mailto:Kara.Gehring@state.co.us) with any questions.

### Pharmacy Providers and All Medication Prescribers: Buprenorphine/Naloxone Sublingual Tablet Update

Prior authorization (PA) will no longer be required for generic buprenorphine/naloxone sublingual (SL) tablets under the pharmacy benefit, effective April 12, 2023. Visit the [Pharmacy Resources web page](#) to view additional information regarding medication coverage under the Health First Colorado pharmacy benefit.

### Physician-Administered Drug (PAD) Providers: Opioid Treatment Providers: Take-Home Buprenorphine

Opioid treatment providers (OTPs) may dispense up to a seven-day supply of take-home oral buprenorphine and buprenorphine combination products to a Health First Colorado member as outlined within this policy, effective May 1, 2023.

Policy will allow for up to a seven-day, take-home supply of oral buprenorphine and buprenorphine combination physician-administered drugs (PADs) to be billed through the medical benefit via standard buy-and-bill processes when an OTP:

- Obtains the appropriate Drug Enforcement Administration (DEA) registration
- Has authority based on the rules and regulations set forth by the State of Colorado
- Follows all guidelines set forth by the Substance Abuse and Mental Health Services Administration (SAMHSA)

OTPs must be enrolled with Health First Colorado as provider type Substance Use Disorder - Clinic (PT 64) and bill for the national drug code (NDC) of the take-home oral buprenorphine and buprenorphine combination product dispensed to the member on the claim, with the most appropriate Healthcare Common Procedure Coding System (HCPCS) code. The applicable HCPCS for take-home oral buprenorphine and buprenorphine combination PADs are as follows:

Take-Home Buprenorphine HCPCS				
J0571	J0572	J0573	J0574	J0575

Some oral buprenorphine products may be preferred or subject to prior authorization requirements when billed and dispensed through the pharmacy benefit. Refer to the Preferred Drug List (PDL) and Appendix P, located on the Pharmacy Resources web page, for all pharmacy benefit policies and procedures on continuation of care and allowing for transition from take-home supply to outpatient prescription.

**Billing**

OTPs must bill for office administered oral buprenorphine or buprenorphine combination PADs, along with any additional procedure codes as applicable, for the date of service when the PAD was administered and observed in office. See the In-Office Administration example on the next page.

The OTP may then bill an additional line on the claim for the amount dispensed as a take-home supply. The From Date of Service (FDOS) and To Date of Service (TDOS) should start the day after the clinic visit and represent the total number of days appropriate for the amount dispensed. See the **Take-Home Supply example** on the next page, with the date span being no more than seven (7) days in total and place of service home (12).

## Examples

### In-Office Administration

Claim line	1
Procedure Code	J0572
NDC	NDC of PAD administered to the member and reimbursable for the date of service per <a href="#">Appendix X</a>
Units Billed	1
Place of Service	11 (Office)
FDOS	05/01/2023
TDOS	05/01/2023

### Take-Home Supply

Claim Line	2
Procedure Code	J0572
NDC	NDC of PAD administered to the member and reimbursable for the dates of service per <a href="#">Appendix X</a>
Units Billed	7
Place of Service	12 (Home)
FDOS	05/02/2023
TDOS	05/08/2023

All PAD policies and procedures apply to the take-home supply of oral buprenorphine and buprenorphine combination products, including but not limited to billing of accurate HCPCS units, HCPCS/NDC billing per the HCPCS/NDC Crosswalk ([Appendix X](#)), and all requirements set forth in the [Physician-Administered Drugs \(PAD\) Billing Manual](#) and the [Physician-Administered Drugs web page](#).

Contact [HCPF\\_PAD@state.co.us](mailto:HCPF_PAD@state.co.us) with additional questions.



## Maternity Care Programs

### SimpliFed

SimpliFed supports families who feed their babies by breastfeeding, formula feeding, pumping, using donor milk, and/or combination feeding. SimpliFed is a team of baby feeding experts - IBCLCs (International Board-Certified Lactation Consultants) and CLCs (Certified Lactation Counselors) who are moms, health care workers, doulas, and change makers dedicated to meeting families where they're at and supporting them without judgment. They hold themselves to high clinical quality standards, and work in close partnership with the healthcare system. Their goal is to support all families, no matter how they choose to feed their babies.



