



July 2023

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Coming soon! The Provider Insider Plus is Moving to UHC Network News
 In the next two months, this newsletter will be transitioned to UHC’s Network News. To receive RMHP’s UHC Network News, subscribe [here](#).

UHC Network News can also be accessed through your UHC Provider Portal or UHCProvider.com.

Rocky Mountain Health Plans Transition Updates

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.

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 UnitedHealthcare 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

Join the RMHP Region 1 PIAC!

Want to get involved? Rocky Mountain Health Plans (RMHP) is looking to fill vacant seats for the RAE Region 1 Program Improvement Advisory Committee (PIAC). These are the positions that are currently vacant needing voting members:

- Criminal Justice Advocate
- Health Neighborhood Provider
- Member and Family Member
- Private Behavioral Health Provider

Each position is a three-year term with the possibility of serving two more terms. The request is to attend two quarterly meetings – the RAE1 Regional PIAC and the PIAC voting member strategic planning meeting. Occasionally, there are requests for voting members to have minimal duties between meetings. For more information, contact ReNae Anderson at renae.anderson@uhc.com or call at 970-393-0170.

The Importance of Medication Reconciliation during Transitions of Care

Transitions of care, such as hospital admissions, discharges, and transfers between healthcare settings, are critical points in a patient's healthcare journey. These transitions often involve multiple healthcare providers, making it crucial to ensure accurate and up-to-date medication information for patient safety. Medication reconciliation, the process of comparing a patient's medication orders to all the medications they are currently taking, plays a pivotal role in reducing medication errors, adverse drug events, and improving patient outcomes during these transitions.

Medication reconciliation aims to identify and resolve discrepancies by comparing the medications prescribed at discharge with the patient's pre-existing (pre-admission) medication list. This process helps healthcare providers detect and rectify any errors or omissions, ensuring that the patient receives the correct medications in the right doses. Medication reconciliation also encourages patient engagement and empowers individuals to actively participate in their healthcare. By involving patients in the process, providers can obtain accurate information about the medications patients are taking and assess the understanding of any new medications/instructions recommended by the discharging physician.

Medication reconciliation is an important required component of Transitional Care Management (TCM) Services CPT codes 99495 and 99496 [MLN908628 – Transitional Care Management Services \(cms.gov\)](https://www.cms.gov/MLN908628-Transitional-Care-Management-Services). The American Academy of Family Physician's advocacy efforts have helped pave the way for payment for TCM services, giving family physicians an opportunity to be paid to coordinate care for Medicare beneficiaries as they transition between settings. We believe that family physicians should be compensated for the value they bring to their patients by delivering continuous, comprehensive, and connected health care ([Transitional Care Management | AAFP](#)).

Requirements and Components for TCM

- Contact the beneficiary or caregiver within two business days following a discharge. The contact may be via telephone, email, or a face-to-face visit. Attempts to communicate should continue after the first two attempts in the required business days until successful.
- Conduct a follow-up visit within 7 or 14 days of discharge, depending on the complexity of medical decision making involved. The face-to-face visit is part of the TCM service and should not be reported separately.
- **Medicine reconciliation and management must be furnished no later than the date of the face-to-face visit.**
- Obtain and review discharge information.
- Review the need for diagnostic tests/treatments and/or follow up on pending diagnostic tests/treatments.
- Educate the beneficiary, family member, caregiver, and/or guardian.
- Establish or re-establish referrals with community providers and services, if necessary.
- Assist in scheduling follow-up visits with providers and services, if necessary.

Transitions of Care- Medication Reconciliation Post-Discharge (TRCMRP) is also a HEDIS measure for Medicare that affects CMS Star Ratings. HEDIS is a comprehensive set of standardized performance measures designed to provide purchasers and consumers with the information needed for reliable comparison of health plan performance. Information about the HEDIS Transition of Care measure is summarized below.

Required documentation: Documentation in the outpatient medical record must include evidence of medication reconciliation and the date when it was performed. Medication Reconciliation must be completed by a prescribing practitioner, clinical pharmacist, physician assistant or RN on the date of discharge through 30 days after discharge (31 days total). A medication reconciliation performed without the patient present meets criteria.

