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Spread the Word: Ask Members to Update Their Contact Info

Please help us spread the word to Health First Colorado (Colorado's Medicaid program) and Child Health Plan Plus (CHP+) members to update their contact information. During the public health emergency (PHE), members stay enrolled in health coverage even if they have household or income changes. At the end of the PHE, many Health First Colorado and CHP+ members will receive a packet to renew their coverage. Members who fail to fill out necessary information may lose their benefits.

We know that many members have moved over the past few years. It is crucial that Health First Colorado and CHP+ agencies have correct addresses so that members get the information they need to keep or change their coverage. Please [click here](#) to get more information about Colorado Medical Assistance Renewal, the Update Your Address campaign and PHE Unwind processes

New Email Contact Information for RAE Behavioral Health Providers

In case you were unable to attend our most recent Behavioral Health Office Hours, Rocky Mountain Health Plans recently created a new email address for RAE Behavioral Health providers to send us questions or issues that providers need our assistance in resolving. The new email address is Rae_BH_PR@rmhp.org. By sending your inquiries to this new address, it will allow us to respond to you quicker as multiple staff are monitoring the email account. This new email is available now, and we are asking providers to begin utilizing it as soon as possible.

Important Medicaid Behavioral Health Billing Update – New Modifier Required

Effective July 1, 2022, Behavioral Health Providers who are not eligible to enroll with Medicare (such as Licensed Professional Counselors [LPC], Licensed Marriage and Family Therapist [LMFT], and Licensed Addiction Counselors [LAC]), and who provide services to dually eligible Members (Medicare primary, Medicaid secondary) will be required to use the modifier “HO” in the last position on a claim to indicate Rocky Mountain Health Plans as the Regional Accountable Entity (RAE) is the primary payer for the service. It is important to note that if a HO modifier is not used on the claim, Rocky Mountain Health Plans will deny the claim for payment. This billing update is in accordance with [Colorado Department of Health Care Policy and Financing’s policy](#), and will be published in the Uniform Service Coding Standards Manual for future reference.

Appointment Availability

Rocky Mountain Health Plans annually monitors appointment availability to ensure Primary Care, Specialty and Behavioral Health Care practitioners meet the needs of our Members based on internal / external appointment availability standards set forth by the Colorado Division of Insurance, National Committee for Quality Assurance, and governmental programs. Appointment availability is monitored through Member surveys RMHP that are distributed throughout all lines of business and plans. Each survey contains questions pertaining to timeframes to be seen for particular service types. The returned survey data is then compiled into a quantitative/qualitative analysis, which is presented to RMHP’s Network Advisory Committee.

[Appointment Availability Standards](#)

Update: COVID-19 Vaccination Provider Incentive Program

The Rocky Mountain Health Plans Clinical Quality Improvement Team is accepting practices to engage in our COVID-19 Vaccination Incentive Program which targets

increasing access to the COVID-19 vaccine for pediatric Members. We recognize that COVID-19 has impacted the ability and way people receive care. We want to encourage all of our Members, and especially those with gaps in care, to continue to receive the health care services that they need to stay healthy.

Program Incentive Overview:

- A one-time payment of \$10,000 can be earned for enrolling as a COVID-19 Vaccine clinic with CDPHE.
- Additional funds are available via RFP for up to \$15,000. PCMPs should send a brief description of activities that they are implementing or are proposing to enhance COVID-19 vaccine and well-checks in their clinic.

Additional information can be found [here](#). Please send an email to Kristi Hall (Kristi.hall@rmhp.org), or your assigned Clinical Program Manager, to enroll.

Claims Payment Distribution Process Change Coming July 1, 2022

Currently, Rocky Mountain Health Plans distributes provider payments via a product offered by Change Healthcare. Change Healthcare is retiring that product as of June 30, 2022. Beginning July 1, 2022, Rocky Mountain Health Plans has partnered with **Optum VPay** and will provide claim payments by Check, ACH and virtual card (VCard).

If you currently are receiving payment from Rocky Mountain Health Plans via ACH and want to continue receiving payment in that manner it is important that you register with Optum VPay for ACH prior to 6/30/2022. Enclosed are the necessary forms to enroll for ACH payment with Optum VPay. Please note that there is a similar platform offered by Optum called **Optum Pay** that is different, and if your practice is already enrolled with Optum Pay for ACH, Optum has agreed to auto enroll practices in ACH for Optum VPay as well. No further action would be needed by you in that case.

There is one part of this process that will not be changing at this time. If you currently receive an 835 transaction directly from Rocky Mountain Health Plans or via your clearinghouse, that process will continue for the time being.

