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RMHP’s Advance Directives Policy

A n advance directive is written instruction for medical treatment that a person prepares in the instance they become impaired and are not able to make decisions or speak for themselves. An advance directive could be a living will or a health care durable power of attorney naming a representative to make decisions and speak on the patient’s behalf.

RMHP provides written information to each adult Member at the time of enrollment describing:

- Their right under Colorado law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to have advance directives; and
- RMHP’s written policy on their right to make health care and advance directive decisions and the way such rights may be carried out.

RMHP’s policy regarding advance directives requires that:

- RMHP complies with Colorado laws regarding advance directives.
- Documentation is maintained in the Member’s medical record about the existence of advance directives.
- Provision of health or medical care is not dependent on whether the Member has signed an advance directive and that a Member is not otherwise judged based on whether that Member has completed an advance directive.
- Staff be trained concerning its advance directives policies.
- Community education be provided regarding advance directives.

Provider Responsibilities Regarding Advance Directives

If an RMHP Member gives a provider an advance directive, it must be included in the Member’s medical record. Providers may not condition their provision of care or otherwise judge a Member on whether or not the Member has signed an advance directive. Staff members must also be trained about the provider’s policies on advance directives.

Providers who treat RMHP Medicare or RAE Prime Members have an additional responsibility to document in a prominent place in the medical record whether or not a Member has an advance directive. This requirement applies to hospitals, critical access hospitals, skilled nursing facilities, nursing facilities, home health agencies, providers of home health care, providers of personal care services for RAE Prime Members, hospices, and religious nonmedical health care institutions.
Under 42 CFR (Code of Federal Regulations) 489.102, these providers must also maintain written policies about advance directives and at specified times provide written information to Members about:

- Their rights under state law to create an advance directive.
- Their policy regarding implementing those rights, including a clear statement of limitation if the provider cannot implement an advance directive on the basis of conscience.

**Objecting to an Advance Directive on the Basis of Conscience**

If you, as a provider, have issues of conscience that may prevent you from implementing a Member’s advance directive, we encourage you to discuss these issues with the Member. If you find you are still unable to comply with the directive, notify the Member and your RMHP Provider Relations representative by phone or in writing. Tell the representative you cannot implement the Member’s advance directive as a matter of conscience and describe your objection.

If you are the Member’s primary care physician (PCP), RMHP will request the Member select a new PCP. The former and new PCPs will be notified of the change. The Member (or the Member’s representative) will be informed of the PCP’s objections and the PCP change.

If you are a specialist provider, RMHP will notify the Member’s PCP of your inability to implement the advance directive and request the PCP refer the Member to a different specialist. We also encourage the specialist and the PCP to discuss the advance directive issues.

If the PCP, specialist, or Member requests additional information regarding RMHP’s role in this process, the requesting party will be provided the details and counseled to discuss the issue with other parties involved.

Updates to the RMHP Provider Manual

Did you know? RMHP recently updated our provider manual with important information about policies and procedures. We invite you to review the updates by logging into accessRMHP, your secure provider portal, and choosing Office Profile > Office Profile Overview from the navigation menu.
Stay In the Know: HEDIS Data Collection

HEDIS season is fast approaching! RMHP will begin HEDIS data collection and medical record reviews in January with completion date mandated by NCQA for May 9, 2019.

What does this mean for your practice?

Our staff will be contacting you to discuss the medical record retrieval process. We have several options in place to obtain your medical record documentation. We can schedule a time to visit your office to collect the records and perform the HEDIS reviews. You also have the option of faxing or mailing the requested records to RMHP. Finally, RMHP HEDIS nurses can access your EMR system remotely and perform the HEDIS reviews offsite.

If you are interested in the remote access option, we need to determine if we have the ability to access your EMR system. We can schedule a time to test your system and confirm that we can securely collect the documentation. If you have allowed us access in the past, we may only need to verify that nothing has changed this year. If you are interested in remote access or have questions about this process, please contact the RMHP Quality Improvement Department at 970-263-5552.

RMHP understands that your team is busy caring for our Members. Our overall goal is to improve health outcomes, which will in return improve our HEDIS rates. We thank you in advance for your cooperation in allowing us timely access to your office and for providing the requested medical records.

Spotlight on Behavioral Health and HEDIS Measures

Antidepressant Medication Management (AMM)

Depression is a common disorder that can lead to serious impairments in daily function, including change in energy, sleep patterns, appetite, and ability to concentrate. Depression is also associated with adverse health outcomes like heart disease, stroke, obesity, and may lead to suicide, one of the leading causes of death in the United States. Clinical Practice Guidelines emphasize the importance of medication compliance and appropriate follow-up. It is important that the patient routinely be seen after pharmacotherapy is initiated to assess side effects, drug safety, medication effectiveness, and adherence to regimen.

The HEDIS specification for the AMM measure includes Members 18 years of age and older who had a diagnosis of major depression and are treated with antidepressant medication. Two rates are reported: those who remained on antidepressant medication for 12 weeks (four months) and those remaining on medications for 180 days (six months).
**HEDIS Measures & Keys for Success**

The below table outlines our key HEDIS measures and offers tips to improve HEDIS rates and promote health outcomes.