When conducting Medication Reconciliation post-discharge, the following codes can be used to identify this action was completed:

CPT/CPT II	1111F, 99483, 99495, 99496
SNOMED	430193006, 428701000124107

- Documentation of the current medications with a notation that the provider reconciled the current and discharge medications.
- Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications).
- Documentation of the member's current medications with a notation that the discharge medications were reviewed.

- Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service.
- Documentation of the current medications with evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review. Evidence that the member was seen for post-discharge hospital follow-up requires documentation that indicates the provider was aware of the member's hospitalization or discharge.
- Documentation of "post-op/surgery follow-up" without a reference to "hospitalization," "admission" or "inpatient stay" does not imply a hospitalization and is not considered evidence that the provider was aware of a hospitalization.
- Notation that no medications were prescribed or ordered at discharge.

For more information please visit [2023 UnitedHealthcare PATH Quality Reference Guide \(uhcprovider.com\)](https://uhcprovider.com) or [Transitions of Care \(TRC\) MY2023 Abstractor Checklist \(bravais.com\)](https://bravais.com)

Medication reconciliation is a critical component of ensuring patient safety during transitions of care. By preventing medication errors, promoting continuity of care, and engaging patients in their healthcare, medication reconciliation plays a vital role in improving patient outcomes. Healthcare providers must adopt standardized processes, encourage interprofessional collaboration, and educate patients about the importance of maintaining an accurate medication list. By prioritizing medication reconciliation, healthcare systems can enhance patient safety and contribute to the delivery of high-quality, comprehensive care throughout the healthcare continuum.

Medicaid/CHP+ Continuous Coverage Unwind

Upcoming PHE Unwinding Community Partner Webinar

HCPF will be hosting a webinar on the end of the Continuous Coverage Requirement and the COVID-19 Public Health Emergency (PHE). These webinars are geared toward community partners such as advocacy organizations, providers, and community organizations who may provide other assistance to Health First Colorado (Colorado's Medicaid program) or Child Health Plan Plus (CHP+) members.



Keep your Medicaid or CHP+ coverage

The upcoming webinar will focus on the [May 2023 unwind data](#) and breakout information by demographics. Registration is required. Please register in advance and mark your calendars.

Webinar Information:

When: July 26, 2023, 1 - 2:30 p.m. Mountain Time

[Register for this webinar](#)

After registering, you will receive a confirmation email containing information about joining the webinar.

Public Health Emergency (PHE) Unwind Resources

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](#).

The COVID-19 Public Health Emergency (PHE)

The COVID-19 PHE ended on May 11, 2023. To learn more about flexibilities that are now permanent and those that are changing, refer to the [Overview of COVID-19 Emergency Federal Flexibilities - Colorado Medicaid](#) section on the [End of the Public Health Emergency web page](#). The web page features a chart of what flexibilities were requested, what was used, what policy changes were made permanent and what will be changing at the conclusion of the PHE.

These provisions will be communicated to impacted providers, stakeholders and members through member newsletters, provider bulletins, the Department of Health Care Policy & Financing (the Department) and Health First Colorado websites and other stakeholder communications as timelines are finalized. Some provisions could still change as additional federal guidance is received.

Colorado returned to regular eligibility renewal processes for Health First Colorado and Child Health Plan *Plus* (CHP+), with renewals due in May 2023. Not all members will be renewed at the same time. The renewal redetermination process will continue month by month through April 2024, for all 1.75 million members. Each member’s renewal month will align with their already established annual renewal month.

How can providers help with the renewal process?

Providers can build awareness about the renewal process by posting flyers in their public areas. Flyers, social media, website content and other outreach tools can be found on the [Public Health Emergency Planning web page](#). The materials in the toolkits raise awareness on key actions for members to take:

- Updating contact information
- Taking action when a renewal is due
- Seeking help with renewals at community or county resources when needed

Providers can also educate themselves and their staff on the basics of the renewal process to assist patients who may have questions. Refer to the Renewal Toolkit located on the [Understanding the Renewal Process web page](#).

