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Friendly Reminder...
As a reminder, physicians are required to refer patients to in-network doctors, medical facilities, as well as other types of health-care providers when able. Please visit Colorado Health Insurance Plans - RMHP, and click on “Find a Provider” for additional information that can be used to assist in the referral process.

If you need help finding a network provider and/or pharmacy, please call RMHP Customer Service at 888-282-1420 (TTY 711). If you would like a Medicare Provider/Pharmacy Directory mailed to you, you may call the number above or email customer_service@RMHP.org

Updates to 2022 Healthcare Effectiveness Data and Information Set (HEDIS®) Measures
HEDIS is a comprehensive standardized set of performance measures on important dimensions of care and services to evaluate Members’ health care, developed by the National Committee for Quality Assurance (NCQA). HEDIS data is used to identify care gaps, improvement opportunities on important health issues, monitor the success of quality improvement initiatives, and track improvement to better the health outcomes of our Members and your patients.

As a provider in our network, you play a crucial role in improving the health of our Members. We want to be sure that we are doing all we can to support your efforts to drive improvements in quality and Member health outcomes. The rmhp.org website has been updated with the HEDIS MY2022 measures. We understand that HEDIS measures can be complicated, but we are here to support you. Refer to the https://www.rmhp.org/learning-center/helpful-resources/quality-improvement website to view the HEDIS MY2022 measures, or for any questions contact RMHP Clinical Quality and Accreditation Department at 855-830-1565 or 970-263-5552

Prior Authorization List Change
We are pleased to announce that effective April 1, 2022, Rocky Mountain Health Plans will no longer be requiring providers receive prior authorization for psychological testing services. This change applies to all products including Medicaid, Individual, CHP+, and Medicare/DSNP plans. The updated prior authorization list can be found at https://www.rmhp.org/-/media/RMHPProviderFilesPDF/Provider/Prior-Authorization/statewide_preauth_list.ashx

PRIME Y8
As a reminder for the new process to qualify for Shared Savings, the following criteria is required:

Shared Savings Eligibility Criteria:
In order to be eligible for shared savings (payout estimated 2023), the following is required:
- Each practice site must report CMS 137 quarterly following the guidance listed on the previous page
- Each practice site must submit clinical and data workflows for CMS 137 (ie. policies, procedures, process maps, etc.) to your RMHP Clinical Program
Manager by January 31, 2023

- Each practice site must meet the CMS 137 Part A target (15.91%)
- PRIME Region must meet the CMS 137 Part A target (15.91%)
- Each practice site will need to attest to the following criteria regarding ED utilization strategies by July 15, 2022. If you are a RAE Tier 1-3 practice site, the RAE attestation will satisfy this PRIME shared savings requirement. If you are a RAE Tier 4 practice site, these attestation questions will be emailed with your Q2 eCQM Reporting instructions.
  - Question 1: Does your practice have a documented inpatient and emergency department discharge follow up workflow?
  - Question 2: How often do patients with an ED visit receive a documented follow-up interaction with your practice within 1 week of discharge?

Each practice site will be evaluated. Based upon the practice site’s performance on the above criteria, the practice site will be paid shared savings based on the level of the practice site’s verified RAE Tier and Total Cost of Care Relativity (TCR). Additionally, the RMHP PRIME region must meet or exceed the PRIME MLR target in order for there to be any dollars available for practice site distribution. Final determination of Y8 Shared Savings eligibility will be determined by the RMHP Value Based Contracting Review Committee (VBCRC) in Spring 2023.

If you have further questions or would like to set up a touch base to review the new process, please reach out to your Clinical Program Manager for assistance.

**HCPF APM PY2022**

For those practices engaged in the Department of Healthcare Policy and Financing (HCPF) Alternative Payment Model (APM) PY2022, please remember to review your selected measures and continue to work with your Clinical Program Manager on best practices for a successful program year.

**HCPF Prescriber Tool**

The Department for Healthcare Policy and Financing (HCPF) will be launching a new Alternative Payment Model (APM) in July 2023 centered around the use of the Real-Time Benefit Inquiry (RTBI) module. This APM has a shared savings component that is predicated on use of the RTBI module when prescribing. Participation in the “pre-APM” phase to ensure module functionality before the launch of the APM will best equip practices to participate to the fullest extent at the launch of the APM.

Barb Bishop, Clinical Program Manager, is continuing outreach to primary care practices to verify operability of this tool in your current EMR.