Virtual cards will be a new method of payment that we will be offering as an option via Optum VPay. Virtual cards are issued by our Optum partner through the Mastercard network in lieu of paper checks for those providers that do not want to receive payment via ACH but want the speed and convenience of electronic payments. This enhancement, already used across the industry, is a faster, more efficient, and safer method of payment. There is no enrollment or further action required by you to receive these payments. Providers will be able to change their preferred method of payment via Optum VPay at any time in the future.

Benefits of VCards include:

- Faster payments – VCards are delivered via fax, so you will receive payments much faster than you would with mailed checks.
- Easier reconciliation – The EOP is delivered with the payment.
- No bank deposits – Once you process the payment, funds will be deposited directly into your merchant account.
- Protection against fraud – VCards eliminate the risk of fraud. Our partner VPay guarantees delivery of funds to your account. No more stolen, lost or whitewashed checks.

Thank you in advance for your attention to this change.

Rocky Mountain Health Plans Value Based Annual Attestation Tool

If you are in a Rocky Mountain Health Plans Value-Based Contract, the new Annual Attestation Tool will be released soon! Keep an eye on your inbox around June 17, 2022 for an email from your assigned Clinical Program Manager. You will have until July 15, 2022 to complete the tool and return it to your assigned Clinical Program Manager. It is highly recommended that you schedule a meeting with your Clinical Program Manager between June 17, 2022 and July 15, 2022 to review the tool. If you need additional information, please reach out to your Clinical Program Manager or Kristi Hall at kristi.hall@rmhp.org.

HCPF Prescriber Tool – Real-Time Benefit Inquiry: Outreach Reminder

Rocky Mountain Health Plans is working in collaboration with HCPF to verify that all practices in RAE Region 1 have access to the Real-Time Benefit Inquiry within the HCPF Prescriber Tool. Our goal of this outreach campaign is to ensure that your Medicaid patients and your staff are receiving the full benefit of this system.

If you have not already done so, please click on the link and fill out the following [attestation form](#) to report operability and utilization to HCPF. This should take you approximately 10 minutes to complete. This form will give you the information you need to assess the functionality status of the module in your EHR and will provide a clear indication of what you should be seeing if the module is working as intended. Here is the link to the [Prescriber Tool Project](#).

- Most importantly, it will facilitate provider participation in an upcoming alternative payment model (APM), which will distribute shared savings based on the Real-Time Benefit Inquiry (RTBI) module use. It will also give the

Department critical information about the current uptake of the RTBI module to direct personnel support.

- In addition, completion of this attestation form will award your practice full points for this deliverable in the PY2021 RMHP Value Based Annual Attestation Tool.

Please feel free to reach out to your Clinical Program Manager with questions.

Alternative Payment Model 2.0

Recruitment for the HCPF APM 2.0 Value Based payment option is ongoing. Most providers who meet the eligibility requirements of the original APM program will also be eligible to participate in APM 2. Primary Care Medical Providers (PCMPs) only have to meet the \$30,000 billing threshold for a modified APM code set, as HCPF is no longer requiring a minimum member volume of 200 ACC enrollees to be eligible for this program. FQHCs are not eligible to participate in the APM 2 Value Based Payment system. PCMPs who are eligible but elect not to participate in APM 2 will not see a change in their reimbursement rates as a result of opting-out. Providers who are not currently contracted as PCMPs are not eligible to participate in this program.

[Alternative Payment Model 2 \(APM 2\) | Colorado Department of Health Care Policy & Financing](#)

Please reach out to your clinical program manager for more information. You are also welcome to reach out to Araceli Santistevan, HCPF APM 2 lead, at araceli.santistevan@state.co.us with questions or to sign up for the program.

The Colorado Hospital Transformation Program

Did you know that the hospitals in Colorado have been working hard on their very own quality-based initiative? They had a brief delay due to COVID-19, but are well on their way to meeting their milestones in this five-year program. If you want to learn more about the overview and focus area of the program, [click here](#). Hospitals have various measures and interventions they have chosen and are working on to ensure the highest quality of care for their Health First Colorado members. If interested, you can find out which hospitals in your region are participating by [clicking here](#). We wanted to share this information with all of you, as there may be opportunity for you to collaborate with hospitals where alignment occurs. If you have additional questions on the program, please reach out to kristi.hall@rmhp.org or Barbara.Bishop@rmhp.org.



