



June 2023

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Coming soon! The Provider Insider Plus is Moving to UHC Network News
 In the next two months, this newsletter will be transitioned to UHC’s Network News. To receive RMHP’s UHC Network News, subscribe [here](#).

UHC Network News can also be accessed through your UHC Provider Portal or UHCPProvider.com.

Rocky Mountain Health Plans Transition Updates

Rocky Mountain Health Plans (RMHP), a UnitedHealthcare company, appreciates your patience with the transition of our claims processing systems that began on January 1, 2023.

Please read all communications you receive from UHC and RMHP including the regularly updated [Frequently Asked Questions \(FAQ\)](#). Please bookmark and check [this link](#) often for new and updated information throughout the transition.

We are here to help

If you have questions, please reach out to your UnitedHealthcare Provider Relations Representative, or call the following Provider Services phone number based on the specific plan in question:

UnitedHealthcare Individual and Family Plans
888-478-4760

UnitedHealthcare D-SNP
800-701-9054

UnitedHealthcare Community Health Plans (CHP+)
877-668-5947

UnitedHealthcare Community Health Plans (Medicaid PRIME/RAE)
877-421-6204

UnitedHealthcare Medicare Advantage
877-842-3210

Depression Screening in Primary Care: It Matters

The [US Preventive Services Task Force](#) recommends screening all adult, pregnant and postpartum, and older patients for depression. Unidentified and untreated depression can affect patients’ health in a variety of detrimental ways, including less adherence to treatment recommendations, poorer self-management of chronic health conditions such as diabetes, and increased risk for suicidality. For practical tips for engaging care team members and patients in the depression screening process, check out RMHP’s action planning guide. Did you know that codes for depression screening vary by line of business? Recommendations for billing for depression screening, including different codes based on line of business, are also included in the [action guide \(p. 5\)](#).

Depression significantly impacts both mental and physical health and can result in serious long-term morbidities. Screening tools are routinely used in clinical practice for measurement-based treatment decisions and adjustments. HEDIS serves as a standard measurement tool for comparing performance with a focus on quality improvements. This activity will explain HEDIS measures related to the treatment of depression and the referral process for behavioral health treatment, register [here](#). Earn 1 Free CEU credit by participating in this activity (available to AMA/ANCC/General Attendance).

Home Delivery Drives Better Medication Adherence

Click [here](#) to learn more about Optum Home Delivery!

Physician Administered Drug (PAD) Prior Authorization Portal Entry

Remember when you are requesting a prior authorization for a medical drug, **J or Q code**, please choose the *AUTH CLASS* as **HOME**, and the *Auth Sub-Class* as **23-Pharmacy**. Also, RMHP always need clinical notes for every request. If you are unable to attach the notes to the request via the portal, please FAX them to **833-787-9448**. Without these, we will reach out to acquire them which will delay RMHP being able to make a decision or even result in a denial due to lack of information. Please include your name and contact info, including return FAX number to the notes.

Health First Colorado Dental Benefit Update!

Dentaquest is super excited to announce a big change that is coming July 1, 2023! Health First Colorado has removed the Adult and IDD dental benefit maximum for their dental plans. Previously, members were limited to \$1,500 a year, this is no longer the case! All services will be covered at 100%. This does not affect frequency; those remain the same.

Services	Health First Colorado will pay
Diagnostic* (x-rays and exams)	100% of covered services
Preventive* (cleanings)	100% of covered services
Restorative* (fillings)	100% of covered services
Periodontics* (deep cleanings)	100% of covered services
Removable prosthetics* (dentures)	100% of covered services
Oral and maxillary surgery* (tooth extraction)	100% of covered services

*Some procedures require Prior Authorization and have limited frequencies.

Please click [here](#) to download a flyer to share with your Medicaid patients. Questions? Email Jessica Jensen at Jessica.Jensen@greatdentalplans.com.

Medicaid/CHP+ Continuous Coverage Unwind

Public Health Emergency (PHE) Unwind Resources

Scammer Alert

Scammers are targeting Health First Colorado and CHP+ members through text messages and phone calls. Members are being told that they must pay to keep or renew their health coverage.

Members or applicants are never asked for money, bank account or credit card information, social security numbers or any other financial information through text or over the phone. Help spread the word and report any suspected scam activity to the [Attorney General Consumer Protection Unit](#).

The COVID-19 Public Health Emergency (PHE)

The COVID-19 PHE ended on May 11, 2023. To learn more about flexibilities that are now permanent and those that are changing, refer to the [Overview of COVID-19 Emergency Federal Flexibilities - Colorado Medicaid](#) section on the [End of the](#)



Keep your Medicaid or CHP+ coverage

[Public Health Emergency web page](#). The web page features a chart of what flexibilities were requested, what was used, what policy changes were made permanent and what will be changing at the conclusion of the PHE.