SimpliFed is free of charge for all RMHP Members (excluding Colorado Doctors' Plan).

Learn more about SimpliFed by clicking on the resources below and refer your patients, today!

- [Overview](#)
- [Provider Referral Guide](#)
- [Referral Poster – English & Spanish](#)
- [www.SimpliFed.com](http://www.SimpliFed.com)

### WellHop

For RAE, PRIME and CHP+ Members, WellHop is an excellent program to support expecting families. Eligible Members will connect with other expectant moms for support during pregnancy and beyond. It all happens online through group video conversations every other week, so comfort is just a click away. This program is a part of their health plan and is offered at no extra cost.



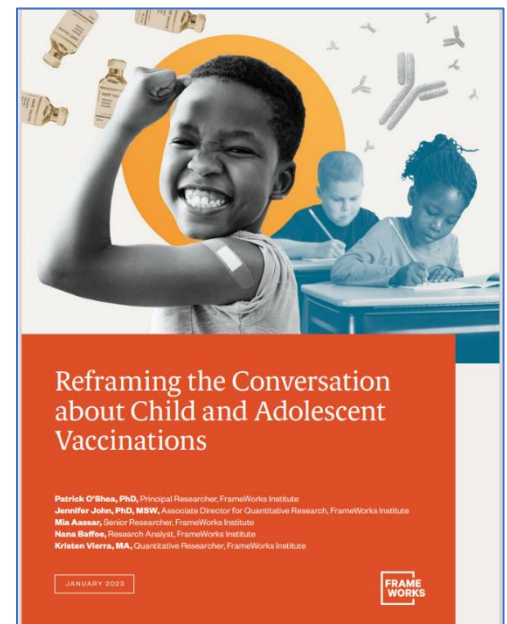

Wellhop for Mom & Baby is offered in English and Spanish. Share [this flyer](#) with your patients and learn more by clicking [here](#).

## REMINDER: Vaccine Counseling Codes

Vaccine hesitancy is growing per your feedback to RMHP and community organizations. Please [read this resource](#) as a tool to help you navigate vaccine discussions.

As a reminder, Health First Colorado covers COVID-19 vaccine counseling visits in which healthcare providers talk to families about the importance of vaccination. Health First Colorado will also reimburse for and cover stand-alone vaccine counseling visits as part of vaccine administration required for all routine vaccines. Providers should bill CPT G0310, G0311, G0312, G0313, G0314, or G0315 for visits in which healthcare providers give counseling about the importance of vaccination. Providers should include modifier CR for all COVID-19 vaccine counseling-only visits.

Providers should not bill for the vaccine counseling code and the vaccine administration code on the same date of service. Vaccine administration codes are inclusive of counseling. CPT G0310, G0311, G0312, G0313, G0314, or G0315 can be billed at only one visit for each member per day, but there are no quantity limits for the number of times this education is provided to an individual member.



Keep documentation in the member's chart that shows the duration of counseling and a list of the prevention topics covered during counseling. If there is a separately identifiable Evaluation and Management (E/M) service performed outside of vaccine counseling and immunization administration, a separate E/M visit code may be reported, along with modifier 25.

When using a modifier is appropriate, refer to the [CMS National Correct Coding Initiative \(NCCI\) Policy Manual](#), Chapter 1, Section E for specific guidance on the proper use of modifiers. Click [here](#) to learn more.

## Additional COVID-19 and Flu Vaccine Funding!

RMHP is excited to offer **four** primary care practices funding to promote COVID-19 and flu vaccine outreach and education efforts. Please view the information [here](#). Request for Proposals (RFPs) due back to RMHP by June 16, 2023.

## Cervical Cancer Screening

The clinical quality measure specifications for Cervical Cancer Screening are the percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

- Women aged 21-64 years who had cervical cytology performed within the last 3 years
- Women aged 30-64 years who had cervical human papillomavirus (HPV) testing performed within the last 5 years.