Will providers be able to see member renewal due dates in the Provider Web Portal?

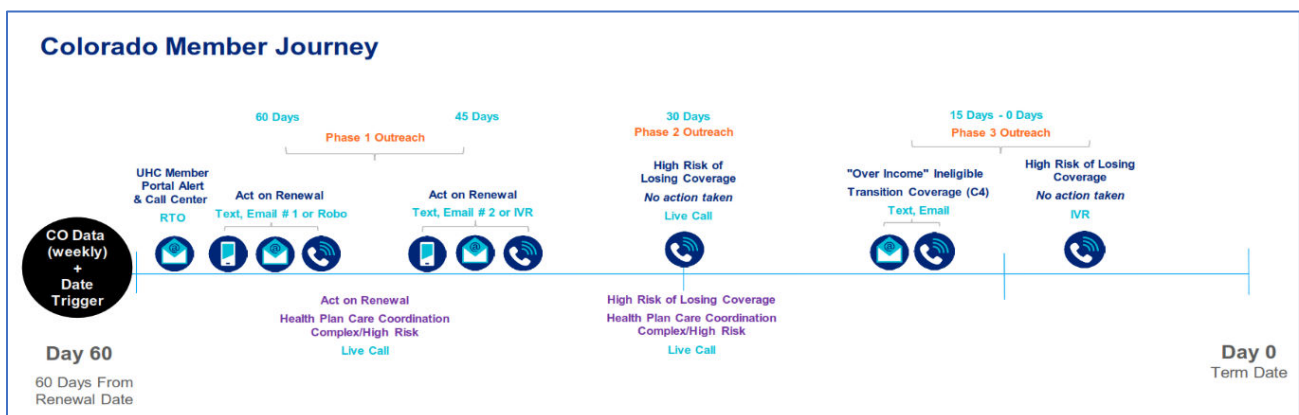
The [Provider Web Portal](#) does not provide the eligibility renewal due dates. The Web Portal will show coverage start and end dates. Members are encouraged to log into their PEAK accounts to see their renewal due dates. Members with questions about the renewal process can learn more by visiting the [Health First Colorado Renewals web page](#), available in [English](#) and [Spanish](#). Visit the [COVID-19 PHE Planning web page](#) for the latest information on returning to normal renewal processes and other communication resources.

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
- keepcoco.com

We are here to help.

Have Questions or Support Needs from RMHP? Contact us at RAESupport@uhc.com. 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.

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

Provider Revalidations

The flexibility that paused disenrollment for providers past their revalidation date during the COVID-19 PHE is ending effective November 12, 2023. Providers with revalidation due dates of October 1, 2020, through November 11, 2023, will be given a post-PHE grace period to complete the revalidation process. Health First Colorado will notify providers in the coming weeks of their new revalidation date. Providers will receive another notification six (6) months prior to their revalidation date.

Providers with revalidation due dates between October 1, 2020, through November 11, 2023, who had no claims activity in the last 3 years must revalidate by November 11, 2023. Providers that do not complete the revalidation process by their revalidation due date will be subject to claims denial or disenrollment. Providers with revalidation applications that are 'in process' must complete the process by November 11, 2023, or by their revalidation date, whichever comes first.

Visit the [Revalidation web page](#) to learn more about the provider revalidation process and how to prepare.

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. Information provided in this month's newsletter can be found in the July 2023 Provider Bulletin located at: <https://hcpf.colorado.gov/bulletins>

All Providers: Member Co-Pay Reductions

Most existing Health First Colorado (Colorado's Medicaid program) member co-pays are being reduced to \$0 in accordance with [Senate Bill \(SB\) 23-222](#) and [SB 23-214](#), effective July 1, 2023.

This change will be effective for members eligible for Title XIX, the Alternative Benefits Plan (ABP) and the Old Age Pension (OAP) Health and Medical Care Program. Other special programs administered by the Department of Health Care Policy & Financing (the Department), such as the Child Health Plan *Plus* (CHP+), will continue to have co-pays as normal.

