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Updated Patient Choice Forms

Rocky Mountain Health Plans' Patient Choice Forms (PCF) are updated! Please utilize these versions in your practice. Click here to download a copy ([English](#)/[Spanish](#)) and click [here](#) for more information on PCF. Or, visit the website by clicking [here](#). Questions? Contact RMHP Provider Relations at provider.relations@rmhp.org.

Optimizing Well-Child Visits in Primary Care

Why is it important for children to be seen so frequently as compared to adults? The simple answer is that childhood is a time of rapid growth and development and what is considered “normal” changes frequently. During a well-child visit, providers assess the child’s physical growth, along with age-appropriate assessment of mental, emotional, and social development. Well-child visits also provide dedicated time for parents to ask questions. Furthermore, regular monitoring during well-child visits provides clues to subtle changes in growth and development that may require further evaluation.

According to [Kids Count in Colorado](#) (2021) **19%** of moms with children between the age of 0-3 years reported delaying or skipping well visits for their child during the COVID-19 pandemic. *Is this similar to what you saw in your practice over the last two years?* The summer months may pose an opportunity for primary care practices to put a proactive well-child visit strategy in place to get patients into the office for these important visits. The strategy begins with assessing the practice’s current scheduling workflow for well-child visits and uncovering opportunities for improvement in this current process.

Does your well-child visit scheduling workflow include the following?

Advanced Scheduling - Schedule the next well-child visit during checkout for newborns through age 2 years.

Recall System - Have a process in place to identify and outreach patients BEFORE children are due for their next well-child visit.

Overdue Flags - Have a workflow in place to identify and outreach children that are overdue for a well-child visit.

Appointment Reminders - Have systems in place that notify parents often of scheduled well-child visits, and follow-up with patients who miss their scheduled well-child visit.

Once the scheduling workflow is optimized, review the objectives of the well-child visit in your practice and bridge the gaps to go beyond the basics during the visit. The standard well visit includes screenings, history, physical exam and immunizations. Consider implementing the [Bright Futures](#) visit to go beyond the basics with your well-child visits. The [Bright Futures](#) visit provides recommendations for preventive pediatric health care endorsed by the American Academy of Pediatrics. It includes standardized visit templates and suggested workflows to help patients and providers get the most out of the well-child visit.

Click [here](#) for tools! Going beyond the basics requires the provider and care team to include surveillance and anticipatory guidance into each visit.

The Bright Futures visit also includes pre-visit questionnaires that gather information from

the child and parent perspective including concerns or problems and asks age-appropriate questions about child development. Asking these questions during the visit provides a context for the provider to assess evolving changes versus comparing one child to another in an isolated moment. The well-child visit offers an opportunity to provide anticipatory guidance about what the child and parents can expect during this dynamic phase in a child's growth and development. It also provides a platform for building a trusting relationship with your patients.

Rocky Mountain Health Plans Clinical Quality Improvement team can help you go beyond the basics with your well-child visits.

Email us today at practice.transformation3@rmhp.org to get more information about our free consultative services. Do you need a list of your patients due for a well-child visit? Let us know! We have lists available to help you.

To watch a presentation by Dr. Katie Price, MD click here: [Optimizing Well-Child Visits in Family Practice](#)

Virtual Baby Feeding Support

Rocky Mountain Health Plans members can now access virtual baby feeding support through [SimpliFed](#). SimpliFed provides inclusive, evidence-based breastfeeding and baby feeding services, no matter how families choose to feed their babies: breast, bottle, or both! Unlimited visits with International Board-Certified Lactation Consultants are available starting in pregnancy. Services are easily accessible by phone, tablet, or computer, in English and Spanish.

Members can easily schedule an appointment by texting "MILK" to 888-458-1364 or by going to www.simplified.com, and clicking "Start Getting Care."

Pain Neuroscience Education Opportunity

The Steadman Group is hosting a two-day training in Glenwood Springs on September 16-17, 2022 on pain neuroscience education with Evidence in Motion. This \$600 course with 17 hours of continuing education or CME is being offered for only \$30 with generous support from Rocky Mountain Health Plans and the St. Mary's RCORP grant. It is open to all healthcare professionals (prescribers, nurses, behavioral health providers, physical therapists, occupational therapists, etc.) who accept Medicaid in RAE Region 1 and want to

help their patients reduce pain and improve functioning. For more information on the course and registration, see [this flyer](#).

New! Colorado ECHO Series: Remote Patient Monitoring

Join the weekly ECHO sessions to learn more about:

- **Telehealth & Diabetes** (August 17)
- **Continuous Glucose Monitoring** (August 24)
- **Self-Measured Blood Pressure Monitoring** (August 31)

Click [here](#) for more information and to sign-up!

