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March 2022

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Introducing COVID-19 Vaccination Provider Incentive Program

The RMHP Clinical Quality Improvement Team is currently accepting practices to engage in our new *COVID-19 Vaccination Incentive Program*, which targets increasing access to the COVID-19 vaccine for pediatric Members. We recognize 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 they need to stay healthy.

To summarize a statement released by the [Centers for Disease Control](#) in November of 2021, COVID-19 cases that are seen in children demonstrate, not only hospitalizations and/or death, but may also result in inflammatory syndromes and potentially long-term complications. Over the summer of 2021, COVID-19 cases in children saw a significant increase and hospitalization rates increased fivefold. A study completed by [MUSC Shawn Jenkins Children's Hospital](#) looked at hospitalization rates for children age 12 to 18 and found Pfizer-BioNTech's COVID-19 vaccine proved effective against hospital admissions in that population. By increasing access to the COVID-19 vaccine in pediatric and primary care practices, we can protect children from COVID-19 using recommended safe and effective vaccines.

In an ongoing effort to increase access to vaccinations across RAE Region 1, RMHP designed this incentive program with both Members and Providers in mind. This program assists with offsetting costs associated with becoming a vaccination clinic. If you are interested in participating, please send an email to Kristi Hall (Kristi.Hall@rmhp.org), or your assigned Clinical Program Manager, to learn more about this \$10,000 incentive opportunity.

***NEW* RMHP Sentinel Event Form**

RMHP has a new *Sentinel Event Form*, which can be found [here](#) for all reportable sentinel events. This includes critical incidents (CI) and serious quality of care concerns. Indicators that are monitored by RMHP include, but are not limited to, the following types of quality-of-care issues:

- Provider inappropriate and/or unprofessional behavior
- Clinical practice-related issues
- Access to care-related issues
- Attitude and service-related issues
- Any Sentinel event:
 - Critical Incident: Events that represent actual or potential serious harm to the well-being of a client or to others by the actions of a client who is receiving services or has been discharged recently from services.
 - Suicide: Deaths confirmed (usually by the coroner) to be a suicide.
 - Accidental/Unexpected Death: Any death that was not of natural causes or a suicide.
 - Suicide Attempt: Reported when provider staff is notified, often through a hospitalization or client self-report. To be counted, the client needs to have required medical attention.
 - Violent/Aggressive Behavior: Includes property damage to provider locations. Often occurs on provider property or is reported in the media.
 - Medication Error: An event which needs to be reviewed with the prescriber to evaluate for need for immediate action.
 - Adverse Drug Reaction: An event which needs to be reviewed with the prescriber to evaluate need for immediate action.
 - Elopement: Instances in which a client on a legal hold is missing for more than 8 hours.

In an effort to streamline the process, the *Sentinel Event Form* incorporates all information that is required during the initial submission for a sentinel event. All sentinel events must be reported to RMHP within 24 hours of discovery or observation.

Once RMHP receives the *Sentinel Event Form*, a QOC team member will confirm receipt within 24 business hours. RMHP will send out a resolution letter upon completion of the investigation.

The *Sentinel Event Form* is intended for **ALL** providers. RMHP is requesting all providers utilize the fillable form starting on April 1, 2022. Submit the completed form to qualityofcareconcern@rmhp.org with any relevant attachments. Encrypt all emails that contain protected health information (PHI).

This form is not intended for general complaints and grievances. If you have a complaint or grievance, please submit information to customer.service@rmhp.org.

Behavioral Health Skills Training

Rocky Mountain Health Plans invites you to join us for our 6th annual Behavioral Health Skills Training on April 8, 2022. This full-day virtual event is free of cost to attendees and features Colorado-based and national experts in integrated care. This event is designed for primary and specialty care teams, community mental health and independent behavioral health providers, and community organizations who assist with access to behavioral healthcare. We are proud to be partnering with the University of Denver School of Social Work, St. Mary's Family Medicine Residency, and Colorado Mesa University to support professional development for a new generation of healthcare workers in training and those who are currently practicing in the field.