These provisions will be communicated to impacted providers, stakeholders and members through member newsletters, provider bulletins, the Department of Health Care Policy & Financing (the Department) and Health First Colorado websites and other stakeholder communications as timelines are finalized. Some provisions could still change as additional federal guidance is received.

Colorado returned to regular eligibility renewal processes for Health First Colorado and Child Health Plan *Plus* (CHP+), with renewals due in May 2023. Not all members will be renewed at the same time. The renewal redetermination process will continue month by month through April 2024, for all 1.75 million members. Each member's renewal month will align with their already established annual renewal month.

How can providers help with the renewal process?

Providers can build awareness about the renewal process by posting flyers in their public areas. Flyers, social media, website content and other outreach tools can be found on the [Public Health Emergency Planning web page](#). The materials in the toolkits raise awareness on key actions for members to take:

- Updating contact information
- Taking action when a renewal is due
- Seeking help with renewals at community or county resources when needed

Providers can also educate themselves and their staff on the basics of the renewal process to assist patients who may have questions. Refer to the Renewal Toolkit located on the [Understanding the Renewal Process web page](#).

Will providers be able to see member renewal due dates in the Provider Web Portal?

The [Provider Web Portal](#) does not provide the eligibility renewal due dates. The Web Portal will show coverage start and end dates. Members are encouraged to log into their PEAK accounts to see their renewal due dates.

Members with questions about the renewal process can learn more by visiting the [Health First Colorado Renewals web page](#), available in [English](#) and [Spanish](#).

Visit the [COVID-19 PHE Planning web page for](#) the latest information on returning to normal renewal processes and other communication resources.

As a reminder, RMHP has digital renewal materials available for providers to use in your offices and clinics to help spread the word to members about renewals and how to find more information about this process.

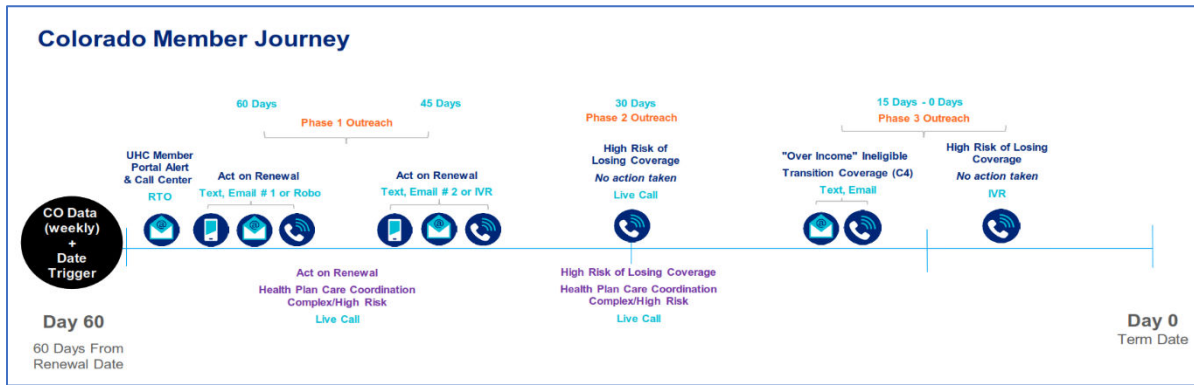
- Flyer – [English](#)
- Table tent – [English](#) / [Spanish](#)
- Poster – [English](#) / [Spanish](#)

What is RMHP doing to support MA Renewals?

RMHP will be conducting several outreach campaigns for Members during each renewal cycle.

- Outreach campaigns will be completed via text, email, live call, auto dialer call, interactive voice response (IVR) and some in person activity.
- Outreach campaigns will be based on weekly data updates and associated campaign criteria for Members that may need additional support, those who have not taken action on their renewal, or those that are deemed ineligible and need support connecting with an affordable exchange product through Connect for Health Colorado (C4H).

The timeline below is an example of the RMHP outreach campaigns.



Additional Resources:

- <https://hcpf.colorado.gov/covid-19-phe-planning>
- <https://hcpf.colorado.gov/covid-19-public-health-emergency-faqs>
- healthfirstcolorado.com/renewals
- keepcococovered.com

We are here to help.

Have Questions or Support Needs from RMHP? Contact us at RAESupport@uhc.com.

Provider Revalidations

The flexibility that paused disenrollment for providers past their revalidation date during the COVID-19 PHE is ending effective November 12, 2023. Providers with revalidation due dates of October 1, 2020, through November 11, 2023, will be given a post-PHE grace period to complete the revalidation process. Health First Colorado will notify providers in the coming weeks of their new revalidation date. Providers will receive another notification six (6) months prior to their revalidation date.