IMPORTANT REMINDER: Claims Payment Distribution Process Change Coming August 5, 2022

Rocky Mountain Health Plans currently distributes provider payments through Change Healthcare. Change Healthcare is retiring its payment product on July 31, 2022. Beginning August 5, 2022, Rocky Mountain Health Plans will provide claim payments through Optum VPay by check, ACH and Virtual card (VCard).

If you currently receive payment from Rocky Mountain Health Plans via ACH or are currently enrolled with Optum Vpay for ACH payments, you will continue receiving payment in that manner.

If you currently receive an 835 transaction directly from Rocky Mountain Health Plans or via your clearinghouse, that process will continue for the time being.

For all other groups the below are important next steps to receive payments through Optum VPay:

- After you receive your first payment via Optum VPay you will be able to enroll and set a preference on the Optum VPay portal. The Optum VPay portal can be accessed at: <https://paidtoday.vpayusa.com>.
- You must enroll through the VPay Support Center before logging in to the portal.
- You can contact the VPay Support Center after you receive your first payment via Optum VPay, the VPay Support Center contact information will be included with your first payment.

Virtual cards (VCard): VCard is a new method of payment that we will offer as an option via Optum VPay. VCards are issued by Optum Vpay through the Mastercard network instead of

paper checks for providers that do not want to receive ACH payment but want the speed and convenience of electronic payments. VCards are already used across the industry and are a faster, more efficient, and safer method of payment. Providers will be able to change their preferred method of payment via Optum VPay at any time in the future.

Benefits of VCards include:

- **Faster payments:** VCards are delivered via fax, so you will receive payments much faster than you would with mailed checks.
- **Easier reconciliation:** The Explanation of Payment is delivered with the payment.
- **No bank deposits:** Once you process the payment, funds will be deposited directly into your merchant account.
- **Protection against fraud:** VCards eliminate the risk of fraud. Optum VPay guarantees delivery of funds to your account. No more stolen, lost, or whitewashed checks.

Thank you in advance for your attention to this change.

Get to Know the New HEDIS KED Measure!

By Dr. Carol Greenlee

The Kidney Care HEDIS measure for people with diabetes has been revised to be more meaningful for patients and clinicians. The new measure is intended improve identification of people with diabetes who have developed diabetic kidney disease (DKD). Once identified, these patients can be offered treatment shown to reduce progression of DKD and potentially delay or avoid end stage renal disease (ESRD) and reduce cardiovascular risk.

Over 90% of people with chronic kidney disease (CKD), including DKD, are unaware that they have kidney disease, primarily due to a lack of identification.

The previous HEDIS measure, Diabetes: Medical Attention for Nephropathy, is being replaced with a new measure, Kidney Health Evaluation for Adults with Diabetes (KED). This measure evaluates the percentage of adults with diabetes who have been assessed using the Kidney profile test (eGFR and uACR) during the measurement year.

The American Diabetes Association Standards of Care as well as the National Kidney Foundation (KDIGO) guidelines indicate that for people with diabetes, urinary albumin (e.g., spot urinary albumin-to-creatinine ratio [uACR]) and estimated glomerular filtration rate

(eGFR) should be assessed” at least annually. However, fewer than 50% of people with diabetes receive both tests, primarily due to a low rate of UACR testing.

Both eGFR and uACR are needed to optimally identify and treat people with DKD. The eGFR indicates the level of kidney function and the uACR indicates kidney damage. At any eGFR, albuminuria (an elevated uACR) increases the risk of ESRD as well as cardiovascular events.

The eGFR can identify the need to adjust doses of medications or avoid certain medications. It also predicts loss of function and complications such as volume overload, refractory hypertension, anemia, electrolyte abnormalities and metabolic acidosis as well as secondary hyperparathyroidism and renal bone disease. Rapid changes in eGFR can indicate acute kidney injury or another superimposed kidney disorder. Learn more about clinical guidelines by clicking [here](#).

The KED measure is also being evaluated as a MIPS measure for 2022. Regardless, your patients with diabetes should be receiving both an eGFR and a uACR annually. The eGFR can be obtained as part of a metabolic or chemistry panel, but the uACR can be more difficult to collect. Learn more about the KED Measure by going to page X in the UHC PATH Document. Have additional questions on the measure or workflows?

Email practice.transformation3@rmhp.org.

Colorado Department of Healthcare Policy and Financing (HCPF) Corner

Provider News/Resources/Bulletins from HCPF

Please visit [Provider News |](#)

[Colorado Department of Health Care
Policy & Financing](#) to view any of the

Health Policy and Financing (HCPF) *Provider*

News/Resources/Bulletins for important communications regarding Medicaid and CHP+ programs.

Please help us spread the word to Health First Colorado (Colorado’s Medicaid program) and Child Health Plan Plus (CHP+) members to update their contact information. During the public health emergency (PHE), members stay enrolled in health coverage even if they have household or income changes. At the end of the PHE, many Health First Colorado and CHP+ members will receive a packet to renew their coverage. Members who fail to fill out necessary information may lose their benefits.