According to the CDC, screening tests can help prevent cervical cancer or find it early. When cervical cancer is found early, it is highly treatable and associated with long survival and good quality of life. But each year in the United States, around 13,000 women are diagnosed with cervical cancer, and more than 4,000 women die from it. Previous studies have suggested that about half of women who get cervical cancer are not screened as recommended.

CMS provided further clarification on the types of appropriate screenings within the eCQM specifications for CMS124v11 which include:

- Cervical cytology performed during the measurement period or the two years prior to the measurement period for women who are at least 21 years old at the time of the test
- Cervical human papillomavirus (HPV) testing performed during the measurement period or the four years prior to the measurement period for women who are 30 years or older at the time of the test

Please refer to the following Colorectal Cancer Screening measure specifications for more information: [Cervical Cancer Screening | eCQI Resource Center \(healthit.gov\)](#) or check out this [Quality Quick Tip!](#)

## PRIME Primary Care Practices: 2023 Shared Savings Update

To be eligible for PRIME Shared Savings, primary care practices must achieve the following. As a reminder, RMHP must achieve the target as a PRIME region for there to be dollars available.

1. Must report [CMS 137 Initiation and Engagement of Substance Use Disorder Treatment](#)
  - Report Part A and B quarterly
  - Achieve annual Q4 target for Part A (**Finalized Target = 28.20%**)
  - There is no performance target for Part B; however, you must report your rates
2. Must report [CMS 122 Diabetes: Hemoglobin A1c \(HbA1c\) Poor Control \(> 9%\)](#)
  - Report Quarterly and achieve annual Q4 target (**Finalized Target = 21.50%**)
  - Pediatric practices are excluded from this measure
3. Practice and PRIME region must meet [CMS 137 Part A](#) and [CMS 122](#) targets in Q4 2023 for there to be dollars available for disbursement.
4. Quarter 4 ONLY: Must submit clinical and/or data workflows for both eCQMs by January 31, 2024 (i.e.. Policies, procedures, process maps, etc.)

## CirrusMD for RMHP



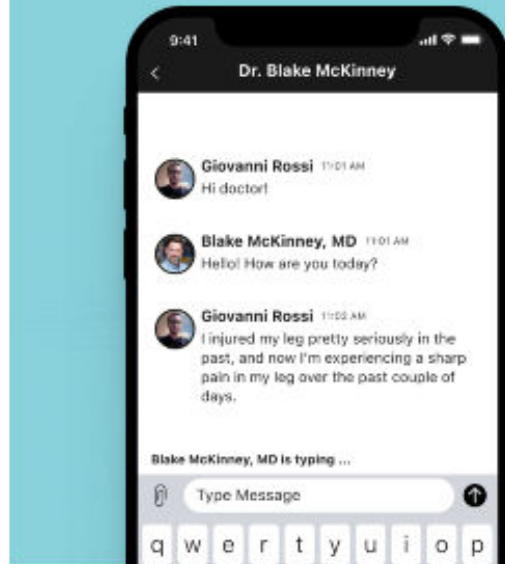
### CIRRUS MD

# No More After-hours Calls

CirrusMD provides virtual care support to your patients - so you can reduce after-hours calls and trust that your patients are still receiving exceptional care.

#### WHAT YOU CAN EXPECT

- ▶ Your patients are referred back to you after ED/UC
- ▶ Your patients can have their care bridged from ED/hospital post-discharge back to you
- ▶ Patients can connect as often as they like, for as long as they'd like, at no cost
- ▶ Reduce your after-hours calls and redirect overflow patients away from the ER/back to your office
- ▶ See patients when they need you most
- ▶ See improved adherence to post-discharge care plans



#### WHAT IS CIRRUSMD?

- ▶ CirrusMD is a chat-based virtual care program that allows patients to securely text, send photos, or video chat with a doctor from your smartphone or computer.
- ▶ Patients can connect to a doctor 24/7 from any web-enabled device
- ▶ Patients do not need to make an appointment and will not experience long wait times
- ▶ CirrusMD is a great resource for high-needs patients



Encourage your patients covered by an RMHP Medicaid plan to **download the CirrusMD app today.**

LEARN MORE AT [CIRRUSMD.COM/RMHP](https://www.cirrusmd.com/rmhp).

