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New! EPSDT Provider Guidebook

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Benefits

At RMHP, we are dedicated to working with you to help our Members receive the best care possible. We are responsible for the education and outreach to Health First Colorado (Colorado's Medicaid Program) and PRIME members and providers regarding Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits.

EPSDT is an important benefit for Health First Colorado Members. Those eligible for this benefit are Health First Colorado children from birth through age 20 and adults who are pregnant, including RMHP PRIME Members. This comprehensive benefit is designed to support early identification and treatment of developmental delays with the goal of improving long-term outcomes.

Health First Colorado has adopted the Bright Futures Periodicity Schedule, endorsed by the American Academy of Pediatrics (AAP).

A critical component of the EPSDT benefit is Diagnosis and Treatment. There is no lifetime limit in cost of care or number of units (such as the number of physical therapy visits). All treatment deemed medically necessary can be provided under EPSDT, even if the services are not specifically defined as a covered Health First Colorado benefit. Prior authorization is required for any services beyond those specifically defined as covered by Health First Colorado. With the EPSDT benefit, children can receive therapies and other care that meets the medically necessary criteria. Services do not have to be curative or restorative if they provide therapeutic value.

Providing screening and assessment benefits for our Members is an important part of community health.

The *EPSDT Provider Guidebook* is available for all Primary Care Medical Providers (PCMPs). Click [here](#) to download. For more information on the EPSDT benefit and other resources, please contact RMHP.

- Call RMHP Customer Service at 888.282.8801
- Email RAESupport@rmhp.org
- Visit the [RMHP EPSDT webpage](#) and/or [HCPF's EPSDT webpage](#)





Engage on LinkedIn!

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



Scan & Follow!

Breast Cancer Awareness

October is National Breast Cancer Awareness Month, so let's talk about breast cancer. In the United States each year, breast cancer is responsible for more than 40,000 deaths and 250,000 cancer diagnoses. Mammograms are the best method to detect early breast cancer. Early detection reduces the risk of dying from the cancer and can lead to more treatment options for the patients.

Best practices:

- Promote the importance of early diagnosis with routine screening
- Discuss family history and determine when your patient should start screening due to being at higher risk for cancer
- Discuss patient fears about mammograms
- Inform patients that new technology can find small cancers with less radiation than previously, allowing for the potential of fewer health risks
- Send regular reminders to patients when they are due for a screening



For additional information, see the [Quick Tip BCS handout](#).

Action Planning for Improving Depression Screening and Follow-Up

In September 2022, RMHP released a new action planning guide for primary care practices to evaluate clinical, operational, and financial aspects of screening for depression and providing follow-up care. This brief guide includes thought-provoking questions and curated recommendations for improving a current process based on your patient population. Click [here](#) for access to the guide. If you'd like support with this process in your clinic, reach out to the Clinical Quality Improvement department at Practice.Transformation3@rmhp.org.

Colorado Department of Healthcare Policy & Financing (HCPF) Corner



COLORADO
Department of Health Care
Policy & Financing

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. Sign up to ensure you are receiving the latest information in a timely manner: [Sign Up for Communications](#)

Spread the Word: Ask Members to Update Their Contact Info

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.

Monkeypox Vaccine Information

Get Involved

- Be listed on CDPHE website as a vaccine provider
- Email annemarie.harper@state.co.us and brian.spencer@state.co.us.

Education: Share information with staff and patients.

- [CDPHE Monkeypox webpage](#)
- Stay updated: Weekly partner call Thursdays at 9 a.m.
- [Sign up to receive the meeting invite.](#)



Enroll to be vaccine provider

- Providers interested will complete the following documents:
 - [Program Application](#)
 - [Storage and Handling Agreement](#)
 - [NEW! CDC Monkeypox Vaccination Program Provider Agreement for review and awareness.](#)
 - Enrolling helps increase vaccine access.
 - Providers can review the [minimum requirements to offer vaccine.](#)
- Vaccine is received from federal Strategic National Stockpile (SNS) and redistributed by CDPHE in intradermal dose increments.
- Health First Colorado Medicaid billing:
 - Providers who receive doses of Jynneos vaccine may submit claims for administration reimbursement effective for date of service May 27, 2022 and later.
 - Use CPT code 90471 for vaccine administration for adult patients, and 90460 for pediatric patients. The rate is \$20.15 effective July 1, 2022.
 - Use CPT code 90611 for vaccine product. The rate is billed as \$0.00 as the vaccine is distributed to providers without charge.
 - All providers and places of service that administer vaccines are eligible for reimbursement for administration of Jynneos vaccine.
 - Email billing questions to Christina Winship at christina.winship@state.co.us

Emergency Medical Benefit and Family Planning

Providers are reminded that effective July 1, 2022, eligibility types were expanded to include additional populations for family planning services. There are two different categories for this expansion.