<table>
<thead>
<tr>
<th>Focus</th>
<th>Tips for Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Maintenance Screenings</td>
<td>Encourage patients to get the recommended screenings for breast cancer, colorectal cancer, and cervical cancer. Remember to include a copy of these reports in the medical record.</td>
</tr>
<tr>
<td>Adult BMI Assessment</td>
<td>Documentation often includes patient height and weight, but the BMI is missing. Remember to include the BMI when recording your patients’ vital signs.</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care</td>
<td>It is important that Diabetic patients get an annual A1C test, urine micro albumin to monitor nephropathy, and a dilated or retinal eye exam. If A1C results are &gt;9%, additional follow up and regular A1C testing should occur.</td>
</tr>
<tr>
<td>Child/Adolescent Well Visits</td>
<td>Take advantage of time spent with patients whether it is a sick visit, Well Child check, follow-up appointment or sports physical. Assess developmental milestones and provide anticipatory guidance. Document discussions about nutrition and physical activity, as well as obesity or weight counseling. Be sure to include height, weight and BMI percentage in your documentation. If your office uses BMI growth charts, ensure a copy is included in the medical record.</td>
</tr>
</tbody>
</table>

Some ways to improve effective medication compliance are:

- Offer once a day dosing if possible
- Explain the benefits and potential side effects of the medication
- Discuss that therapeutic effects may take up to six weeks
- Review the importance of continuing the medication even if they begin to feel better
- Discuss the need to consult their health care provider before discontinuing medications
Follow up Care for Children Prescribed ADHD Medication (ADD)

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common childhood disorders, affecting five to ten percent of American children. Some common symptoms are inattentiveness, inability to concentrate or finish tasks, hyperactivity, anxiety and impulsivity. When managed appropriately, medication can help control symptoms.

To ensure that medication is prescribed and managed correctly, it is important that children be monitored by a health care provider. The American Academy of Pediatrics (AAP) Clinical Guidelines for Treatment and Management of Children with ADHD recommends regularly scheduled follow-up visits. Monitoring should be targeted to assess outcomes and adverse effects, with information gathered from parents, teachers, and the child.

The HEDIS specification for the ADD measure includes children 6-12 years old who have a new prescription for an ADHD medication and have had at least three follow up visits within a ten month period, including one visit within 30 days of when the medication was dispensed. Two rates are reported: Members who had a visit with the practitioner within 30 days of drug initiation and Members who were dispensed ADHD medication and remained on the medication for at least 210 days (seven months). They must have had at least two additional follow-up visits within 270 days or nine months of the 30 day follow up visit.
Billing Guidelines for Telehealth

As telehealth becomes more popular in healthcare, we find the need to better understand guidelines and regulations surrounding the technology. The Centers for Medicare & Medicaid Services (CMS) and the Department of Health Care Policy & Financing offer guidance on the policies that must be met in order to bill for these services. Generally, telemedicine is used to connect a Member to a primary care provider or specialist who may be far away. Providers can be reimbursed as the originating provider, where the Member is present with the provider at the originating site and the originating provider is consulting with a distant provider. A provider can also be reimbursed as a distant provider for any Telemedicine Direct Member Services. If the Member is in the same community or in close proximity to the provider, telehealth and telemedicine would not be expected.

RMHP’s policy derives from both CMS and Health First Colorado (Colorado’s Medicaid Program) guidelines, depending upon the line of business. The following resources, in particular the Novitas website, outline the requirements to bill for telehealth and telemedicine. Modifier GT is used for Health First Colorado Members. Modifier 95, along with POS 02, is used for Medicare Members. These codes must be appended to any telehealth distant provider claims.

RMHP Coverage for Cologuard

Cologuard is a noninvasive screening test for colorectal cancer that is covered by RMHP as a preventive health service for individuals between the ages of 50 and 75. Coverage limits are one time per three years, with no less than two years and ten months between screenings. Cologuard testing should be billed using CPT code 81528.

Recently, steps were taken to contract with Exact Sciences, who became a network provider for RMHP Commercial and Medicare Members effective January 21, 2019. Prior authorization for Cologuard is no longer required for these Members. Further information will be available in the near future regarding their network status for RMHP Prime Members. Until then, prior authorization will continue to be required for Cologuard for these Members.

If you have any questions regarding Cologuard or these changes, please contact your RMHP Provider Relations representative.

Resources

- Visit colorado.gov/pacific/hcpf/telemedicine and choose Telemedicine Billing Manual at the bottom of the page.
- Visit cms.gov and select Outreach & Education > Medicare under Look Up Topics. Then, choose Medicare Learning Network > Publications and search Telehealth in the filter box. Select the result that appears to access the Telehealth Services PDF.
- Visit novitas-solutions.com/webcenter/portal/MedicareJH. Select Claims > More from the left navigation and choose Coding & Billing > All Physician Specialties / Services under Other Coding Resources. Then, choose Telehealth Services and select the Telehealth Services link under Articles.
At RMHP, we want to help you best serve our Members. If you’ve recently moved, had a provider leave your office, or have come across any other changes that would impact our provider directory, let us know! Please notify your RMHP Provider Relations Representative in a timely fashion of any changes needed.