[Landing Page and Registration](#)

HCPF Prescriber Tool March Updates

The HCPF ePrescriber Tool is a free tool that is to be embedded on the backend of your current EMR prescriber tool. This is the same tool you use for your commercial insurance, which now has Health First Colorado Medicaid information added to it. HCPF is asking providers to check for the functionality of the Real Time Benefit Inquiry (RTBI) module. The functionality of this tool is being rolled out in stages as the HCPF ePrescriber team is working with your EMR vendors. Currently, both the Athena and EPIC EMR systems should have access to this tool.

What are the benefits of this tool?

- **Real-Time E-Prescribing:** Prescribers can now send prescriptions electronically to pharmacies for Medicaid patients, increasing convenience and saving time for patients, prescribers and pharmacies.
- **Real-Time Benefits Inquiry:** Prescribers now have rapid insight into preferred medications from the preferred drug list, empowering them with drug affordability and cost options.
- **Real-Time Prior Authorization:** Prescribers can now get rapid prior authorizations, reducing workload and avoiding manual entry, forms, faxes and lists.

For more information, please refer to the [HCPF ePrescriber Tool](#) website. Additionally, please contact Barb Bishop at RMHP at Barbara.Bishop@rmhp.org for more information.

HCPF APM March Updates

Program Year 2021: Please be on the lookout for communication from your HealthData Colorado (HDCo) partner, QHN or CORHIO/Contexture, for the submission of your selected eCQM data for the 2021 program year. All other deliverables have been completed/submitted for 2021.

Program Year 2022: As we are ending Quarter 1 for PY2022, please reach out to your RMHP Clinical Program Manager for assistance with measure workflows or program questions. In addition, if you have not yet obtained access to the Colorado Data Analytics Portal, or CDAP, please reach out to your Clinical Program Manager. The DAP is a tool to review your practice's Health First Colorado claims and KPI data.

For more information on the [HCPF APM program](#) or obtaining access to the Colorado Data Analytics Portal, please feel free to contact Barbara.Bishop@rmhp.org.

PRIME Year 8

New criteria, new year! PRIME Y8 Shared Savings criteria has been released for 2022. For practices participating in the PRIMEY8 Medicaid Shared Savings Program, there are two measures of focus:

- [CMS-137a](#) – Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - The Percentage of patients 13 years of age and older with a new episode of alcohol or other drug abuse (AOD) or dependence who initiated treatment including either an intervention or medication for the treatment of Alcohol or other drug abuse or dependence within 14 days of the diagnosis.
- Reducing the Emergency Department Utilization Rate - The number of ED visits per thousand Members per year.

Shared Savings Updates for PRIME Year 8

In order for Shared Savings dollars to be available, the RMHP PRIME region must achieve the targets. If the region achieves the target, then practices will be eligible to receive shared savings if the criteria below is fulfilled at each PRIME practice site.

- Reports CMS-137 part A quarterly to RMHP AND to HCPF
- Meets the CMS-137 part A target of 15.91%
- Submits clinical and data workflows for CMS-137
- Attests to the following criteria regarding ED utilization strategies by July 15, 2022:

- **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?
 - To note, if you are a RAE Tier 1 through 3 practice, the ED utilization deliverable will be covered in the new RAE attestation process and will satisfy the PRIME Shared savings requirement.
 - If you are a RAE Tier 4 practice site, the following attestation questions will be emailed with your Q2 eCQM reporting instructions.

Upcoming eCQM Reporting Deadlines:

- Q1 – April 15, 2022
- Q2 – July 15, 2022
- Q3 – October 21, 2022
- Q4 – January 31, 2023

Your practice's Clinical Program Manager will send a detailed email with PRIME reporting instructions the first week following the end of the quarter.

For more detailed program information, please refer to the PRIME Year 8 one-pager located [here](#) or please reach out to your RMHP Clinical Program Manager.