Providers with revalidation due dates between October 1, 2020, through November 11, 2023, who had no claims activity in the last 3 years must revalidate by November 11, 2023. Providers that do not complete the revalidation process by their revalidation due date will be subject to claims denial or disenrollment. Providers with revalidation applications that are ‘in process’ must complete the process by November 11, 2023, or by their revalidation date, whichever comes first.

Visit the [Revalidation web page](#) to learn more about the provider revalidation process and how to prepare.

Colorado Department of Healthcare Policy & Financing (HCPF) Corner



COLORADO
Department of Health Care
Policy & Financing

Please refer to the Colorado Department of [Health Care Policy & Financing Provider News & Resources](#) newsletter for any additional information.

Correct Member ID Required on Submitted Claims

Providers are reminded to ensure the member ID on a claim is the correct ID for the member. **Do not** use a 'made up' or 'dummy' member ID as it could be the ID of another member. Submitting the member's correct ID will ensure that claims are processed quickly and accurately. Verify the member in the [Provider Web Portal](#) using the date of birth to confirm the ID or contact the [Provider Services Call Center](#) for further assistance.

Free Screening, Brief Intervention and Referral to Treatment (SBIRT) Training for Health First CO Providers

Free Screening, Brief Intervention and Referral to Treatment (SBIRT) training for Health First Colorado providers is delivered through a partnership with Peer Assistance Services, Inc. (PAS). PAS has provided SBIRT training and support since 2006. The SBIRT program promotes prevention and early intervention efforts through in-person, online and virtual training; technical assistance; and hands-on SBIRT implementation.

Visit the [SBIRT Training Calendar web page](#) to register for an upcoming training. The shared goal is to promote SBIRT as a standard of care throughout Colorado. Refer to the [Screening, Brief Intervention and Referral to Treatment \(SBIRT\) Program Billing Manual](#) to learn more about SBIRT in Colorado. Contact Janelle Gonzalez at Janelle.Gonzalez@state.co.us with questions.

Senate Bill (SB) 21-137 Implementation

[Senate Bill \(SB\) 21-137](#), Behavioral Health Recovery Act of 2021, Section 9, will be implemented July 1, 2023. The full bill was signed into law in Colorado in 2021.

Section 9 of SB 21-137 requires that the Department get a second medical necessity review for residential or inpatient Substance Use Disorder (SUD) requests. Kepro®, the Department's utilization management vendor, will perform the second SUD reviews. There must be a second review if requested by a provider enrolled in Health First Colorado when a Regional Accountable Entity (RAE) denies or reduces SUD services and the member's appeal to reverse that decision is denied by a Colorado Administrative Law Judge. SB 21-137 requires a provider to sponsor the request for second medical necessity review. Providers can submit an SB 137 Section 9 request form, which will soon be available on the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#).

A process has been developed so members may initiate a second review. Members must provide contact information for a Health First Colorado provider who will sponsor the request. Members should email their name and contact information to HCPF_SUDreviewrequest@state.co.us. The member will be contacted to obtain more information about the original SUD denial and the name of their provider. The identified provider will be contacted with instructions on how to formally request the second SUD review.

Visit the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#) and refer to the Provider FAQ section for more information about SB 21-137 Section 9 and the review process.

New Behavioral Health Crisis Services Provider Enrollment Type

The Behavioral Health Crisis Services, with specialty Mobile Crisis Response (MCR), will soon be a new enrollment option available to providers. Providers endorsed by the Behavioral Health Administration (BHA) to provide MCR services and contracted with their Administrative Service Organization (ASO) who intend to receive payment from Regional Accountable

Entities (RAEs) for mobile crisis response services rendered to Health First Colorado members may enroll as this new provider type.

Providers may begin the Health First Colorado enrollment process June 1, 2023, but MCR claims may not be submitted by Behavioral Health Crisis Services, MCR specialty providers until this provider type is available. MCR services rendered prior to the date this provider enrollment type is available are not eligible for Health First Colorado reimbursement. Visit the [Find Your Provider Type web page](#) and click the “Enrollment Information by Provider Type” button to review the enrollment requirements. Contact the [Provider Services Call Center](#) with any questions.

Behavioral Health Providers, Transportation Providers

New Behavioral Health Crisis Services Provider Enrollment Type

The Behavioral Health Crisis Services, with specialty Secure Transportation, will soon be a new enrollment option available to providers. Providers that intend to receive direct reimbursement for [Behavioral Health Secure Transportation](#) may enroll as this new provider type.