Recent Utilization Updates:

- EPIC released an update in February 2022 so providers can see drug alternatives provided through the real-time benefit inquiry for Colorado Medicaid members.
- As of April 2022, AllScripts/Practice Fusion should have access to the tool. Please check your EMR prescriber tool to ensure that you are able to access the Real-Time Benefit Inquiry.

If you have any questions regarding the HCPF Prescriber Tool, please feel free to contact Barb Bishop with RMHP at Barbara.bishop@rmhp.org or Lauren Hussey with HCPF at lauren.hussey@state.co.us

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**Catching Up and Moving Ahead with eConsults: a 4-Way Win**

Dr. Latts announced the implementation of eConsults in the December newsletter. This program, known as Colorado Specialty CareConnect (CSCC), is an exciting opportunity to improve access to care, reduce delay and fragmentation of care, and enhance collaboration in care for our community. It stands to benefit primary and specialty care clinicians, the health system, and especially patients. Use of eConsults is increasingly widespread, both nationally and internationally, so enabling their use locally keeps us aligned with services available elsewhere.

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By: Dr. Carol Greenlee, MACP
Board Certified Endocrinologist
It might be helpful to catch up on some of the backstory regarding eConsults in general and the Mesa County efforts in particular. eConsults or “interprofessional virtual consultations” are generated by a primary care provider (PCP) with a request to a specialty care provider to discuss next steps for a patient’s care. They represent formalized asynchronous, clinician-to-clinician requests for consultative advice without patient presence. In 2005-2006, eConsults were first piloted at San Francisco General Hospital and affiliated clinics. In 2007, SFGH took eConsult system-wide and since then many other locations and institutions, especially community health centers and academic medical centers (AMCs), have implemented eConsults. Since 2014, the Association of American Medical Colleges (AAMC) has partnered with over 40 AMCs and other health care organizations to implement eConsults and enhanced referrals. Many of these institutions have been offering eConsults without any reimbursement just to help reduce delay in access to care, especially for Medicaid patients. However, several state Medicaid entities and Medicare have now approved billing codes for these “interprofessional virtual consultations” and have been reimbursing for them. As might be anticipated, there are “eConsult companies” that have popped up with the intent of contracting directly with primary care practices to provide eConsults via the company’s panel of hired specialty care clinicians, bypassing local specialty care practices.

Most of the AMCs and other institutions that have implemented eConsults have a shared EHR between the primary care and specialty care. It is more challenging to complete eConsults without a common, shared platform. Several companies now provide a platform for eConsults, but this platform exists outside of the practices’ EHRs. Besides being logistically awkward and complicated, this does not allow populating the patient demographic information or attaching clinical information. Getting the consultation question and response into the patient’s record is yet another challenge.

For the past year, a team made up of members from RMHP, Quality Health Network (QHN), and Mesa County Physicians Independent Practice Association (MCPIPA) have been working to devise a way for practices in Mesa County to implement eConsults. They have prioritized keeping care local, maximizing the ease of use with existing workflows and including reimbursement for both primary care and specialty care providers. So, while eConsults per se are not new or innovative, the CSCC model and mechanism for doing the eConsults is both new and innovative. Throughout 2022, they will be piloting Colorado Specialty CareConnect with a few primary care practices and recruiting and engaging local specialists to be part of the Colorado eConsult network. If you are a specialty care provider who is interested in participating in the Colorado network, reach out to Heather Steele, Project Manager for eConsults at RMHP, to learn more (heather.steele@rmhp.org).

2022 Medicare Sequestration Details
The sequester has resumed as of April 1, 2022 as follows:
• From April 1, 2022 through June 30, 2022, the sequestration rate will be 1%
• Beginning July 1, 2022, the sequestration rate will be 2%, unless otherwise adjusted before this date

Impact to Contracted and Out-of-Network Care Providers
• For contracted Medicare Advantage and DSNP providers, United will implement the sequester according to the terms of care provider participation agreements and in the same manner that was in effect prior to the waiver
• For out-of-network care providers, United will resume reimbursement in the manner that was in effect prior to the implementation of the waiver

COVID-19 sequestration waiver details
Section 3709 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act created a temporary waiver of the Medicare Sequester.

ECHO Learning Series on Pediatric Psychiatry in Primary Care
The Colorado Pediatric Psychiatry Consultation & Access Program (CoPPCAP) is offering two ECHO learning series starting in May 2022 to give participants knowledge and skills needed to assess and treat pediatric mental/behavioral health conditions in primary care. Each session will include a brief didactic overview of the topic followed by participant-initiated, robust, case-based discussion. The two series will focus on either core topics in pediatric behavioral health (e.g. assessment and screening, ADHD, anxiety, depression, suicide and trauma) or more advanced topics (e.g. early childhood mental health, disruptive behaviors in preschoolers and school age children, comorbidity, SSRIs for anxiety and depression, and complex ADHD).