Colorado Specialty CareConnect Pilot is Underway

In December, Rocky Mountain Health Plans announced a collaborative pilot, Colorado Specialty CareConnect that will bring eConsults to Western Colorado. We are excited to share that the Colorado Specialty CareConnect (CSCC) platform went live on **April 26, 2022**. Our Primary Care pilot sites have been developing and testing workflows for ordering eConsults and will be eligible for reimbursement for this service once training has been completed.

Rocky Mountain Health Plans could not have moved this project from vision to reality without the partnerships from our healthcare community. [Quality Health Network \(QHN\)](#) partnered with the eConsult vendor, [Safety Net Connect \(SNC\)](#), to create a cutting-edge platform that is easily accessed and user-friendly for both Primary Care and Specialty Care Providers. Once an eligible PCP has been trained, he or she can access the CSCC platform directly through QHN. Eligible patients are pre-loaded into the CSCC platform, reducing the need for administrative work by the PCP and an eConsult question can be generated and submitted in a matter of minutes. Once the eConsult has been closed, an eConsult summary will live in the transcription detail for the patient in QHN, be sent electronically to the PCP and added to the patient's record.

Mesa County's Physicians IPA has been a vital partner in this work. Thanks to their broad membership within the county, we were able to recruit and engage local specialists to join the [ConferMED](#) Colorado Network of Specialist Reviewers. We are pleased to share that we launched the pilot with 8 specialties, many of these represented by our local Specialty Care Physicians. As we move through the pilot we will add at least 7 additional specialties, thus providing a broad array of experts to assist with clinical guidance when requested by our primary care provider network.

We are grateful to have a large network of Advanced Primary Care practices who prioritize high quality, team based care. A special thanks goes out to [Family Health West Primary Care](#), [SCL Health Medical Group- Patterson Primary Care](#) and [Primary Care Partners](#) for piloting Colorado Specialty CareConnect. The Primary Care Providers in these practices will provide needed feedback to help make *Colorado Specialty CareConnect (CSCC)* a success when we roll it out to our broader provider network in the near future. This includes documenting best practices, overcoming barriers, and optimizing the process for generating eConsults in the primary care setting.

The implementation of Colorado Specialty CareConnect advances the mission and aligns with Rocky Mountain Health Plans values. We will continue to provide updates on the progress of our pilot initiative and are excited to expand this service to Primary Care Providers in our broader network soon!

Giving Eligible Members Instant Access to Care via CirrusMD

CirrusMD for Rocky Mountain Health Plans is a free text-based program that allows eligible Members to message, send photos or video chat with a CirrusMD doctor. These providers are available to Members 24/7 via an app-based or web-based platform. CirrusMD providers can answer questions about Members' health and help Members decide if they should be seen in an in-person setting. They can prescribe non-controlled medications and can refer to RMHP Care Coordinators, if follow-up is necessary. To assist with data sharing, CirrusMD encounter summary data is available in QHN. CirrusMD is offered free of charge to RAE, PRIME, CHP+, DSNP and Medicare Members. Please see the CirrusMD [Factsheet](#) and CirrusMD [Flyer](#) for detailed information. For additional information, visit <https://patients.cirrusmd.com/rmhp>. Please contact Douglas Bolton at Douglas.Bolton@rmhp.org with any questions

Health Equity Education Highlights

A Physician's Practical Guide to Culturally Competent Care

As healthcare disparities among cultural minority groups persist in our country, culturally and linguistically appropriate services (CLAS) are increasingly recognized as an important strategy for improving quality of care to diverse populations. This e-learning program will equip you with the knowledge, skills, and awareness to best serve all patients, regardless of cultural or linguistic background.

[Learn more and register here](#)

Basics of LGBTQ Affirming Care

This training is designed for participants at any skill level to learn how to provide excellent, affirming care for LGBTQ patients. Empathy-based and trauma informed care approaches are used to discuss institutional barriers and health disparities experienced by LGBTQ communities. The objectives will focus on techniques to mitigate these health disparities and advocate for health equity. Participants will walk away from this training with skills to create an affirming care environment, a deeper understanding of contemporary LGBTQ+ terminology (including use of affirming pronouns), and care considerations for working with transgender and gender diverse patients.

[Click here to view the recording](#)

Connecting Across Cultures

How can we use diversity of identities, values, and life experiences to foster empathy, connection, and creativity? This brief session will highlight practical ways in which cultural competency and cultural humility can be used to foster authentic, meaningful

connection with healthcare: both within care teams and between care teams and patients. Tangible action steps for clinic leaders and individual staff and clinicians will be included.