We know that many members have moved over the past few years. It is crucial that Health First Colorado and CHP+ agencies have correct addresses so that members get the information they need to keep or change their coverage. Please click [here](#) to get more

information about Colorado Medical Assistance Renewal, the Update Your Address campaign and PHE Unwind processes.

Prenatal/Post-Partum Benefit Expansion

The Colorado interChange is being updated in accordance with Senate Bill (SB) 21-194 to extend postpartum medical benefits coverage from 60 days to 12 months to persons who qualified for benefits while pregnant. Per the American Rescue Plan Act (ARPA), CHP+ must implement the same 12-month extension implemented for Medicaid.

The Obstetrical Care Billing Manual will be updated with more information on this policy.

Refer to the [May 2022 Provider Bulletin \(B2200478\)](#) for more information.

Post-Partum Coverage Extended to 12 Months for Child Health Plan Plus (CHP+) and Health First Colorado Members

Effective July 1, 2022, several changes will occur related to the family planning benefit, including:

- Coverage of family planning for Health First Colorado (Colorado's Medicaid program) members regardless of their immigration or citizenship status.
- Coverage of family planning and family planning-related services for individuals with a higher income than the standard Medicaid limit (between 133%-260% of the federal poverty level [FPL]).
- Access to a 12-month supply of contraceptives for everyone on Medicaid regardless of their immigration or citizenship status.

Refer to the [June 2022 Provider Bulletin \(B2200479\)](#) for more information.

Breast Pump Coverage Update

In the June 20, 2022 issue of the [Provider News & Resources](#) from the State, new information regarding the expansion of breast pump coverage is highlighted. See below for further information about the expansion of this benefit for Medicaid members.

Access to alternative methods of nutrition for infants and children is being expanded to better support new parents who wish to breastfeed, potentially reducing demand for limited formula supplies.

Effective for dates of service June 8, 2022 or later, Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) providers may bill Health First Colorado as the primary payer for manual and or electric breastfeeding pumps.

The Women, Infant, and Children (WIC) program was previously the primary payer of breast pumps for Health First Colorado members. Health First Colorado only covered pumps under

specific circumstances related to infant hospitalization of at least 54 days.

This limited coverage policy ended on June 7, 2022.

Benefit Criteria: for FFS Medicaid

- The rate for procedure code E0603 for electric breast pumps is \$133.30.
- The rate for procedure code E0602 for manual breast pumps is \$20.47.
- Prior authorization requests (PARs) are not required.
- Pregnant members may receive a pump as early as the 28th week of pregnancy.
- Postpartum members may receive a pump at any time.
- As is required for all DMEPOS, a prescription from a physician, physician assistant, or nurse practitioner is needed.
- Claims will not be denied based on the diagnosis code used. However, diagnosis code Z39.1 is appropriate.
- The Colorado interChange has been updated to allow for these changes.

Contact Haylee Rodgers at Haylee.Rodgers@state.co.us for questions on this policy. Rocky Mountain Health Plans will be offering these expanded benefits to our prenatal and postpartum PRIME and CHP+ members.

- Prior authorizations are not required; however a prescription will be needed for members to receive their equipment from a DME provider.
- Members may receive pumps in the same timeframes as referenced above.
- DME providers will bill Rocky for the breast pumps for PRIME and CHP+ members.

Please reach out to your provider relations representative at provider.relations@rmhp.org for any questions around this expanded benefit for our members.

PRIME Expansion into Delta, Ouray, and San Miguel Counties

We are very pleased to announce that the Medicaid PRIME program is expanding to three new counties that are closely intertwined with patterns of care in the current six Medicaid PRIME counties (Mesa, Montrose, Gunnison, Rio Blanco, Garfield, and Pitkin). The expansion to additional counties will help improve access to services for Medicaid Members and give us the opportunity to improve the provider experience. Primary care practices in Delta, Ouray and San Miguel counties will be contacted by Rocky Mountain Health Plans in the near future and given the opportunity to enroll in the unique payment model that is available with the PRIME program.

Incorrect Member Billing

Health First Colorado members cannot be billed for services covered by Health First Colorado. Providers cannot bill members in the following circumstances:

- Third-Party Liability (TPL) co-pays and deductibles: Providers cannot bill members for the difference between commercial health insurance payments and the billed

charges when Health First Colorado does not make additional payment. The provider also cannot bill members for co-pay or deductibles assessed by Third-Party Liability (TPL) (commercial insurance). Refer to the General Provider Information Manual for more information.