EMS (Emergency Medical Services) Benefit Plan

- EMS benefit plan is for undocumented individuals and previously only covered emergency services. Members with EMS coverage may now receive any family planning service regardless of an emergency.

Family Planning (FAMPL) Benefit Plan

- FAMPL is a new benefit plan for individuals who are within the 133%-260% of the Federal Poverty Level (FPL) income bracket. Providers using a batch X12N 271 response to verify eligibility will receive the program aide code of "FP" (family planning) or "PF" (presumptive family planning). Providers using the provider web portal will see the benefit plan of "FAMPL". Members with FAMPL coverage may now receive any family planning or family planning related service.
- Individuals must apply for services and have a valid member ID for the provider to submit claims. Providers are encouraged to check eligibility for each date of service.
- Refer to the email [Family Planning Benefit Expansion - 08-08-2022](#) for more information.

New! COVID-19 Vaccine Counseling Visits for Adults and Children

On June 8, 2022, the Centers for Medicare & Medicaid Services (CMS) released stand-alone Medicaid & Children’s’ Health Insurance Program (CHIP) vaccine counseling Healthcare Common Procedure Coding System (HCPCS) codes. These codes are now loaded into the Department’s claims processing system. Providers can utilize the codes effective July 7, 2022. Current reimbursement rates can be found on the Provider Rates & Fee Schedule website.

CMS created these new HCPCS codes for providers to bill for stand-alone vaccine counseling. This includes COVID-19 vaccine counseling codes for counseling provided to Medicaid and CHIP beneficiaries who are eligible both for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) provisions and the COVID-19 vaccination coverage required under the American Rescue Plan. These codes can be used for stand-alone vaccine counseling provided in-person or via telehealth. The codes and descriptors are included below.

New Vaccine Stand-alone Counseling Codes

G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time. (This code is used for Medicaid billing purposes.)
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 mins time. (This code is used for Medicaid billing purposes.)
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time. (This code is used for Medicaid billing purposes.)
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time. (This code is used for Medicaid billing purposes.)
G0314	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 16-30 mins time. (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit (EPSDT).
G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 mins time. (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit (EPSDT).

Providers should not bill for the vaccine counseling codes and the vaccine administration codes on the same date of service. Vaccine administration codes are inclusive of counseling. These new codes and guidance supersede the Department’s previous guidance to use code 99401 for COVID-19 vaccine counseling-only visits (refer to the March 2022 Provider Bulletin [B2200476]). Providers do not need to resubmit prior vaccine counseling claims using the new codes if they were already paid using 99401. Common Procedural Terminology (CPT) code 99401 will remain open and available for other appropriate uses on the Health First Colorado fee schedule. Refer to the letter to states for more information on Medicaid and CHIP coverage of standalone vaccine counseling. Contact Morgan Anderson at Morgan.Anderson@state.co.us with any questions.

Provider Re-Validation

Child Health Plan Plus (CHP+) and Health First Colorado (Colorado's Medicaid program) providers must revalidate in the program at least every five (5) years to continue as a provider. Organization Health Care Providers are required to obtain and use a unique National Provider Identifier (NPI) for each service location and provider type enrolled.

ATTENTION: Download the Provider Revalidation Dates Spreadsheet to verify the next revalidation due date. Providers will be contacted via email approximately 6 months prior to their revalidation deadline with further instructions. Attempting to revalidate by completing a new application before being notified will create duplicate enrollments and cause claim processing issues.

Visit HCPF’s [revalidation webpage](#) for more information. For questions or support, please contact RMHP Provider relations at rmhpprovider.relations@uhc.com.

HCPF Alternative Payment Model 2.0 (APM 2) Overview

For those Primary Care Medical Providers (PCMPs) that are engaged in the APM 1.0 program and have over 500 attributed Health First Colorado ACC enrollees, you are invited to participate in the APM 2.0 Payment Model. Practices that select to participate in this payment model can choose to receive some or all of their revenue as Per Member Per Month payments, to provide stable revenue and allow for increased investment in care improvement. If interested in learning more about what the APM 2.0 payment model would like for your practice, please complete this [survey](#) and a team member from the Department will reach out to follow up. Click [here](#) for more information about APM 2.0.