Providers may begin the Health First Colorado enrollment process June 1, 2023, but claims may not be submitted by Behavioral Health Crisis Services, Secure Transportation specialty providers until this provider type is available. Secure Transportation services rendered prior to the date this provider enrollment type is available are not eligible for Health First Colorado reimbursement.

Refer to the [Behavioral Health Secure Transportation \(BHST\) Billing Manual](#) for additional information. Visit the [Find Your Provider Type web page](#) and click the “Enrollment Information by Provider Type” button to review the enrollment requirements. Contact the [Provider Services Call Center](#) with any questions.

Behavioral Health Providers: Name Change for Uniform Service Coding Standard (USCS) Manual

The name of the [Uniform Service Coding Standards \(USCS\) Manual](#) will change to State Behavioral Health Services Billing Manual effective July 1, 2023. Contact hcpf_bhcoding@state.co.us with any questions regarding this change or about this manual.

Important Billing Information for Child Health Plan Plus (CHP+) Providers

Effective July 1, 2021, if a Child Health Plan Plus (CHP+) member’s eligibility start date occurs prior to the member’s enrollment with a CHP+ Managed Care Organization (MCO), claims must be billed directly to the fiscal agent. Once the member is assigned a managed care organization, the claims must be billed to that MCO.

Web Portal Example:

“Benefit Details” Effective Date is prior to the CHP+ “Managed Care Assignment Details” Effective Date. Dates of service from May 1, 2021, to July 14, 2021, would be billed to the fiscal agent for this example.

Visit the [State Managed Care Network Transition web page](#) for more information and updates. Refer to the [Verifying Member Eligibility and Co-Pay Quick Guide](#) for more information on reviewing the member’s eligibility on the [Provider Web Portal](#). Due to the fact RMHP CHP+ has only 3 Co-pay levels, it is strongly recommended to verify Co-Pay amount in the UHC Provider Portal at <https://secure.uhcprovider.com/>

Pharmacy claims are submitted to Magellan. Contact Magellan Rx Management Pharmacy Call Center at 800-424-5725 with any pharmacy related questions.

Family Planning Providers & Pharmacy Providers

Members within the Emergency Medical Services (EMS) and Reproductive Health Care Program category are eligible to receive family planning-related services at a \$0 co-pay effective July 1, 2023. This will expand the services this population is eligible to receive, which currently includes emergency medical and family planning services.

Professional Claims Billing

Family planning-related services are those that are provided pursuant to a family planning visit. Refer to the [Family Planning Benefit Expansion for Special Populations Billing Manual](#) for more information on what are considered family planning-

related services. The expansion in coverage of family planning and related services is in addition to the existing coverage of emergency services which has separate billing guidance in the [Inpatient/Outpatient \(IP/OP\) Billing Manual](#).
Family Planning Services Billing:

- Family planning services should continue to have an FP modifier at the detail level of the claim.

Family Planning-Related Services Billing:

- Family planning-related services that are provided during or in follow up to a family planning visit will be billed with the FP+32 modifier at the detail level of the claim.

Claims will continue to have manual review, and providers will be contacted should any questions arise on claims for EMS members that have the FP or FP+32 modifiers. A comprehensive code list for family planning and related services is in the process of being developed.

Contact hcpf_maternalchildhealth@state.co.us with general questions for the expanded family planning benefits.

Pharmacy Billing

Family Planning:

- Family planning (e.g., contraceptives) services are already configured for a \$0 co-pay.

Family Planning-Related:

- Pharmacy providers should utilize field 461-EU on the pharmacy claim to indicate “6- Family Plan” to receive a \$0 co-pay on family planning-related medications. This will allow the pharmacist to determine if the medication was prescribed in relation to a family planning visit (e.g., tobacco cessation, sexually transmitted infections and disease [STI/STD] medications and drugs for the treatment of lower genital tract and genital skin infections/disorders).

The prescriber will need to submit a Prior Authorization Request (PAR) to confirm that the drug was prescribed in relation to a family planning visit if the medication is not on the family planning-related drug list. Visit the [Pharmacy Resources web page](#) for more information on submitting PARs.

Additional Information:

- Members within this eligibility category are eligible to receive **only** family planning and family planning-related medications. It should be documented in the prescription record if it has been determined that the medication was prescribed pursuant to a family planning or family planning-related visit. It is not a covered service for this population if a medication is denied and is not a family planning or family planning-related medication.

Refer to the [Pharmacy Billing Manual](#) for more information on pharmacy billing. Contact Korri Conilogue at Korri.Conilogue@state.co.us with questions.

Telemedicine Providers; Changes to Telemedicine Post-Public Health Emergency (PHE)

The Public Health Emergency (PHE) ended on May 11, 2023. The following is a list of notable changes to telemedicine.