The list of services reducing their co-pay amounts to \$0 includes:

- Inpatient hospital services

- Outpatient hospital services
- Optometrist visits
- Podiatrist visits
- Primary Care Physician (PCP) and specialist services
- Rural Health Clinic (RHC) visits
- Federally Qualified Health Center (FQHC) visits
- Durable Medical Equipment (DME) and disposable supply services
- Laboratory services
- Radiology services
- Prescription drugs or refill services

Outpatient hospital non-emergent emergency room visits will continue to carry an \$8 copay per visit. Exemptions to co-pays will continue to apply. Visit the [Co-Pay Information for Providers web page](#) for a full list.

Claims with dates of service prior to July 1, 2023, will still have these co-pays assessed. Providers are encouraged to reference the [Provider Web Portal](#) when meeting with a member to ensure the member's eligibility and if these reductions apply. Refer to the [Verifying Member Eligibility and Co-Pay Quick Guide](#) for more information.

Vaccine Providers: New COVID-19 Vaccine CPT Codes

Effective April 18, 2023, the following Common Procedural Terminology (CPT) Codes are to be used for COVID-19 vaccines:

- 0121A – Pfizer-BioNTech COVID-19 Vaccine, Bivalent (12 years +) – Single Dose
- 0141A – Moderna COVID-19 Vaccine, Bivalent (6 months – 11 years) – First Dose
- 0142A – Moderna COVID-19 Vaccine, Bivalent (6 months – 11 years) – Second Dose
- 0151A – Pfizer-BioNTech COVID-19 Vaccine, Bivalent (5 years – 11 years) – Single Dose
- 0171A – Pfizer-BioNTech COVID-19 Vaccine, Bivalent (6 months – 4 years) – First Dose
- 0172A – Pfizer-BioNTech COVID-19 Vaccine, Bivalent (6 months – 4 years) – Second Dose

The rates for these codes are reflected on the [Immunizations Fee Schedule](#). Affected claims were reprocessed on 7/06/23. Contact Christina Winship at Christina.Winship@state.co.us with any questions.

Physician Services: Depression Screen Billing Changes: Adding Modifiers and Allowing Other Caregivers under Child's ID Cancelled

Depression Screen Billing Changes: Adding Modifiers and Allowing Other Caregivers under Child's ID Cancelled

The requirement of a U modifier on depression screens delivered to members, as outlined in the [January 2023 Provider Bulletin \(B2300488\)](#), will not be enforced. The requirement had previously been postponed until July 2023, to allow providers additional time to change their work processes and Electronic Health Records (EHRs).

Collaboration with providers over the past year is appreciated, and it has been decided to not move forward with the U modifier requirement in order to avoid additional barriers to accessing depression screens for members, birthing parents and non-birthing caregivers. Providers may provide depression screens to any caregiver of a child enrolled in Health First Colorado, as required by [Senate Bill \(SB\) 21-137](#).

Depression screening claims without the U modifiers will not deny due to lack of a modifier. Contact [Morgan Anderson and Susanna Snyder](#) with questions.

Coder Biller Education Opportunity

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](#)

Health First Colorado Fee Schedule Update

The Colorado Department of Health Care Policy & Financing has completed the July 2023 fee schedule updates and has made those available for download [here](#). Although every effort is made to ensure the accuracy of this information, discrepancies may occur. The fee schedule may not reflect any changes to rates that occurred after the effective date of the fee schedule. Such changes will be reflected in the next release of the fee schedule.

Important Billing Information for Child Health Plan Plus (CHP+) Providers

Effective July 1, 2021, if a Child Health Plan Plus (CHP+) member's eligibility start date occurs prior to the member's enrollment with a CHP+ Managed Care Organization (MCO), claims must be billed directly to the fiscal agent. Once the member is assigned a managed care organization, the claims must be billed to that MCO.

Web Portal Example:

"Benefit Details" Effective Date is prior to the CHP+ "Managed Care Assignment Details" Effective Date. Dates of service from May 1, 2021, to July 14, 2021, would be billed to the fiscal agent for this example.



