



Healthy End to Another Hectic Year

Now that 2022 is behind us, this is an excellent time to review patient records to ensure everyone is current with their annual preventive visits for 2023. The CO-OP covers all preventive services required by the Affordable Care Act, and some benefit plans cover additional services as preventive—all with no out-of-pocket costs for our members. We actively promote preventive care to our members with programs specifically designed for their benefit plans. Our messaging never wavers from these key points:

- Preventive care is important to achieving and maintaining your best health.
- Preventive care allows for early intervention and better management of conditions such as diabetes, heart failure, high blood pressure and mental health concerns.
- Preventive care can extend your lifespan.
- Preventive care can help avoid costly medical expenses.

Please help us ensure members, and you, are taking advantage of these important services. Let's work together to make 2023 the healthiest year yet.

Advanced Imaging MRI InterQual Guidelines

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 [here](#).

Provider Networks

As of January 1, 2023, the CO-OP's provider networks, broken out by state are listed

below.

Montana

- Connected Care
- Access Care
- Plus
- Rocky Mountain

Idaho

- Engage
- Access Care
- LINK

Wyoming

- High Plains

Please review each networks full description by clicking the button below.

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WY Providers Under First Choice Health

Mountain Health CO-OP (CO-OP) has made the decision to continue leasing the First Choice Health Provider Network through 2023. This will guarantee we have continued Network Adequacy for our membership. If you, as a provider, are currently in-network with First Choice Health, you will continue to be considered in-network for CO-OP members.

With Mountain Health CO-OP's commitment for continued health coverage, we will be continuing our efforts for direct contracts with Wyoming providers. We would like to extend our appreciation to those providers who have already contracted with the CO-OP and invite others to join our network by completing the "Join our Network" form found on our website, www.mountainhealth.coop.

The CO-OP is working hard to provide affordable health care coverage for all citizens of Wyoming. Most of our membership continues to be individuals on the Federal Marketplace (Exchange). Our goal is to continue to increase the number of covered lives in Wyoming and decrease the number of uninsured. This effort will boost the number of people seeking health care services with a payor source, which should increase revenue and decrease the amount of uncompensated care.

The CO-OP's membership continues to grow in Wyoming. We expect that growth to be significant through the 2023 Open Enrollment period, as we are providing a highly competitive health insurance option for Wyoming citizens.

As a member owned, member governed non-profit health insurance company we are dedicated to ensuring our members have quality services which includes our provider network. Ensuring our members have quality care in their local communities is important to us. We are looking forward to a great 2023.

Experiencing Claim Denials?

In order to improve claim adjudication and assure claim accuracy, the Co-op has modified our edits. In accordance with the International Classification of Diseases, 10th Revision (ICD-10) and Current Procedural Terminology (CPT) Guidelines for Coding and Reporting, Mountain Health CO-OP will deny line items when the diagnosis and CPT Codes are not compatible. Please review the details to these guidelines by clicking the button below

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Risk Adjustment

Risk Adjustment seeks to level the playing field by discouraging a health plan's adverse selection of members through a two-step process:

- *Risk Assessment*, which evaluates the health risk status of an individual to create a clinical profile; and
- *Risk Adjustment*, which estimates the resource utilization needed to provide medical care to an individual.

Please review the complete article by clicking the button below

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Updating and Certifying NPI Provider Data

The Centers for Medicare & Medicaid Services (CMS) is currently updating National Provider Identifier (NPI) data in the National Plan & Provider Enumeration System (NPPES). Every provider is required to have a personal and/or organizational NPI number, regardless of whether they participate with CMS. Please review your information in NPPES as soon as possible and update any inaccurate information in modifiable fields such as provider name, mailing address, telephone and fax numbers, and specialty.

- Be sure to include all addresses where you practice and actively see patients and where a patient can call and make an appointment.
- Do not include addresses where you *could* see a patient but do not actively practice.
- Remove any practice locations that are no longer in use.

Once your information is updated, please confirm it is accurate by certifying it in NPPES. Remember, NPPES has no bearing on billing Medicare Fee-For-Service.

Questions? Visit [NPPES FAQs](#) or [NPPES HOME PAGE/SIGN IN PAGE](#) .

Helping Members with Diabetes See Better Outcomes

Everyone wants the best health outcomes for members with diabetes. Whether they have Type 1 or Type 2 diabetes, they are susceptible to microvascular complications such as diabetic retinopathy, which is often asymptomatic until the condition has progressed sufficient to exhibit damage. To monitor this risk and facilitate early intervention, a periodic dilated eye exam is recommended by state and federal organizations. The National Committee on Quality Assurance (NCQA) assesses health plans and providers annually to ensure important quality measures, including periodic diabetic eye exams are being promoted, rendered, and tracked. Please review the entire article by clicking the button below.

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Update to Post-Service Claim Process for Medical Documentation

We notified you in the all newsletter that, effective July 1, 2022, the CO-OP implemented process changes for post-service claims that require additional documentation for medical review. To streamline the documentation submission process, we have replaced the

printable PDF form with an embedded form to submit online. This means you no longer need to print and fax the Clinical Documentation Submission Form. You can now complete the form—renamed to [MDOC Denial Medical Record Submission](#)—upload the needed documentation, and submit the form online with just a click of the "Submit" button.

Utilization Management Decision Guidelines

We are committed to ensuring that services provided to our members meet nationally recognized guidelines, are provided in 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. You can view many of our [Medical, Administrative, and Reimbursement Policies](#) or [Pharmacy Medication Policies](#) online. For those not yet available, we would be happy to provide you with a copy of the criteria we used to make utilization management decisions. To request UM criteria, call the UM team at **833-981-0213**, option 2, or email your request to UUHP_UM@hsc.utah.edu.

Shared Decision-Making Tools for Patient-Centered Healthcare

The CO-OP promotes the use of shared decision-making (SDM) tools to involve our members in their healthcare decisions. SDM tools go beyond pamphlets and reference information materials, they help guide a patient through treatment decisions with the collaboration, guidance, and expertise of their clinicians. Please read the full article by clicking the button below.

[Read More](#)

Now Hiring?

Many medical offices are working to backfill positions made vacant during the pandemic. Our Equity, Diversity, & Inclusion committee put together eight tips to ensure you are hiring candidates that represent the diverse communities you serve. Please review the important tips by clicking the button below

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Pharmacy

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

Please review the most recent formulary updates by clicking the button below.

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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 *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.

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

[Read More](#)