Services that have been made permanent:

- Telemedicine for Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Indian Health Services (IHS): Health First Colorado authorized temporary changes to facilitate the safe delivery of healthcare services to members at the start of the COVID-19 PHE, including temporary changes to the existing telemedicine policy, to allow telemedicine for FQHC, RHC and IHS clinics. Health First Colorado received approval from the Centers for Medicare & Medicaid Services (CMS) in July of 2020, to make those changes permanent.
- Physical Therapy, Occupational Therapy, Home Health, Hospice and Pediatric Behavioral Health Providers: Health First Colorado has expanded the list of providers eligible to deliver telemedicine services to include physical therapists, occupational therapists, home health providers, hospice and pediatric behavioral health providers. Home health agency services and therapies, hospice, and pediatric behavioral treatment may be provided via telephone-only. Outpatient physical, occupational and speech therapy services must have an interactive audio/visual connection with the member to be provided via telemedicine.

Services ending with the PHE:

- Well-child Check-ups Via Telemedicine: Temporary coverage of well-child check-ups provided via telemedicine was added during the federal PHE for COVID-19. The telemedicine coverage of well-child check-up codes was discontinued effective May 12, 2023. This end date aligns with the expiration of the federal PHE for COVID-19 on May 11, 2023. Procedure codes affected by this update include 99382, 99383, 99384, 99392, 99393 and 99394. Providers will still be reimbursed for in-person well-child check-ups.

Other changes:

- All consent for telemedicine services could be verbal during the PHE. Providers must obtain written consent prior to the first visit post-PHE, as described in the [Waiving the Face-to-Face Requirement & Required Disclosure Statements section](#) of the [Telemedicine Billing Manual](#).

Refer to the [Telemedicine Billing Manual](#) for the updated list of telemedicine codes. Contact Naomi Mendoza at Naomi.Mendoza@state.co.us with any questions.

All Providers Who Utilize the Provider Web Portal

Multi-Payer Portal Values

It is anticipated that providers submitting claims in the [Provider Web Portal](#) will see a new Payer drop-down list effective June 15, 2023. Only one value currently appears in the drop-down list: Title XIX Payer. Claims previously submitted will display Payer of Title XIX. This change will apply to all claim types and will be the default for payers in the Web Portal. Contact the [Provider Services Call Center](#) with any questions.

National Provider Identifier (NPI) Updates in the Provider Web Portal

Providers will soon be required to use a National Provider Identifier (NPI) that is not already active on a pending new enrollment application or on a pending NPI change maintenance request. The NPI is entered on a provider application in the Request Information panel in the [Provider Web Portal](#). The NPI is entered on the Specialty and Contact Information Changes panel for maintenance requests.

This update will prevent an already-enrolled provider from changing their NPI to an NPI that is on an Application Tracking Number (ATN) under review (enrollment application or maintenance request) or from changing it to an NPI that is already active and enrolled.

An error message will appear if a provider enters an NPI that is already included on an active enrollment or maintenance ATN. Providers will be unable to continue with their applications or maintenance requests until the error is resolved.

The new error messages will state the following:

- **For enrollment applications:** "The NPI entered is either pending in another application or already enrolled and active. Please enter a unique NPI that is not in use."
- **For maintenance requests:** "The NPI entered is either pending in another application or previously used. Please enter a unique NPI that is not in use."

Refer to the [Provider Maintenance - Adding a National Provider Identifier \(NPI\) Quick Guide](#) and the [Provider Maintenance - Hospital Provider - Adding a National Provider Identifier \(NPI\) Quick Guide](#) for more information.

Contact the [Provider Services Call Center](#) with questions.

Health First Colorado Directed Payment Fee Schedule

A directed payment fee schedule will be published in the State Behavioral Health Services Billing Manual (formerly the Uniform Services Coding Standards [USCS] Manual), effective July 1, 2023.

Managed Care Entities (MCEs), under the Capitated Behavioral Health Benefit, have sole responsibility and discretion to contract with service providers and to set provider rates. There are unique situations where targeted action is necessary to support network access and growth for specific services. A directed payment will be established as a minimum reimbursement rate in these circumstances for specific services that MCEs must pay.

The MCEs will be adequately funded to reimburse providers at these rates when a directed payment is created. These will be time-limited investments that will be reviewed on a regular basis.

Some factors that will inform when a directed payment would be considered include:

- When a service is new or is being underutilized across the state
- When there are identified access issues related to a specific service
- When not exclusively for the purpose of a rate review/increase

This fee schedule has been established for directed payments for the following codes. MCEs are required to update provider contracts and claims systems to reflect a rate no less than the rate outlined below.