- Delayed Notification of Eligibility from the Member: Providers must verify eligibility within a timely manner.
- Claim denials: Timely filing, place of service invalid, contract invalid, or other denials for the line item or the entire claim are not valid reasons to bill the member.
- Provider is not enrolled with Health First Colorado: Once services have been rendered to the member, the provider must enroll with Health First Colorado in order to receive payment. The provider may not bill the member if they choose to not enroll.

Providers shall not send overdue Health First Colorado member accounts to collection agencies unless the billing is for a non-covered service and the member has reneged on a written payment agreement.

Visit the Policy Statement: [Policy Statement: Billing Health First Colorado Members for Services web page](#) for more information.

Did you know? Provider Enrollment Requirements

Providers must have enrollment and revalidation requirements completed to continue to receive claim payments when the Public Health Emergency (PHE) ends.

Application fees, fingerprinting, and site visits are required for enrollment for some provider types. If any of these requirements were waived for the PHE, providers are encouraged to check the enrollment status and requirements by contacting the [Provider Services Call Center](#).

Member Copay Update for PRIME and CHP+

Effective July 1, 2022, **RMHP PRIME** Members will no longer have a medical copay for all medical services. There are no changes to behavioral health copay, they will remain at \$0. Copays will remain the same for the prescription benefit. Please contact your provider relations representative if you have any questions regarding this.

Effective July 1, 2022, **RMHP CHP+ Members** will be assigned into one of three copay levels (reduced from 5 levels) based on the Member's income level. The copay levels will be no-copay, low copay, and high copay. See below an example grid of these new copay levels and services. *Please note this is not an exhaustive list. Contact your provider relations representative for any questions at provider.relations@rmhp.org.

Service	Copay Level		
	No Copay	Low Copay	High Copay
Ambulance	You pay nothing	You pay nothing	\$15.00 per trip
Emergency Care	You pay nothing	\$3.00 per visit	\$30.00 per visit
Inpatient Services (Includes Alcohol and Substance Abuse, Hospital, Mental Health and Therapy Services)	You pay nothing	You pay nothing	\$20.00 per admission
Laboratory and X-rays	You pay nothing	You pay nothing	\$5.00 per visit
Office Visits	You pay nothing	You pay nothing	\$5.00 per visit
Outpatient Services (Includes Alcohol and Substance Abuse, Hospital, Mental Health and Therapy Services)	You pay nothing	You pay nothing	\$5.00 per visit
Prescription Drugs	You pay nothing	You pay nothing	\$3.00 Generic per fill \$10.00 Brand Name per fill
Urgent Care / After Hours	You pay nothing	\$1.00 per visit	\$20.00 per visit
Vision	You pay nothing	You pay nothing	\$5.00 per visit
Maternity Care (prenatal, delivery & inpatient well baby care, prescription drugs)	You pay nothing		

Member Rights & Responsibilities

Our Members have:

- A right to receive information about Rocky Mountain Health Plans (RMHP), our services, our practitioners and providers and Member rights and responsibilities.
- A right to be treated with respect and recognition of their dignity and their right to privacy.
- A right to participate with practitioners in making decisions about their health care.
- A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- A right to voice complaints or appeals about RMHP or the care we provide.
- A right to make recommendations regarding our Member rights and responsibilities policy.
- A responsibility to supply information (to the extent possible) that RMHP and our practitioners and providers need in order to provide care.
- A responsibility to follow plans and instructions for care that they have agreed to with their practitioner.
- A responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

The Member Rights and Responsibilities can also be viewed on the Rocky Mountain Health Plans website by going to <https://www.rmhp.org/learning-center/helpful-resources>

The Six Building Blocks Project

Did you know that the Colorado Community Health Network (CCHN) and the University of Colorado's Department of Family Medicine (UC-DFM) are collaborating on a CDPHE-supported grant to provide training and implementation support for practices to implement and improve practices of safe opioid management. It is a 15-month project based on an [evidence-based change package](#) of guideline-driven care for patients with chronic pain and patients on long-term opioid therapy.

If you want to learn more about the overview of the program and the focus area of the program [click here](#). We wanted to share this information with all of you, as there may be an opportunity for you to improve care for patients with chronic pain and/or on chronic opioid therapy. If you have additional questions on the program, please reach out to allyson.gottzman@cuanschutz.edu.

Annual Wellness Visits Checklist

Wellness is a proactive approach to evaluate physical, emotional, and mental health. Annual Wellness Visits (AWV) provide a safe space for patients to discuss their overall health with their PCP and work together to create or update a personalized care plan. Often the AWV is confused with an annual physical examination or preventative care visit, but the AWV helps providers impact biopsychosocial health outcomes, engage with patients, and increase payment opportunities.

[Click here](#) for a quick checklist to share with your patients!

Do not wait for illness to start valuing wellness! If your practice would like more information and resources, please reach out to your Clinical Program Manager in the RMHP Clinical Quality Improvement Department or email practice.transformation3@rmhp.org.

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!