To register for either series, check out the links below.
American Diabetes Association: Healthy Outcomes through Peer Educators
Targeted research to understand health disparities in diabetes outcomes is growing. In 2021, the American Diabetes Association (ADA) prioritized projects that were action-oriented with an emphasis on implementation. One excellent example can be found on page 5 of the ADA’s 2021 research report Better Outcomes for Life.

Additional resources for patients can be found here: American Diabetes Association | Research, Education, Advocacy

Cancer Prevention and Early Detection Request for Applications
The Colorado Department of Public Health and Environment is pleased to announce the release of the Cancer Prevention and Early Detection Request for Applications (RFA #40359).

The goal of this five-year RFA is to reduce cancer health disparities, morbidity and mortality rates in Colorado. Any organization interested in implementing one or more strategies to increase and sustain health equity as it relates to cancer prevention and early detection is encouraged to apply.

The application deadline is June 1, 2022, at 12 p.m. MT. To download application materials and view more information on the application process, including eligibility, please visit https://cdphe.colorado.gov/cancer/cancer-prevention-funding-opportunities.

Access to Care Management
Healthcare can be complicated. Members might have questions about surgeries, health conditions, or prior authorizations. The RMHP Care Management team can answer questions about healthcare topics, as well as community resources. The Care Management team can help coordinate care between primary care providers and any specialists. Summaries of recommendations and a list of prescriptions are also available and can help to coordinate care.

Care management services are free for RMHP Members. If you have a Member that needs help coordinating care, RMHP’s care coordinators and nurses are available. They will consult with the provider to find the best care and can help with day-to-day management of the Member’s condition or recovery. If the Member needs additional assistance or information, RMHP’s Care Management Team can help find it. To reach the Care Management team, call 888-282-8801. A self-referral form can also be completed at Self Referral Form (rmhp.org)

RMHP Care Management makes it easy to get help for Members and their families. You can access the Care Management Team 24 hours a day, seven days a week, at 888-282-8801. Free language assistance is also available.

Accountable Health Communities: Celebrating Our Shared Successes
In 2017, RMHP and its provider partners in western Colorado began participating in the Accountable Health Communities Model (AHCM). This model set out to address critical resource gaps between providers, essential services, and community resources in order to improve health outcomes for people with social health needs. The success of this five-year effort is a testament to the power of a multi-faceted engagement approach, a collective vision, and the authentic momentum created when live-changing hope becomes tangible.

Listen to the video below as we share some reflections and recognize the work of all of the clinical sites who contributed to over 100,000 social needs screenings. Thank you to each and every one of you for your continued dedication and efforts to improve the lives of the people you serve and the people with whom you work!
License Panel Update for the Provider Enrollment Portal and the Provider Web Portal

The License panels of the Provider Enrollment Portal and the Provider Web Portal (Provider Maintenance function) have been updated to require additional information when adding a new license or updating/renewing an existing license (enrolled providers only). This update only impacts provider types and specialties required to submit and maintain a license(s) as part of their Health First Colorado enrollment. Visit the [https://hcpf.colorado.gov/find-your-provider-type](https://hcpf.colorado.gov/find-your-provider-type) for license requirements by provider type and specialty.

Providers are reminded that Health First Colorado enrollment may be deactivated if the provider’s license, certification, or accreditation has expired or is subject to conditions or restrictions. Visit the [https://hcpf.colorado.gov/gen-info-manual#inactEnroll](https://hcpf.colorado.gov/gen-info-manual#inactEnroll) for more information.

Reference the Provider Enrollment Manual available at [https://hcpf.colorado.gov/enrollment-types](https://hcpf.colorado.gov/enrollment-types) for instructions on adding a license for new enrollment applications. Reference the Revalidation Manual available at [https://hcpf.colorado.gov/revalidation](https://hcpf.colorado.gov/revalidation) or [https://hcpf.colorado.gov/reval-quick-guide](https://hcpf.colorado.gov/reval-quick-guide) for details on adding or updating a license for revalidation applications. Visit [https://hcpf.colorado.gov/update-license](https://hcpf.colorado.gov/update-license) for instructions on adding or updating a license through a Provider Maintenance request.

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!

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