Code	Code Description	Rate
H0036	Functional Family Therapy (FFT) - 15 mins	\$36.62
H0037	Functional Family Therapy (FFT) - Per Diem	\$878.80
H2015	Comprehensive Community Support Services - 15 mins	\$9.21
H2016	Comprehensive Community Support Services - Per Diem	\$221.15
H2021	Community-Based Wrap-Around Services - 15 mins	\$9.87
H2022	Community-Based Wrap-Around Services - Per Diem	\$236.83
H2033	Multi-Systemic Therapy (MST) - 15 mins	\$38.22

Contact John Laukkanen at John.Laukkanen@state.co.us with questions.

HCPF Prescriber Tool Updates

The Prescriber Tool Alternative Payment Model (APM), designed to incentivize consistent use of the Real-Time Benefits Inquiry (RTBI) module of the Prescriber Tool, was scheduled to launch July 2023. This program is now expected to be implemented later in the year to give the Department time to address feedback received from a pilot that was conducted from March to mid-April.

In the interim, the Department is requesting practices visit the [Provider Web Portal](#) to ensure their provider enrollment is up to date, as this can influence performance in the program.

Information about the Prescriber Tool is available at [this Department website link](#) and information about the APM is available [at this link](#). Questions can be directed to the following email address: hcpf_pharmacyapm@state.co.us

Well-Child Visits and Adolescents Immunizations

Well-child visits and recommended vaccinations are essential and help make sure children stay healthy. Children who are not protected by vaccines are more likely to get diseases like measles and whooping cough. These diseases are extremely contagious and can be very serious, especially for babies and young children. In recent years, there have been outbreaks of these diseases, especially in communities with low vaccination rates. Approximately 300 children in the United States die each year from vaccine preventable diseases.

NCQA has measures to monitor the rates of children and adolescents that have received their vaccinations within the recommended timeframes.

Childhood Immunization Status (CIS): The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

Immunizations for Adolescents (IMA): The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.

NCQA also has measures to monitor the rates of children and adolescents that have received their well child visits within the recommended timeframes.

Well-Child Visits in the First 30 Months of Life: Assesses children who turned 15 months old during the measurement year and had at least six well-child visits with a primary care physician during their first 15 months of life. Assess children who turned 30 months old during the measurement year and had at least two well-child visits with a primary care physician in the last 15 months.

Child and Adolescent Well-Care Visits: Assess children 3-21 years of age who received one or more well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.

Resources:

- [Bright Futures \(aap.org\)](https://www.aap.org)
- [periodicity_schedule.pdf \(aap.org\)](#)
- [Child and Adolescent Well-Care Visits - NCQA](#)
- [Childhood Immunization Status - NCQA](#)
- [Immunizations for Adolescents - NCQA](#)

2023 RMHP Value Based Contract Program Information

Looking for additional information on the value-based programs at RMHP? Have a new staff member that needs to learn about the Regional Accountable Entity (RAE) or the Payment Reform Initiative for Medicaid Enrollees (PRIME) Program? Trying to find links to the Key Performance Indicators (KPIs) or patient choice forms? Look no further! The Clinical Quality Improvement Program Team has created a one stop shop for forms, helpful information, overview of programs, terminology and much more. Please bookmark or download our [2023 Program Description](#) for easy reference.

Care Management Updates

The RMHP Care Management team has developed a new email for referrals, rmhpcaremanagementreferrals@uhc.com. The phone number for Care Management Referrals is to stay the same: (RAE/PRIME: 800-421-6204)

Please note, this email group **replaces** the following email addresses for referrals listed as:

- CareManagementReferrals@ds.uhc.com
- rmhpcaremanagementreferrals@ds.uhc.com

We apologize for any confusion this has created. Please notify your care management team, and anyone else you, or your team, work with regularly that would need to refer a patient. The RMHP Care Management leadership team will be monitoring this group daily who will then assign each referral to the appropriate team based on current needs. Thank you for your understanding and support.

[Click here](#) to learn more about how RMHP Care Management can help you and your RMHP patients!