The screenshot shows a web portal interface with the following sections:

- Coverage Details:** Coverage Details for Member ID: G323456 - Jane Doe. Eligibility Verification Response Guarantee Number: 000000000. Includes expand and collapse options.
- Demographic and Copy Details:** Mailing Address: 123 Any Street, City: DENVER, State: Colorado, Zip Code: 80209. Copy Status: Exempt.
- Benefit Details:** A table with columns: Coverage, Description, Effective Date, and End Date.

Coverage	Description	Effective Date	End Date
CHP+B	Child Health Plan Plus - K2	07/01/2021	12/31/2299
Coverage		Coverage Code Description	Copy Amount
CHP+B	Health Benefit Plan Coverage		
CHP+B	Medical Care		\$0.00
CHP+B	Hospital		\$0.00
CHP+B	Hospital - Inpatient		\$0.00
CHP+B	Hospital - Outpatient		\$0.00
CHP+B	Emergency Services		\$0.00
CHP+B	Pharmacy		Covered
CHP+B	Brand Name Prescription Drug		\$0.00
CHP+B	Generic Prescription Drug		\$0.00
CHP+B	Professional (Physician) Visit - Office		\$0.00
CHP+B	Visit (Optometry)		\$0.00
CHP+B	Mental Health		\$0.00
CHP+B	Urgent Care		\$0.00
CHP+B	Dental Care		Non-Covered
CHP+B	Chiropractic		Non-Covered
- Managed Care Assignment Details:** A table with columns: RPT/MCO, Managed Care Plan, Provider Rates, Effective Date, and End Date.

RPT/MCO	Managed Care Plan	Provider Rates	Effective Date	End Date
None/1234567	Child Health Plan Plus	Colorado Access	07/15/2021	12/31/2299

Visit the [State Managed Care Network Transition](#) webpage for more information and updates. Refer to the [Verifying Member Eligibility and Co-Pay Quick Guide](#) for more information on reviewing the member's eligibility on the [Provider Web Portal](#).

Pharmacy claims are submitted to Magellan. Contact Magellan Rx Pharmacy Call Center at 800-424-5725 with any pharmacy related questions.

Obesity Training and Support Opportunity

Project HOPE is a new program offered by the Colorado Health Extension System (CHES) from the Practice Innovation Program at Colorado University. This program offers:

- a. Training on Obesity Management
- b. Shared learning among peers
- c. Practice Facilitator support
- d. \$18,000 for three years to compensate for data collection
- e. Enroll 50 patients over a 2-year period
- f. Timeline: Fall of 2023 – Dec 2025

PROJECT AIM

To support primary care clinicians and staff in implementing feasible, effective treatment strategies for patients with obesity.



ELIGIBLE PRACTICES

Family Medicine or Internal Medicine practices whose clinicians or clinical team members are interested in improving obesity management for their patients and maybe increasing their own career satisfaction!

PRACTICES GET THE FOLLOWING:

- Training in implementation of the obesity management model of their choice (choice of delivery by: clinician in individual patient visits, health coach in individual patient visits, or clinician or clinical team members in group visits). Training consists of 1 hour for all practice members on the basics of obesity care, 2 hours on implementation for key project staff, and 4 hours for those delivering obesity treatment. Resources will also be available online/asynchronously and no travel is required for training. Training includes learning about Intensive behavioral therapy (IBT) for obesity, the latest medications and treatments, workflows for implementation, and billing and payment options.
- Practice facilitator support in implementing the obesity management model chosen.
- Shared Learning Calls/Meetings to provide opportunities for peer to peer learning and sharing
- Two credits of free CME on obesity management and 1:1 physician to physician coaching for all clinicians
- \$18,000 data collection stipend over 3-year project period



TIMELINE

- Practice onboarding and training needs to be completed by December 2023. Training anticipated to occur in the fall of 2023.
- Practices begin recruiting patients in January 2024
- Practices enroll at least 50 patients by February 2025
- 50 enrolled patients complete IBT for obesity schedule of visits by the end of 2025

WHAT IS EXPECTED OF PRACTICES?

