



New, Secure Provider Portal Now Available to All Participating Providers

We're pleased to announce the successful launch of the new, secure Mountain Health CO-OP Provider Portal. The new portal replaces our previous secure portal, Link, to provide streamlined access to members' insurance information.

Registration opportunities are now available to all participating provider clinics and facilities.

The new Provider Portal offers providers contracted with the CO-OP networks, a secure website to perform the insurance tasks you use the most. View member eligibility, claims, and remittance advices; submit and review prior authorization requests and documentation; and send secure messages to Customer Service through one easy-to-use online portal. Read more by clicking the button below.

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Make Faxing Less Taxing

We get it. When you're in a hurry, you just want to do the task and be done. However, one-and-done isn't always a time saver. Faxing documentation to a payer is a prime example.

Please be aware that, whether received as paper or electronic files, there are size limits on your fax uploads. Faxes of more than 999 pages create a digital error that prevents the entire file from being downloaded into its proper system (such as appeals or prior authorization requests). Here are a few suggestions to avoid delays related to your documentation.

- Verify the number to which you are faxing is secure and will arrive in the correct department.
- Break large files into smaller faxes; to be safe, aim for no more than 900 pages per fax.
- Attach a cover sheet to **each** fax file, identifying the claim or prior authorization

- number, the provider's name, contact name, phone, and email/fax.
 - Indicate on the cover sheet that this is a multi-part fax (e.g., "Pages 901 to 1,054" or "Part 1 of 3").
 - Check your fax-sent/received notices to ensure the correct number of pages were sent and that the transmission completed successfully (as opposed to an error message).
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Avoid Last-Minute Prior Authorization Requests

Increasingly, we receive prior authorization requests immediately prior to the scheduled procedure date. We understand the myriad reasons this happens, such as unexpected staffing shortages, unexpected volume of patients, or unexpected time needed with several patients. As a result, submitting prior authorization requests can get overlooked. These requests, however, are important steps to ensure certain procedures and services are covered by your patient's benefit plan. Read the full article by clicking the button below.

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New Post-Service Claims Process for Medical Documentation

Effective July 1, 2022, the CO-OP implemented the following process changes to post-service claims that require additional documentation for medical review. Read the full article by clicking the button below.

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Updated Prior Authorization for CPAP, BIPAP/ASV Devices

The CO-OP is updating documentation and prior authorization requirements for Continuous or Bilevel Positive Airway Pressure (CPAP or BiPAP)/Adaptive Servo Ventilation (ASV) therapy.

- Effective September 1, 2022, we will require prior authorization for initial and continued requests for noninvasive airway assistive devices and associated supplies. This includes CPAP, BiPAP, and ASV.
- Requests for new (initial) noninvasive airway assistive devices must be submitted with clinical documentation that supports the medical need for the device, including a recent sleep study.
- Requests for continuation of services must include a compliance report demonstrating the member is appropriately using the device.

To maximize the efficiency with which your prior authorization requests are processed, please keep in mind the importance of always submitting sufficient clinical documentation to review the request.

Interqual Guidelines for Advanced Imaging MRI

The CO-OP's General Criteria for MRI MHC uses InterQual ® criteria to assist in making medical necessity determinations. Many patients have high deductible health plans and will pay the entire costs of testing. InterQual ® criteria are evidence-based and designed to ensure appropriate utilization of medical procedures. Please review the complete guidelines by clicking the button below.

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Risk Adjustments

The CO-OP has partnered with Reveleer for its Risk Adjustment Program and RADV audit in 2022. Starting in August you or some of your patients may be randomly selected as part of the Risk Adjustment Data Validation (RADV) which is mandated by CMS. Reveleer may reach out to you and request medical records with dates of service from 2021. Please respond as soon as possible to the request.

To support the ongoing Risk Adjustment Program, Reveleer may also be reaching out to you for medical records with dates of service in 2022. This will be a separate request outside of the CMS RADV audit.

Kidney Health

The National Committee for Quality Assurance (NCQA) updates effectiveness measures every year in order to stay current with recognized health-quality standards. Click below to read the full article about these measures and why they're important.

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Imaging for Low Back Pain: Why it Matters

How often do you evaluate a patient with low back pain? According to an NCQA article, "Approximately 2.5 million Americans visit outpatient clinical settings for low back pain each year." Often, the first course of treatment is to send the patient for imaging even when there is no indication of an underlying condition. Not only does unnecessary imaging possibly expose your patient to needless radiation, evidence indicates routine imaging for low back pain "is not associated with improved outcomes."

For most patients with low back pain, symptoms will improve within the first two weeks without imaging or additional treatment. Therefore, the clinical practice recommendation is that imaging should not be done for low back pain within the first six weeks unless there is concern of a serious underlying condition.

While there are many situations where imaging is appropriate, NCQA offers this reminder: "Avoiding imaging for patients when there is no indication of an underlying condition can prevent unnecessary harm and unintended consequences to patients and can reduce healthcare costs."

We appreciate your efforts to ensure our members, indeed all of your patients, are not subjected to the potential harms and financial burden of needless imaging for any condition.

Learn more from the American Academy of Family Physicians by clicking the button below.

[Read More](#)

Reference

"Use of Imaging Studies for Low Back Pain." HEDIS Measures and Technical Resources. NCQA. <https://www.ncqa.org/hedis/measures/use-of-imaging-studies-for-low-back-pain>. 22 June 2022.

Coordinate with Our Complex Care and Disease Management Teams

Have you utilized our Care Management programs for Complex Care Management and Disease Management for members with asthma, diabetes or congestive heart failure?

Our Care Management programs offer members individual attention and online resources to help meet their healthcare goals. Services include education, advocacy, and coordination of members' needed services. Our care managers work with our members and the treating provider and/or PCP to help our members reach optimal health.

Reach out to our care managers at any time, to request assistance with managing your patient's overall healthcare services. The programs are available with no out-of-pocket cost for members interested in our care management nursing services. To refer a patient, contact us at **801-213-4008**, Option 2.

Learn more about available [Care Management services](#).

Pharmacy

Read more about pharmacy updates, including information about changes to the formulary, the online prior authorization submission tool, and regular reminders by clicking the button below.

[Read More](#)

Medical and Reimbursement Policy Updates

Read more about updates to our medical and reimbursement policies by clicking the button below.

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