CirrusMD for RMHP



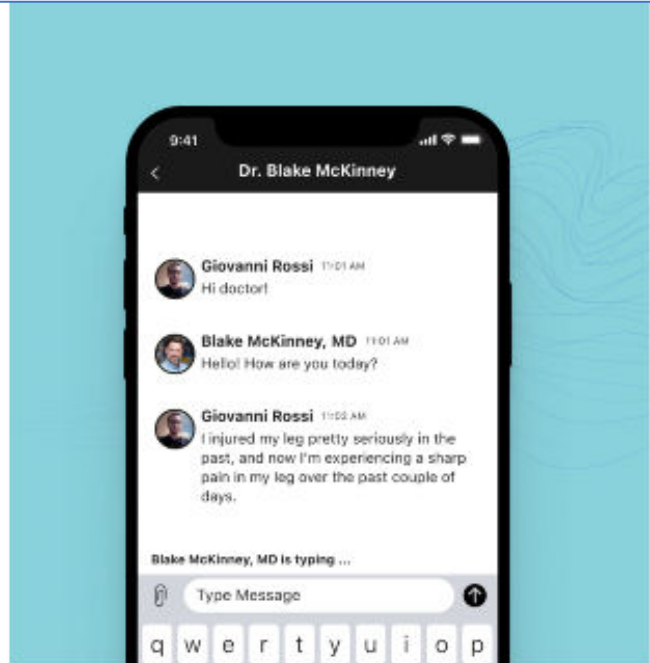
CIRRUS MD

No More After-hours Calls

CirrusMD provides virtual care support to your patients - so you can reduce after-hours calls and trust that your patients are still receiving exceptional care.

WHAT YOU CAN EXPECT

- ▶ Your patients are referred back to you after ED/UC
- ▶ Your patients can have their care bridged from ED/hospital post-discharge back to you
- ▶ Patients can connect as often as they like, for as long as they'd like, at no cost
- ▶ Reduce your after-hours calls and redirect overflow patients away from the ER/back to your office
- ▶ See patients when they need you most
- ▶ See improved adherence to post-discharge care plans



WHAT IS CIRRUSMD?

- ▶ CirrusMD is a chat-based virtual care program that allows patients to securely text, send photos, or video chat with a doctor from your smartphone or computer.
- ▶ Patients can connect to a doctor 24/7 from any web-enabled device
- ▶ Patients do not need to make an appointment and will not experience long wait times
- ▶ CirrusMD is a great resource for high-needs patients



Encourage your patients covered by an RMHP Medicaid plan to **download the CirrusMD app today.**

LEARN MORE AT [CIRRUSMD.COM/RMHP](https://www.cirrusmd.com/rmhp).

Education & Training

NEW! On-Demand Annual Care Visit Course

Need a refresher or want more information on HCC & CPT II coding components that occur at annual care visits (ACVs)? ACVs, also known as annual wellness visits or annual comprehensive physicals, are a critical component to preventing illness and delaying the progression of diseases while supporting healthy behavior change. Conducting regular ACVs offers great opportunities to improve the quality of care, identify care gaps, and help create a personalized prevention plan.



Take [this 20-minute course](#) to learn how to optimize your ACVs today!

NEW! FREE AAPC On-Demand Coding Course - Diabetes

RMHP is excited to partner with Terry Fletcher Consulting to provide a one hour on-demand webinar and an AAPC CEU credit for participating. Webinar must be watched in full to obtain the included CEU credit. Click [here](#) to watch today! This course offering expires September 1, 2023 – don't wait!

Register today for the 2023 Monthly Webinar!

The RMHP Quality Department hosts monthly webinars for primary care practices and providers. Topics for this monthly informational webinar, *Clinical Quality Improvement Newsroom*, includes value-based contracting updates and discussion, clinical topics, RMHP program updates, & more! Join us monthly on the 4th Thursdays from 12:15-1:00PM. Register [here!](#) Questions? Please reach out to Rachael Biller at Rachael.Biller@uhc.com.

EPSDT Webinar Replay!

Did you miss the March 2023 RMHP EPSDT Webinar hosted by Christy Blakely? Don't worry, catch the replay by clicking [here](#). This one hour webinar reviews how to support Medicaid Member with Accessing EPSDT benefits.

Provider Role in Consumer Assessment of Healthcare Providers and Systems (CAHPS®) and Health Outcome Survey (HOS) Results

This [checklist](#) contains suggestions on discussing key topics with patients. Implement today to help improve patient experience! As a reminder, if you are a primary care practice with a RMHP RAE or RMHP Advanced Payment Model (APM) value-based contract, CAHPS scores impact your payment tier. Connect with your RMHP Clinical Program Manager for more tips on improving patient experience.

Optum Health Education™

Did you know that [OptumHealth Education™](#) offers free clinical education and CMEs? There are on-demand courses and live sessions. Create a free account and get started today by clicking [here!](#)

Featured Session: [CARING FOR THE LGBTQ+ COMMUNITY: AN INTRODUCTION](#)

Stigma and discrimination against the lesbian, gay, bisexual, transgender, queer, and other sexual and gender minority (LGBTQ+) community—whether intentional, unintentional, or due to implicit bias—can negatively affect the health and well-being of the LGBTQ+ population. This module will raise awareness of the identities and experiences of the LGBTQ+ community, as well as ways to address the unique health-related disparities affecting the community. It will discuss appropriate use of pronouns and terminology and review current statistics regarding social and health care disparities experienced by this community. Lastly, it will explore how to create environments in which LGBTQ+ individuals can feel validated, safe, and welcome.

