



## Provider Newsletter

Spring 2024



### Have You Seen Me? Recognizing Our Members

Trying to discern member information when you have a busy front office can be frustrating. To recognize our members more easily, click [here](#).

### Cultural Competency & Language Resources

Providers are trusted with rendering care to a diverse membership with different levels of health literacy and confidence in the healthcare system, as well as racial, ethnic, and religious backgrounds that inform behaviors and choices about healthcare. The Co-Op is committed to supporting providers in ensuring members receive culturally competent and linguistically appropriate care. Additionally, the Co-Op service territory is home to thirteen Native American Reservations across Montana, Idaho, and Wyoming, and twenty-two federally recognized tribes. Providers are encouraged to familiarize themselves with the resources provided [here](#).

### Friendly Reminders for 2024

#### Electronic form to submit medical records for a post claim review

If prior authorization was not completed prior to service, claims will deny for a post review. We've recently added an electronic form to our [website](#) called **Medical Documentation Submission Form**. Complete the fields of the electronic form, upload medical records, and click submit. This will initiate a post review for medical necessity. When the review is complete, the claim will be reprocessed to allow or deny based on the clinical review outcome.

#### Genetic Testing Medical Policy

Genetic Testing does require prior authorization. Click [here](#) to review our medical policy.

#### Vitamin D Testing Medical Policy

Vitamin D Testing does require prior authorization. Click [here](#) to review our medical policy.

#### Out of State Provider Network

Mountain Health CO-OP members on a group enrollment plan, have access to a specific network of providers when outside the states of Montana, Idaho, Wyoming, and Utah. On January 1, 2024, Mountain Health CO-OP switched its out-of-state provider wrap network for group members from First Health to Aetna.

#### Montana and Wyoming Professional Rate Increase

As of February 1, 2024 contracted Mountain Health CO-OP providers saw changes to their allowances. The standard conversion factor was increased to \$57 and the RVU year

## Removal of Prior Authorization Codes

To help reduce the administrative burden on healthcare professionals and staff, Mountain Health CO-OP has removed procedures from the prior authorization list. A full list can be found by clicking the button below. These codes apply to MT, ID, and WY plans.

[Read More](#)

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## Updates on Respiratory Syncytial Virus Products

In follow up to our last quarterly newsletter article on Respiratory Syncytial Virus (RSV), please be aware of the coverage and authorization requirements. Check out our requirements [here](#).

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## Make Your Office More Efficient With EDI, ERA & EFT

Electronic transactions via electronic data interchange (EDI) software offer significant benefits for your office. Electronic claims, remittance advice, and payment can help improve efficiency, productivity, and cash flow through less redundancies, reduced data entry errors, and faster turnaround times. Read more about our EDI process by clicking below.

[Read More](#)

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## Naturopaths Update

In September, we created an edit to be compliant with a new CMS rule. We learned the edit was causing evaluation and management CPT codes to deny, when billed by naturopaths. We further recognized that in Idaho and Montana, naturopaths have specific state rules or laws that do not allow for these denials.

Up until March 1<sup>st</sup>, the CO-OP was pending claims for Naturopaths to override the denial. The system has now been updated to override the edit for Naturopaths **if** they include the Provider Naturopath Taxonomy Code and proper qualifier on the CMS 1500 claim form.

**As of March 1st, claims must be submitted with the Naturopath Taxonomy Code listed in the shaded area of box 24J, the qualifier, “ZZ” in box 24i, and both the qualifier “ZZ” & the Taxonomy Code in box 33b or the claim will be denied.**

Naturopath Taxonomy Code: **175F00000X**

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## Risk Adjustment Corner

Mountain Health CO-OP has a vested interest in ensuring our members connect with their providers. Through this connection, not only do our members receive the care they need, but our Providers can proactively manage our members' overall health and well-being and lower the cost of care. Studies have shown that engaged members are less costly and experience better outcomes than non-engaged members. As a partner and provider, helping us ensure care is delivered appropriately enables the documentation that is critical

for risk adjustment programs.

- **High-quality member/provider connections:** As patients and providers connect in meaningful ways, the promotion of health care delivery, and wellness drive engaged patients in their healthcare.
- **Accurate medical charting and coding:** Capturing the whole disease burden of the patient through annual exams by detailing in the documentation the patient's chronic diseases and ongoing management.

Please click [here](#) to review this quarter's Risk article for new guidelines and helpful ways for you to improve your documentation.

If you have questions about the Mountain Health CO-OP Risk Adjustment Program, ways to get involved, or coding, please reach out to [riskadjustment@mhc.coop](mailto:riskadjustment@mhc.coop). Please allow up to 48 business hours for a response.