RMHP Utilization Management Affirmative Statement

When RMHP and the Utilization Management Department make benefit and medical necessity decisions that affect our Members:

1. We only make our decision on appropriateness of care and services and existence of coverage.
2. We do not reward our decision-makers for issuing denials of coverage.
3. Financial incentives for utilization management (UM) decision-makers do not encourage decisions that result in underutilization.

RAE 1 Behavioral Health Office Hours

Rocky Mountain Health Plans (RMHP) is pleased to invite you to our Regional Accountable Entity (RAE) 1 Behavioral Health Office Hours. RMHP will be sharing important billing updates, policy and procedure updates, and open the floor to address your questions and concerns in a collaborative manner.

Upcoming Office Hours:

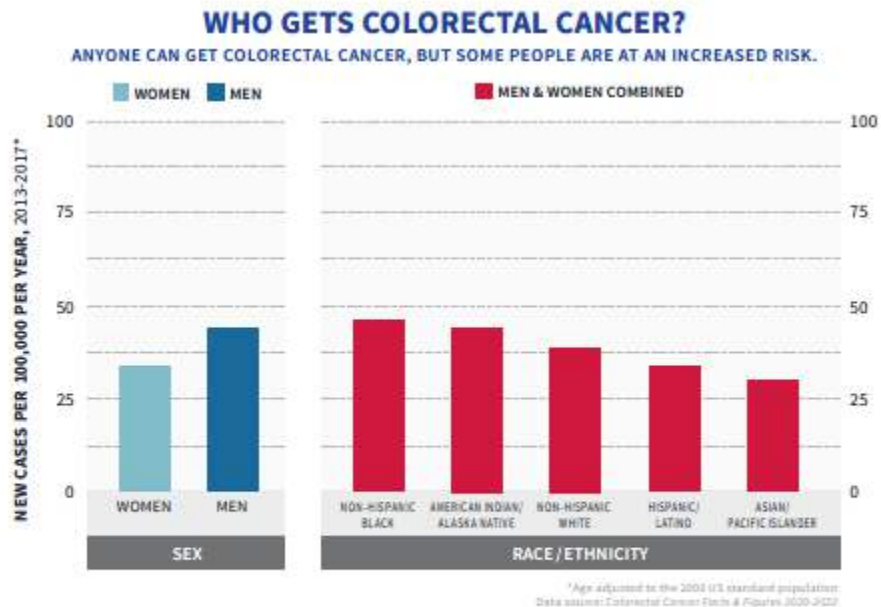
- Wednesday, March 30th 12:00PM - 1:00PM: [Register Here](#)

- Wednesday, June 29th 12:00PM - 1:00PM: [Register Here](#)
- Wednesday, September 28th 12:00PM - 1:00PM: [Register Here](#)
- Wednesday, December 7th 12:00PM - 1:00PM: [Register Here](#)

Colorectal Cancer Screening

Only two-thirds of adults in the United States are up to date on their colorectal screening. As you know, a routine colorectal cancer screening makes a significant difference in early detection to improve cancer outcomes. Does your practice have a colorectal cancer screening program that has a health equity framework? If not, you may want to consider this lens to help prevent variations in colorectal screening rates across racial/ethnic groups. The graphs below demonstrate which individuals are at an increased risk of being diagnosed with colon cancer based on their race/ethnicity. Keep in mind that a health equity framework takes into account social determinants of health, screening processes, and community engagement.

Reach out to your Clinical Program Manager if you'd like additional resources.



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Resources for patients:

Colorectal Cancer Fact Sheet for Patients

<https://www.cancer.org/content/dam/cancer-org/cancer-control/en/booklets-flyers/colorectal-cancer-fact-sheet-patient-version.pdf>

Colorectal Cancer: Catch it early and reduce your risk

<https://www.cancer.org/content/dam/cancer-org/online-documents/en/pdf/infographics/colorectal-cancer-catching-it-early-infographic-print.pdf>

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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