[Click here to view the recording](#)

Shared-Decision Making (SDM) Aids

Did you know using SDM aids can help promote health care equity? The American College of Physicians (ACP) highlights SDM as a tool to build trust, remove implicit bias, incorporate language and cultural difference and increasing health literacy confidence. SDM takes into account the values of the patient. Preference-sensitive care includes treatments for conditions where legitimate treatment options exist. Decisions about these interventions, whether to have them and which ones to have, should reflect the patient's personal values and should only be made after patients have enough information to make an informed choice in partnership with their provider.

Learn more here:

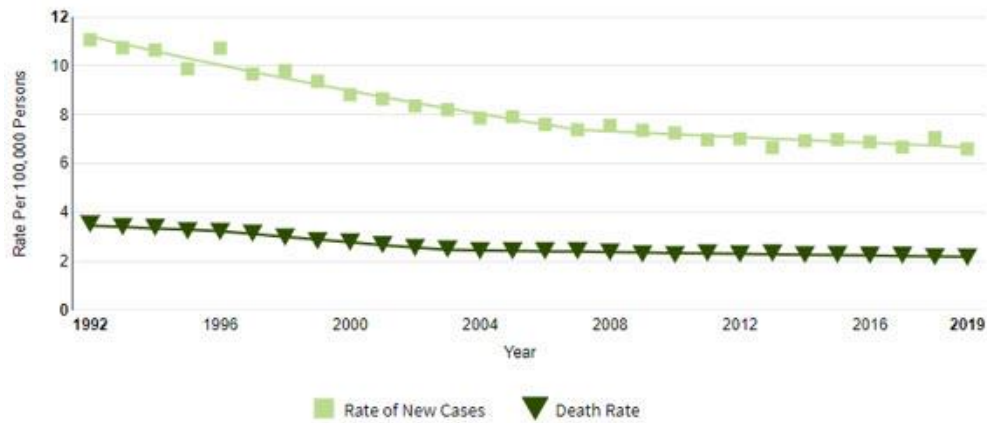
- [Promoting Health Equity Using Patient Decision Aids \(Reading Time: 3 minutes\)](#)
- [How to Integrate Patient Decision Aids into Clinical Practice \(Reading Time: 3 minutes\)](#)

SDM aids are available for free from the Mayo Clinic at the following link. The link is also available on the rmhp.org website in the Provider Tools section:

- <https://carethatfits.org/>

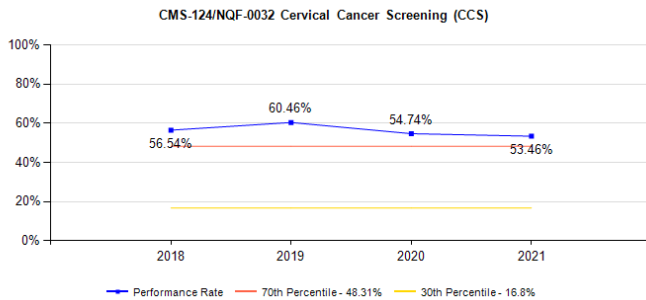
Cervical Cancer Screening

While cervical cancer was once one of the most prevalent causes of cancer death's for American women, the rate of cases has decreased over the years due to increased regular Pap tests. Another way to prevent this cancer is to get the HPV vaccine, if eligible, to detect any pre-cancerous changes.



CQM/NQF Annual Historical Performance

Displaying the historical CQM/NQF performance for the RAE program. Performance rates are based on Q4 practice performance.



<https://seer.cancer.gov/statfacts/html/cervix.html>

Our RAE region has performed above the historical RAE 70th percentile benchmark for cervical cancer screenings from 2018-2021; however, we have seen a decrease in rates over the last few years. If your practice does not have a standardized workflow to ensure women are receiving regular screens, consider an improved patient notification system, patient education, and continued provider education in relation to adherence with evidence-based guidelines.

Annual Wellness Visits for Older Adults

Wellness is a proactive approach to your physical, emotional, and mental health. Medicare Annual Wellness Visits (AWV) provide a safe space for patients to discuss their overall health with their PCP and work together to create or update a personalized care plan. [Click here](#) for a quick checklist to share with your patients!

Do not wait for illness to start valuing wellness! If your practice would like more information and resources, please reach out to your Clinical Program Manager.

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

The CAHPS survey aims to measure how well your patients' needs and expectations are being met and to identify opportunities for improvement.

To learn more about the survey and how your practice can benefit from CAHPS, watch our short video series:

- [What is CAHPS and Why Should We Care?](#)
- [How can CAHPS Surveys Strengthen the Patient-Provider Relationship?](#)
- [Using the CAHPS Survey to Improve Service and Positively Impact Patient Experience.](#)

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!