- Form a project team to work with the practice facilitator, generally consisting of at least one provider champion, a staff champion, and representatives from other clinic teams as appropriate. The project team will meet with the practice facilitator to plan and direct implementation in the practice as well as trouble-shoot any challenges that arise. Participate in practice facilitation calls, learning community calls (as needed) and physician coaching and CME (if applicable).
- Offer the obesity management intervention model chosen to patients in the practice with goal of providing it to at least 50 patients over 18 months. All models include providing IBT for Obesity which aim for 20 total visits/patient over a year.
- Participate in data collection activities including tracking of patient participation in IBT for obesity and patient-reported outcomes, surveys, interviews and practice observations, as well as assist the project data collection team with EMR data abstraction.

<https://medschool.cuanschutz.edu/helping-our-patients-engage-in-weight-management>

For more information or to enroll:
 Contact: Andrea Nederveld, MD, MPH; Department of Family Medicine at the University of Colorado
andrea.nederveld@cuanschutz.edu

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 - Diabetes

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. Click [here](#) to watch today! This course offering expires September 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 4th Thursdays from 12:15-1:00PM. Register [here!](#)

Earn Free CEUs for Medication Adherence!

The Centers for Medicare & Medicaid Services (CMS) Medicare Part D medication adherence and stars measures use a five-star quality rating system to measure the experiences Medicare beneficiaries have with their health plan and health care system. Medication-use-related measures, such as medication adherence, are weighted heavily when determining a prescription drug plan's overall star rating, as poor patient adherence to medications for chronic conditions often leads to worse clinical outcomes and poorer quality of life.

This free CEU activity is designed to meet the educational needs of physicians, PAs, nurses, nurse practitioners, psychologists, social workers, pharmacists, and pharmacy technicians who are interested in learning how to improve performance and positively impact patient outcomes through a review of the Centers for Medicare & Medicaid Services (CMS) Medicare Part D Medication Adherence and Stars Measures' five-star quality rating system, including how to best apply this to current practices. Register for this activity [here](#) to earn 2.00 CEUs.

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: [TIPS AND TECHNIQUES FOR ACCOMODATING HEARING LOSS](#)

Hearing deficits are highly prevalent among older adults and are associated with declines in cognitive, physical, and mental health. For people living with hearing loss, conversations can be a challenge. Effective communication techniques can positively impact both individuals who are hard of hearing as well as their significant others and/or caregivers. This activity will discuss challenges surrounding hearing health care for individuals with hearing loss, including older adults, and highlight effective techniques, tools, and resources for these individuals. Earn 1.00 CEUs.

Risk Adjustment and Hierarchical Condition Coding (HCC) Resource for You: Medication Adherence

Accurate and complete documentation of chronic condition diagnoses by clinicians is an essential component of the risk adjustment and hierarchical condition category (HCC) processes. Providers are required to document all conditions they have evaluated during every face-to-face visit. It is imperative that the documentation of a disease or condition be as specific as possible, a more precise diagnosis directly impacts a patient's treatment plan and provider reimbursement. Each month, Rocky Mountain Health Plans will provide a list of resources for Providers to review at their own pace. The goal in mind will be improving education and understanding around: risk adjustment, HCC coding, and how RMHP can support these efforts.

To ensure adequate management of chronic conditions, medication adherence is crucial for the overall wellbeing and quality of life of the patient. The treatment of chronic illnesses commonly includes long-term use of pharmacotherapy, and although medications are effective in combatting disease, their full benefits are not fully realized because many patients do not take their medications as prescribed. Poor adherence to medication leads to worsening of the disease, increased mortality, and substantial rise in health care costs. Included below are resources targeted at assisting in understanding, coding, and treating chronic conditions that are managed by medications.

- Medication adherence – Hypertension [here](#)
- Medication adherence – Diabetes [here](#)
- Medication adherence – Cholesterol [here](#)
- Medication adherence CEU – [here](#)
- Statins guide and coding resource – [here](#)
- COPD CEU activity – [here](#)
- COPD presentation/coding documentation – [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