## OptumRx – 100 Day Fill for Medicare Advantage Members!

# New 2023 Medicare Benefit: 100-day supply of medications now available

As of Jan. 1, 2023, UnitedHealthcare Medicare Advantage members throughout the United States\* are eligible to receive 100-day supplies of their medications for the same copay as a 90-day supply as part of their insurance benefit.<sup>1</sup>

Analysis across the diabetes, hypertension and statin therapeutic classes shows on average a 5.4% higher medication adherence rate for Optum® Home Delivery members utilizing 100-day home delivery vs. retail.<sup>2</sup>

Providers may help improve overall STAR ratings, drive better health outcomes and lower total cost of care by prescribing a 100-day supply to a patient's pharmacy of choice, including Optum Home Delivery. Additional cost savings may be available to patients who enroll in Optum Home Delivery.

### Important advantages for you and your patients:

- Drives greater medication adherence<sup>3</sup>
- Maximizes patients health plan benefits
- May save patients' money – same copay for 100-day supply as 90-day supply<sup>4</sup>
- Provides 24/7 patient access to a pharmacist<sup>5</sup>, that may result in a better patient experience<sup>6</sup>

Our pharmacists are available 24/7 for your patients. We work with Medicare patients to help ensure they understand their prescription drug plan and maximize their benefits.

### Did you know...

Today's medication non-adherence can account for up to 50% of treatment failures in the U.S.<sup>3</sup>

\* Available for Medicare plan members in all states except Alaska.<sup>1</sup>



### To order:

Update to 100-day supply, plus 3 refills when ePrescribing or calling.

#### Send ePrescribing to:

Optum Home Delivery  
(Optum Rx Mail Service)  
6800 W 115th St, Ste 600  
Overland Park, KS 66211-9838  
NCPDP ID: 1718634

#### Dedicated clinician line:

1-800-791-7658  
Fax: 1-800-491-7997

1. Does not apply to controlled substances or specialty medications. \$0 copays may be restricted to preferred home delivery prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic stage. In some cases, the 100-day supply is available for MAPD plans, tier 1 preferred generics only. Benefits vary by plan/area. Limitations and exclusions apply.  
2. UnitedHealthcare MAPD members who used Optum Home Delivery. Percentage Adherent Utilizers - Retail 90 vs. Retail 90 vs. Home Delivery 90 vs. Home Delivery 100 MAPD Population, 2021.  
3. Pages-Puigdemont N, Marques MA, Masip M, et al. Patients' perspective of medication adherence in chronic conditions: a qualitative study. *Adv Ther.* 2016; 33(10):1740-1754.  
4. Receiving Extra Help or are Low-Income Subsidy (LIS) level 1, 2 and 3. 100-day supply of their medication for the same copay as a 90-day supply. If cash price for 90-day prescription is lower than copay, 100-day price may increase to LIS copay amount.  
5. Retail pharmacists spend 10% of time consulting with patients. Gebhart, Fred, Pharmacists Want More Time with Patients, *Drug Topics*, Volume 163, Issue 3.  
6. Internal NPS Scorecard, 2022 Patient NPS HD vs. Retail.

Optum Rx is a pharmacy care services company helping clients and more than 59 million members achieve better health outcomes and lower overall costs through innovative prescription drug benefits services. You are not required to use Optum Home Delivery for your 90/100 day supply of your maintenance medication. There may be other home delivery options available to you. Optum is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions. All other brand or product names are the property of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

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## Education & Training

### NEW! On-Demand Annual Care Visit Course

Need a refresher or want more information on HCC & CPT II coding components that occur at annual care visits (ACVs)? ACVs, also known as annual wellness visits or annual comprehensive physicals, are a critical component to preventing illness and delaying the progression of diseases while supporting healthy behavior change. Conducting regular ACVs offers great opportunities to improve the quality of care, identify care gaps, and help create a personalized prevention plan.



Take [this 20-minute course](#) to learn how to optimize your ACVs today!

### NEW! FREE AAPC On-Demand Coding Course

RMHP is excited to partner with Terry Fletcher Consulting to provide a one hour on-demand webinar and an AAPC CEU credit for participating. Webinar must be watched in full to obtain the included CEU credit.

