



With each passing year, our commitment to the well-being of your state only grows stronger. We are thrilled to bring you an update on our latest developments: I hope you will take a minute and look over the following pages.

At the CO-OP, **we believe in nonprofit healthcare**—and we believe the foundation of a thriving community lies in the health and happiness of its least advantaged members. That is why we continue to add and enhance benefits like our dental and vision exam benefits for members and provide access to hundreds of zero-cost prescriptions including insulins, heart medications, inhalers, and anti-depressants. We may be smaller than some payers, but our commitment to serve is strong.

Over the past months, our team has been working to enhance our 2024 offerings and refine our approach to payer-provider relationships. We need one another; and I firmly believe we can find even more synergy than we have today to better healthcare experiences for all our covered communities.

As we move forward together, we remain steadfast in our mission to deliver excellence in the healthcare journey for our members. We are grateful for the trust you place in us.

Warm regards,



Richard Miltenberger, CEO
Mountain Health CO-OP

Wyoming Provider Education Workshops

Want to know more about who we are and what we do at Mountain Health CO-OP? Our provider network team will be in Wyoming providing a series of provider workshops. Join us in-person at one of four opportunities to get to know us!

We will be covering...

- Who we are
- Available Provider tools
- MRI prior authorization procedure
- New provider portal
- and more

Locations and times listed below.

- [July 11th, Cody, WY](#) – Holiday Inn, 1701 Sheridan Ave 10:00 – Noon
- [July 12th, Buffalo, WY](#) – Hampton Inn & Suites, 85 US Hwy 16 East, 10:00 – Noon
- [July 13th, Casper, WY](#) – Holiday Inn Express, 4250 Legion LN, 10:00 – Noon
- [August 1st, Cheyenne, WY](#) – Laramie County Library, Cottonwood Room, 2200 Pioneer Ave 2:00 – 4:00

Register for the session nearest to you by clicking the button below.

Questions? Call us at 855-447-2900 (option 6) or email provider@mhc.coop.

[Register Now](#)

Telehealth Coverage

Mountain Health Co-Op continues to fully support the use of telehealth services to improve access to care for its members. Due to the ruralness of the areas we serve, it is key for our members to have access to quality, convenient and affordable healthcare. Telehealth, sometimes known as telemedicine, must be a synchronous platform for reimbursement. Examples of synchronous telehealth services are but are not limited to, two-way video calling between a provider and patient, live video evaluations, live physical therapy evaluations, live video mental health care, and consultations between primary care and a medical specialist. Office visits via synchronous telehealth will be reimbursed at the same rate as in-person care.

Submission of claims with a “POS 02- Telehealth” should be appended to identify that the service was provided via telehealth. Mountain Health Co-Op follows CMS and other National coding guidelines. See Section [Billing and Claims Payment for more information](#).

Medicaid Unwinding - What It Means for Your Patients

In the coming weeks, Medicaid plans will be asking many Medicaid members to reapply for coverage. If your Medicaid patients do not respond, they will lose their Medicaid Coverage. Please remind your patients of the importance of this requirement. Unfortunately, the Medicaid unwinding process means even those who respond could potentially lose their qualification for coverage through Medicaid.

The CO-OP would like you to be aware that many of your patients who may be affected by this change could qualify for help. Many of our members receive tax credits and pay a very low premium for their healthcare.

For assistance, please refer Montana & Wyoming patients to the federal [HealthCare Exchange](#) and Idaho patients to [Your Health Idaho](#), Idaho’s state health insurance marketplace.

In addition, your patients can [explore our plans online](#) or call us at 855-447-2900. Please keep in mind that our individual and group plans include our signature benefits! These benefits include vision and dental reimbursements and many preventive medications at no member cost.

If you have questions, please call us at 855-447-2900 or email provider@mhc.coop.

Join Our Quality Improvement Committee

Mountain Health CO-OP is recruiting a physician to join our Quality Improvement Committee. The QIC is comprised of network practitioners who act as consultants and help shape our Quality Improvement program. Committee members have a voice in improving our members' experience in accessing care and offer expert clinical guidance on issues such as patient safety and coordination of care.

The QIC meets four times a year for 90-minute sessions. Meetings are held via Zoom, allowing practitioners across our service area to participate. If you are a general or family practitioner, internist, doctor of osteopathic medicine, pediatrician, or general physician assistant and are interested in learning more please contact kisley@mhc.coop.

MRI Prior Authorization

Please see our MRI prior authorization criteria to improve the success for approvals. Review the complete [guidelines here](#).

Still needing to Register for Our New Provider Portal?

There is no better time than the present for our in-network providers to get registered for our new provider portal!

Under the No Surprises Act, all healthcare providers and facilities must submit current provider directory information to the health plan every 90 days. To simplify the directory verification and attestation process, our new Provider Portal can soon be used to submit changes to the provider directory data we have on file as well as submit the attestation.

Beginning in August 2023, you will receive an email or Provider Portal prompt to verify your directory data every 90 days. **As a contracted provider, it is critical you review your directory information and attest that you've verified and/or submitted a correction to that information to remain listed as a participating provider.**

If you are an in-network provider and not already registered for our new Provider Portal, please [go to our website and register today!](#)

Questions? Please contact the Provider Relations department at 855-447-290 option 6 or email provider@mhc.coop.

Annual Notices

We are dedicated to ensuring our members have timely access to the services they need. Providers participating in one or more of our networks are expected to also ensure members have access to timely care by complying with the Access Standards below. These standards are established by the Centers for Medicare & Medicaid Services (CMS) and per the Federal Register Qualified Health Plan requirements.

The following Appointment Access Standards are established in our [Provider Manual](#). Please review these standards with the appropriate staff and incorporate any changes to your business practices as may be warranted. Click below for requirements.

[Read More](#)

Member Rights and Responsibilities

The CO-OP's member rights and responsibilities statement specifies that our members have the right to:

1. Receive information about the organization, its services, its practitioners and providers and member rights and responsibilities.
2. To be treated with respect and recognition of their dignity and their right to privacy.
3. To participate with practitioners in making decisions about their health care.
4. A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
5. Voice complaints or appeals about the organization or the care it provides.
6. Make recommendations regarding the organization's member rights and responsibilities policy.

A member has the responsibility to:

1. Supply information (to the extent possible) that the organization and its practitioners and providers need to provide care.
2. Follow plans and instructions for care that they have agreed to with their practitioners
3. Understand their health problems and participate in developing mutually agreed-upon treatment goals, to the extent possible.

Community Assistance for Your Patients

Have you heard about "Findhelp"?

Findhelp powers a free digital network, called **findhelp.org**, where people can search for and connect to social care programs quickly and easily. The **findhelp.org** network makes it easy for people to connect with resources, and for the organizations offering these programs to follow up with care. Providers or their patients can visit findhelp.org to see food programs, housing assistance, health resources and more—all just a click away. Their network includes thousands of verified organizations dedicated to helping people in every community in America, including yours.

Obtaining Utilization Management Criteria

Mountain Health CO-OP makes every effort to ensure that services being provided to our members meet nationally recognized guidelines, 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, 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. Call our Customer Service team at **855-447-2900** option 2 to request the criteria for your procedure(s), or email your request to UUHP_UM@hsc.utah.edu.

Medical and Reimbursement Policy Updates

The 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 our *Provider Newsletter* 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 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.

Please click the read more for the detailed policies

[Read More](#)