For further questions, please reach out to Araceli Santistevan at Araceli.santistevan@state.co.us.

HCPF Alternative Payment Model 1.0

If your practice is engaged in the HCPF APM PY2022 program year, please continue to reach out to your Clinical Program Manager for program support. Click [here](#) for information about APM 1.0.

HCPF APM eCQM Submission for PY2022

Your Health Data Colorado (HDCo) organization is responsible for collecting your eCQM data for the HPF APM PY2022. Depending on your location, your HDCo is either QHN or Contexture. In Quarter 1 of 2023 your HDCo will be reaching out to you to collect your eCQM submission for PY2022. Please be on the lookout in the beginning of the year for related communication.

For further questions, please reach out to your HDCo contacts.

- Emma Cooper (QHN) - ecooper@qualityhealthnetwork.org
- Jolene Reini (Contexture) - jolene.Reini@contexture.org

Using Appropriate Clinical Documentation

Correct clinical documentation and coding of all diagnosis is critical to quality patient care delivery. Complete identification and documentation of all diagnoses is needed to accurately assess the health status of patients and helps ensure resource allocation to meet patient needs. Appropriate documentation and coding of hierarchical conditional categories (HCCs) can have a significant impact on payment in value-based system. This quick 12-minute video provides an easy-to-understand overview of CMS's Risk Adjustment Model. Watch [here](#) and share with your team!



AthenaHealth & CPT II Coding

Attention AthenaHealth Users! Did you know AthenaHealth has created an easy-to-access tool to assist you with reporting CPT II procedure codes to your payers? Please email Annie Schudy at Anne.Schudy@uhc.com or Rae Sanchez at Rae.Sanchez@uhc.com would like the tips and trick documents for the CPTII coding in AthenaHealth.

Gaps in Care Reports are Available!

Do you have a quality improvement project happening that could benefit from more data? RMHP has gaps in care reports available for your practice! Measures that can be pulled for your patient population include Diabetes A1c Poor Control, Diabetes Kidney Evaluation, Diabetes Eye Exam, Colorectal Cancer Screening, Breast Cancer Screening, Cervical Cancer Screening, Well Child Checks, & more! To learn more and request your practice's report, please contact Chelsea Watkins at Chelsea.watkins@uhc.com.

Upcoming Educational Opportunities

Clinical Quality Improvement Newsroom

This monthly webinar occurs on the fourth Thursday of every month from 12:15pm-1:00pm and can assist you in managing clinical operations within your practice. Topics will be anchored to evidenced-based skills and can be leveraged to reinvent workflows and optimize value-based contracts. [Register here](#) for the 2022 series. Target audience: primary care practice managers and quality improvement staff.



Save the Dates!

Mark your calendars for two upcoming trainings! More information coming soon.

- **Health Equity Training** - Friday, February 10, 2023
- **Behavioral Health Skills Training** - Friday, April 21, 2023

Orthopedic-Related Procedures/Services Prior Authorization Changes

Effective 10/1/22, 29 additional orthopedic-related procedures/services will be subject to pre-authorization requirements. After careful review of utilization data from our pre-authorization list, we are also removing 24 orthopedic codes. Click [here](#) for the list of additional orthopedic procedures/services requiring pre-authorization beginning October 1, 2022. Click [here](#) for a list of codes being removed from the pre-authorization list. The following link will direct you to our current pre-authorization list: <https://www.rmhp.org/i-am-a-provider/provider-resources/prior-authorization>.

The additional orthopedic codes will be added to this list for October 1, 2022 implementation. Please note: services performed in conjunction with an emergency room visit, inpatient stay or observation are not subject to authorization requirements.

Authorization procedures are not changing. Please request prior authorization when required by submitting your request through our Provider Portal at <https://www.rmhp.org/provider-login>.

RMHP Has New Email Addresses

Trying to get in touch with our team? We have updated email addresses, but we still will receive any information that you send to our previous email addresses. Please update your contact lists to reflect RMHP's new email addresses. Contact Chelsea Watkins at Chelsea.watkins@uhc.com or Kristi Hall at Kristi.hall1@uhc.com if you have questions.

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!

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