- Annual Wellness visits will be covered for the first 30 minutes
- Value-based payment, HCC, and Risk scoring will be covered for the second 30 minutes

Click [here](#) to watch today! This course offering expires July 1, 2023 – don't wait!

### 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 4<sup>th</sup> Thursdays from 12:15-1:00PM. Register [here!](#) Questions? Please reach out to Rachael Biller at [Rachael.Biller@uhc.com](mailto:Rachael.Biller@uhc.com).

### EPSDT Webinar Replay!

Did you miss the March 2023 RMHP EPSDT Webinar hosted by Christy Blakely? Don't worry, catch the replay by clicking [here](#). This one hour webinar reviews how to support Medicaid Member with Accessing EPSDT benefits.

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

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 payment tier. Connect with your RMHP Clinical Program Manager for more tips on improving patient experience.**

## 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!](#)

### Featured Session: [Disparities in Social Determinants of Health: What Can We Do? | OptumHealth Education](#)

*How can health care practitioners (HCPs) improve equity in health care access, treatment and outcomes across the spectrum of individuals' SDOH profiles? SDOH—which includes socioeconomic status, community context and environment, health literacy, level of access to quality health care and education, and exposure to discrimination and trauma—strongly impacts patients' health, quality of life, outcomes, and risk exposure. Common issues that have emerged for HCPs include identifying disparities in SDOH, becoming educated about resources and tools that can improve patients' access to care (e.g., is telemedicine an effective tool to enhance access?), coordinating with liaisons that can assist with patient navigation of health care and medical issues, and advocating for patients within the health care system. Importantly, facilitating health care team communication that provides an encompassing, holistic health care experience can improve outcomes and empower patients to participate in the health care process.*

## RMHP Coder Biller Networking Group

### Platform Change, New Registration Required!

Meetings have been migrated to the Zoom platform. We value your participation in this group, and don't want to lose you! Please re-register [here](#). If you only want the resources, please sign up [here](#). Note: if you registered for the RMHP Biller Coder Networking group above, you DO NOT need to register for the resources too, it is rolled into the Zoom registration.

### Overview

Primary care practices with a value-based RAE tiering contract will earn points for your annual attestation for participation in this group.

Virtual Meetings Held on the 3rd Tuesday of the Month, once per Quarter:

- June 20, 2023
- September 19, 2023
- December 19, 2023

RMHP is providing a virtual space for you to network, learn, share barriers, and best practices. Monthly Newsletters and HCC Provider Education with links to valuable resources are also sent out monthly. In addition, we are now providing Coder and Biller On-Demand Webinars for FREE CEU Credit.

## Coder Biller Education Opportunity - HCPF

The Colorado Department of Health Care Policy & Financing is offering training sessions that include HCPF billing instructions and procedures. These are virtual webinars and are available for staff who submit claims, are new to HCPF services, or who need a billing refresher course. Covered Content: Institutional Claims (UB-04), Professional Claims (CMS 1500), high-level overview of claim submissions, prior authorizations, navigating the department's website, using the provider web portal, and more. [Zoom Schedule and Signup](#)

## Risk Adjustment and Hierarchical Condition Coding (HCC) Resource for You: COPD

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 evaluate 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.

COPD is defined by its pulmonary airflow obstruction, with tobacco smoking being the most common risk factor. COPD is typically associated with an underlying contributing disease, however not all patients with symptoms of chronic bronchitis, emphysema and/or asthma have COPD. Correctly diagnosing and documenting COPD is important to ensure appropriate risk adjustment and improve health status.

### Education & Training

#### New trends in the management of Asthma and COPD

Earn 1 FREE CEU credit by attending this webinar. Emerging trends in asthma and COPD management and new pharmacologic agents and strategies will be highlighted, with a review of the physiological aspects of these diseases targeted by newer therapies by registering [here](#)

#### COPD Resources:

- Handout related to the documentation of COPD, asthma, bronchitis, and emphysema [here](#)
- Handout with billing codes related to COPD, asthma, bronchitis, and emphysema [here](#)
- COPD documentation FAQs [here](#)
- COPD pulmonary disease algorithm flow charts [here](#)
- Risk adjustment presentation and recording [here](#)

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](http://www.rmhp.org)