



2021

Provider Newsletter
Summer

We've got some *spring*
in our step.



Thank you for helping our members through a difficult year.

New CO-OP Website Launched

The CO-OP is excited to share our new website. This website has been built to create an easier user experience for our members, providers, and brokers. The website is easier to navigate, with updated information, a user-friendly plan comparison guide, and many other new features.

The provider portal will remain the same for the time being. If you need any help navigating the new website, please do not hesitate to reach out directly. If you have feedback on improvements we can incorporate to make the website more navigable for you, please let us know by emailing provider@mhc.coop.

Visit the New Website

Provider Networks

As of January 1, 2021, the CO-OP's provider networks, broken out by state, are listed below.

Montana

- Connected Care
- Access Care

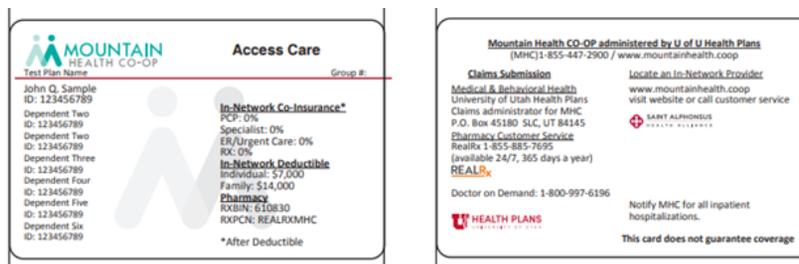
Idaho

- Engage
- Access Care
- LINK

Wyoming

- High Plains

If you have questions, please call 855-447-2900 Option 6. The member ID card will specify on the front, top, right-hand corner which network the Member belongs to. See example ID card below.



Provider Voice Messages

Sometimes providers are not able to answer the phone. For those situations, please record a personalized message with the following information:

- Timeframe in which a patient can expect a return call (for example 9:00 AM – 5:00 PM, Monday – Friday).
- How soon a patient can expect a callback (for example – within 24 hours).
- Options for after-hours care, and/or refer patients to the nearest Emergency Room for emergencies.

Thank you for your cooperation. Providing patients this information could save them an unnecessary trip to the Emergency Room.

Medicare Supplement Insurance Plans

The CO-OP is now selling Medicare Supplement in Montana, Idaho, and Wyoming. We offer Medigap plans A, F, G, & N.

Member ID Cards have all pertinent information included. Inquiries for current members can be made to our administrative office:

MOUNTAIN HEALTH CO-OP
 Medicare Supplement Administrative Office
 P.O. Box 2209, Duncan, OK 73034-2209
 Telephone: 800-366-8354
 Email: POS@UFLIC.com

Prior Authorization Dismissal

6/1/21 Implementation of timely information requirement

In the past, The CO-OP would keep authorization requests open for several months pending additional information. This resulted in inefficient processes, unnecessary reviews of insufficient information, and disruption in care to our members.



Effective 6/1/21, for an authorization request to be considered complete, we will require all necessary documentation. We believe this will provide more timely and accurate responses to your prior authorization requests. If the necessary documentation is not initially received, we will notify your practice. If the missing information is not submitted, the authorization request will be dismissed (i.e., null and void). This will allow you to resubmit the prior authorization (as a new prior auth) along with medical records. This is a positive change because, in the past, we did not allow an avenue to submit medical records once a prior authorization had been denied because sufficient, supporting medical records were not received. Prior to June 1st, the only way to submit the medical records was through an appeal.

In order to complete timely coverage decisions, please ensure that the initial prior authorization request has the following: correct and current fax, phone, and email contact information.

Coverage Policy and Prior Authorization Updates

The CO-OP uses coverage policies as guidelines for coverage determinations in accordance with the member's benefits. Effective January 1, 2020, 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 policies is provided in the provider newsletters for your convenience. The information listed are summaries of the policies. Click on the hyperlinked policy number to view the coverage policy in its entirety.

Also included here are any updates to which services require prior authorization. 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.

The Coverage 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 at 855-447-2900 Option 6 or provider@mhc.coop.

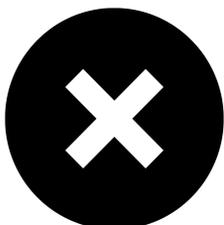
[Read More](#)

Prior Authorizations Disabled on Provider Portal

Effective 6/17/21

The prior authorization function within the portal will be disabled. We are in the midst of creating a new secure portal to facilitate

prior authorization requests and responses; however, this tool is still in development.



While we put the final polish on this feature, please use the current prior authorization forms for Mountain Health CO-OP members.

Visit Mountain Health CO-OP/Providers and scroll down to Preauthorization. Selecting "Prior Auth Medical Electronic Request Form" will allow direct submission of your request. Our electronic form will allow you to upload medical records and submit electronically. Furthermore, the electronic prior authorization form submission will also provide you with a courtesy email and a ticket number to give you confidence that your prior authorization was received and is in the queue for processing.

If you have questions about a current prior authorization request, please call our dedicated CO-OP Customer Service team at 844-262-1560 or email memberservice@mhc.coop.

Retrospective Reviews - Because the Unexpected Happens

Generally, prior authorizations are requested prior to rendering the service. We recognize that this is not always possible or practical. A member may require emergency surgery or, after an approved procedure begins, a situation may present that requires an alternate or additional procedure. Retrospective reviews, though rare, ensure members receive whatever care is medically appropriate and covered by their health plan.

A retrospective review is an authorization request that is initiated after the requested service has been performed and prior to claim submission.

Read more by clicking the button below.

[Read More](#)

Annual Reminder: Obtaining Utilization Management Criteria

The CO-OP makes every effort to assure that services being provided to our members meet nationally recognized guidelines and are provided at the appropriate setting (inpatient or outpatient) and that the length of stay can be supported for medical indications. We reference InterQual and Hayes criteria, which render nationally recognized guidelines, to help determine medical necessity.

We would be happy to provide you with a copy of the criteria we used to make utilization management decisions. Please call the UM team at **833-981-0213**, Option 2, for additional information. You may also email your request for criteria to UUHP_UM@hsc.utah.edu.

Reporting Behavioral Health Care Coordination



Recognizing that mental health is an integral part of a person's overall health, we encourage PCPs and behavioral health professionals to coordinate care of at-risk individuals. To facilitate integrated care coordination, we cover the services listed on the PDF available through the button below.

[Read More](#)

Coding Johnson & Johnson COVID-19 Vaccines

Our spring newsletter provided you with a list of CPT codes to bill with the various COVID-19 vaccines available. Since that time, the Johnson & Johnson single-dose vaccine has been approved for use. The following chart illustrates vaccine coding and dosing information with J&J included.

Click the button below to read more and view the coding chart for COVID-19 vaccines.

[Read More](#)

Prolonged Services - Proper Use of CPT 99417



Effective January 1, 2021, the AMA added a new code for reporting prolonged evaluation and management (E&M) encounters: **CPT 99417** – *Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure.*

Click below to read about the key elements to justify use of 99417.

[Read More](#)

Pharmacy Updates

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

Annual Reminder: Member Rights & Responsibilities

The CO-OP provides this information with every member at the time of enrollment. To read more, please click the button below.

[Read More](#)

Mountain Health CO-OP | 810 Hialeah Ct., Helena, MT 59601

[Unsubscribe {recipient's email}](#)

[Update Profile](#) | [Constant Contact Data Notice](#)

Sent by lmartin@mhc.coop powered by



Try email marketing for free today!