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## Quality Desk

We are pleased to announce that we have contracted with Complex Care Solutions to perform the Health Effectiveness Data Information Set (HEDIS) medical record collection. Collection is underway and will proceed through early May 2024.

As a reminder, all contracted providers are required to participate in the collection process by submitting requested records. Electronic methods offer the most ease and are the preferred method, however all requests will include multiple options for returning records. If you would like to authorize the CO-OP to pull our member's records directly from your EMR, please contact Carolyn Pargas at [cpargas@mhc.coop](mailto:cpargas@mhc.coop). This eliminates time and resources your team will spend pulling charts or the cost of a third-party vendor to perform this service for you.

We appreciate you extending Complex Care Solutions your professional courtesy and prompt attention to their requests.

Please contact Carolyn Pargas with questions or concerns at [cpargas@mhc.coop](mailto:cpargas@mhc.coop).

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## Pharmacy

Our medication and pharmacy information is updated as changes occur. Please visit our [website](#) and scroll down to the Pharmacy section at least quarterly to view the most recent information.

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## Reducing the Pharmacy Prior Authorization Burden

Did you know? Our Pharmacy team proactively reviews medication prior authorizations (PA) that are due to expire in the following month or two. If there is sufficient information to renew the PA (e.g., member adherence, efficacy of treatment for the member, whether the member has seen their provider in the plan year), we are extending the PA for you! This eases your PA burden and also prevents access-to-care issues for your patients. We will notify you any time an authorization has been extended.

**Note:** Certain medications always require provider submission of the PA request, so always check the formulary. We are studying more ways to make the PA process easier for you. We'll post updates in future editions of Provider Newsletter which can be found on our [website](#).

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## Retail Pharmacy Prior Authorization Tools

The Retail Pharmacy Online Prior Authorization (PA) Submission tool has been updated to

allow prior authorization as well as formulary exceptions to be submitted through the same web page. If submitting a formulary exception, it is important to indicate this on your request. To submit a request online, visit the [RealRx Home Dashboard](#) and click on the “Get Started” button under “Request Prior Authorization or Formulary Exception.” Click the button below for some enhancements we have recently implemented.

[Read More](#)

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## Humira Biosimilar Update

As a reminder, Hadlima™ (adalimumab-BWWD) was added to the formulary as a preferred agent with prior authorization required. It is available in all of the same dosage forms and strengths as Humira®, including latex- and citrate-free formulations. [Prior authorization can be requested](#) for any indication allowed for Humira coverage.

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## Annual Notice of Pharmacy Resources for Members

The CO-OP provides prescription drug coverage.

View general information about our pharmacy coverage, including the preferred drug list for each member’s plan, information on how to use the pharmaceutical procedures, an explanation of limits, the process for generic substitution, therapeutic interchange and step therapy, and how prescribing practitioners must participate in the prior authorization or formulary exception request process on our [website](#). Preferred drug lists may change from time to time, but updates are posted on the [Pharmacy page](#) on or before the effective date of any change. We recommend that providers review the website quarterly for formulary updates.

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## Annual Notice of Pharmacy Resources for Prescribers

The 2024 list of medical pharmacy medications that require authorization or are excluded, and the Preferred Drug List (PDL)/Formulary for retail/specialty pharmacy medications are available online. Click the button below to review and “Bookmark” the sites to your Internet favorites for convenient reference.

[Read More](#)

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## Administrative, Medical, and Reimbursement Policy Updates

Mountain Health CO-OP uses coverage policies as guidelines for coverage determinations in accordance with the member’s benefits. All new and updated policies, including policies for services requiring prior authorization, are posted on our Coverage Policies website for 60 days prior to their effective date.

Quarterly notice of recently approved and revised coverage and reimbursement policies is provided in Provider Connection for your convenience. The information listed are summaries of the policies. Click on the hyperlinked policy number to view the coverage or reimbursement policy in its entirety.

The Administrative, Medical, and Reimbursement Policy Updates section of this newsletter does not guarantee coverage is provided for the procedures listed. Coverage policies are used to inform coverage determinations but do not guarantee the service is a covered service. For more information on our coverage policies, visit our [Coverage Policies](#) website or contact your Provider Relations consultant.

We also encourage you to visit our [Prior Authorization](#) site frequently to view all medical services that require prior authorization, links to our coverage policies, and information on submitting an authorization request. Services that do not yet have a policy are reviewed using Interqual® criteria.

[Click here](#) to review all Medical Policy Updates.

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**Do you have topics/concerns that you would like to see addressed in future newsletters? Send your suggestions to [provider@mhc.coop](mailto:provider@mhc.coop).**

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