Shining a Light on Stigma – The Podcast Series

Telligen and [Superior Health Quality Alliance](#) developed a collaborative series to reduce stigma regarding Substance Use Disorder (SUD). This podcast series addresses stigma in the substance use disorder community and explores personal stories, the language of right now and how to incorporate this into your practice.



Listen to the first three episodes on your favorite streaming service:



Episode 1: Making Space to Talk

(20 minutes)

In this episode co-hosts Brittany Rodriguez (Telligen) and Mia Croyle (Superior Health) share their personal experiences with SUD in a healthcare setting and they reflect on pivotal moments that shifted their perspectives on SUD by confronting their own biases.

TRIGGER WARNING: This episode contains references to gun violence, suicide, and opioid overdose.

[Listen on Spotify](#)

[Listen on Anchor FM](#)

[Listen on Apple](#)



Episode 2: Words Matter

(21 minutes)

In this episode co-hosts Brittany Rodriguez (Telligen) and Mia Croyle (Superior Health) share resources that are readily available and accessible that aim to help individuals commit to eliminating the stigma surrounding substance abuse. You can access [Superior Health's resources](#) mentioned in this podcast, as well as [Telligen's Resource Card](#).

[Listen on Spotify](#)

[Listen on Anchor FM](#)

[Listen on Apple](#)



Episode 3: A Pharmacist Perspective, with Denton Chancey, PharmD

(29 minutes)

In this episode, Telligen's Brittany Rodriguez and Superior Health's Mia Croyle welcome guest Denton Chancey, PharmD, as he shares personal stories and professional history of the evolution and real-life effects of opioid prescribing guidelines and substance use disorder treatment.

[Listen on Spotify](#)

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RMHP Coder Biller Networking Group

Primary care practices with a value-based RAE tiering contract will earn points for your annual attestation for participation in this group. Virtual Meetings Held on the 3rd Tuesday of the Month, once per Quarter: September 19, 2023 & December 19, 2023

RMHP is providing a virtual space for you to network, learn, share barriers, and best practices. Monthly Newsletters and HCC Provider Education with links to valuable resources are also sent out monthly. In addition, we are now providing Coder and Biller On-Demand Webinars for FREE CEU Credit.

Coder Biller Education Opportunity - HCPF

The Colorado Department of Health Care Policy & Financing is offering training sessions that include HCPF billing instructions and procedures. These are virtual webinars and are available for staff who submit claims, are new to HCPF services, or who need a billing refresher course. Covered Content: Institutional Claims (UB-04), Professional Claims (CMS 1500), high-level overview of claim submissions, prior authorizations, navigating the department's website, using the provider web portal, and more. [Zoom Schedule and Signup](#)

Risk Adjustment and Hierarchical Condition Coding (HCC) Resource for You: Morbid Obesity

Accurate and complete documentation of chronic condition diagnoses by clinicians is an essential component of the risk adjustment and the hierarchical condition category (HCC) process. Providers are required to document all conditions they evaluate during every face-to-face visit. It is also imperative that the documentation of a disease/condition be as specific as possible. Specificity can make a difference in the patient's treatment plans and reimbursement. Each month, Rocky Mountain Health Plans will provide a list of resources for providers to review at their pace. The goal is to improve education and understanding around risk adjustment, HCC coding and how RMHP can support you.

Obesity is a clinical diagnosis split into sub-categories that range in severity by classes: I, II, or III. However, the ICD-10-CM does not contain or recognize this clinical nomenclature, so a clinician must state "morbid" or "severe" when documenting class II or III for obesity when applicable. Screening using BMI calculations and evaluations for co-morbidities will assist in determining if diagnoses and documentation would indicate the more advanced levels of obesity (morbid, severe). A BMI of 40kg/m² or greater is evidentiary of a clinical condition that warrants the additional documentation befitting of the advanced categorization.

Education & Training

Earn .75 FREE CEU credit by attending this webinar. This activity will identify challenges associated with diagnosis and management of obesity, including diagnostic accuracy, access to care, and impact on health care costs and quality of life. It will discuss potential interventions that can reduce obesity care inequities and outline racial and socioeconomic status disparities and provide examples why they may exist among different populations, register [here](#).

Resources

Morbid Obesity Documentation [here](#).

Morbid Obesity Codes [here](#).

Obesity and PCM Podcast [here](#).

Obesity documentation and webinar [here](#).

Diabetes Complications Documentation [here](#).

Risk Adjustment recorded presentation [here](#).

At RMHP, we are dedicated to working with you to help our Members receive the best care possible. Thank you for your commitment to providing quality care. We value your partnership, and hope you enjoy this monthly resource!

www.rmhp.org