

At Rocky Mountain Health Plans (RMHP), we are dedicated to working with you to help your patients and our Members receive the best care possible. Thank you for your commitment to providing quality care. We value your partnership and hope you find this monthly resource valuable.

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New Year, New You: A Work in Progress

As 2022 kicks off, many of us are likely making New Year's resolutions. This exercise of setting a goal can be helpful to have something to work towards, but what if we gave ourselves the grace to not totally reinvent ourselves? Instead, we can look at a new year as a chance to gently refine some of our routines and behaviors that prevent us from feeling as whole, healthy, and strong as we can be. Even small, simple things make a difference in giving us the power to manage stress and improve our health. As you set your health goals for 2022, consider these tips from [Mental Health First Aid](#).



Program Perspective by Alex Hulst, PhD, LMFT

Living Life in Limbo: Using Creativity to Cope with Ongoing Uncertainty

*"It is better to light a candle than curse the darkness."
- Eleanor Roosevelt*

There's no denying it, 2020 and 2021 have looked a lot differently than anyone had planned. We've all watched dates come and go when we thought the world might feel "normal" again, or if not normal, at least less fraught with impossible decisions. As the COVID-19 pandemic, social injustices, and political divisions linger like the houseguests that just won't leave, we've all had to take a weary sigh (or ten) and keep trudging forward. As we enter into 2022, we still don't know what the future might bring. With all that uncertainty clouding our ability to make plans, that leaves many of us in limbo, wondering how to build momentum forward.

As a behavioral health clinician who works within Rocky Mountain Health Plans' (RMHP) Clinical Quality Improvement (CQI) Department, I have the honor of working alongside providers and staff members across our RAE region to enhance integrated, whole-person care. Helping patients and their families find healing has always been hard, but this year has illuminated immense challenges steeped in grief over losing vulnerable patients, acute awareness of resource limitations and health disparities, isolation to support social distancing, and emotional exhaustion with the complex interplay between science and politics. It's easy to recognize the darkness that many teams have struggled to find their way through these last two years.

This article isn't about darkness, though.

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Eleanor Roosevelt wrote, “It is better to light a candle than curse the darkness,” and at RMHP, we are proud and grateful to witness the candles that so many of you have lit throughout the last two years.

Western Colorado’s healthcare teams are full of resilient, determined, brilliant humans who care deeply about their communities and find a way to keep marching forward, one day at a time.

As a therapist, I often use a metaphor of helping clients build a gate through a brick wall. As tempting as it may be to think we can Hulk smash our way through whatever the brick wall problem may be—whether anxiety, relationship challenges, chronic pain—it’s more realistic to build a gate to get through. The brick wall is still there, but it doesn’t impede us from getting where we need to go.

So many providers in our network have been incredible gate-builders, showing tenacity, compassion, and courage by addressing challenges like workforce shortages, provider and staff burnout, and strained relationships with patients.

I’d like to highlight a few examples from practices of how creativity has shined through the darkness:

The behavioral health team at St. Mary’s Family Medicine Residency engages in weekly group supervision meetings. Once a month, they intentionally embed wellness activities into the discussion to promote clinician wellbeing and team cohesion. They’ve used narrative medicine to explore themes of health and wellness in their families of origin, mindful eating, and poetry reading to recharge and connect with purpose. They’ve also invited medical providers to be wellness champions, leading exercises from yoga and tai chi before or after clinic visits and meetings.

Like many clinics, Western Valley Family Practice has faced staffing shortages with medical assistants (MAs). To improve efficiency, they are experimenting with assigning MAs to tasks (e.g. rooming patients, administrative duties, etc.) instead of specific providers.

Northwest Colorado Health has faced difficulties in recruiting licensed behavioral health providers (BHPs), so they are developing a new position called the Behavioral Health Integration Specialist. This person will be unlicensed and will work to support the team of licensed integrated BHPs. The integration specialist will be trained to deliver key functions of integrated care such as introducing patients to behavioral health services, reviewing symptoms, using motivational interviewing, performing initial risk assessments, and coordinating care with integrated and community based therapists.

Colorado Mountain Medical has developed an education track to help incoming entry-level medical support staff to become prepared and trained for an increase in responsibility. They work from a tech into a medical assistant role. This increases the population the practice can draw from for that entry-level position and then help them become trained-up into a higher level, greatly needed role.

Feeling inspired by these? I sure am. We all have the power to light candles, build gates, and do what we need to do to keep moving forward. And if your practice would like some extra brainpower and support in putting your creativity into action, please reach out to our Clinical Quality Improvement (CQI) Department at Practice.Transformation3@rmhp.org.

It’s our honor to work alongside you.



Alex Hulst, PhD, LMFT
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Provider Perspective: Submissions Welcome

Since we have launched *Provider Insider plus*, provider perspective articles continue to be the highest viewed section of our newsletter. It's clear that provider-to-provider communication and provider expertise are valued among our readers.

We are offering providers the opportunity to share their perspective and expertise on issues they are passionately working on through Provider Perspective article submissions.

Please submit 500-1,000-word columns to askRMHP@Purposefulco.com and include current headshot and good email address of its author for follow-up and peer-to-peer relationship building.

We value our provider-partners' expertise. By sharing yours, you will continue to make *Provider Insider plus* a beneficial, networking resource for providers across Colorado.

First in the Nation! Cohesive Prescriber Tool for Colorado Medicaid

Colorado is the first in the nation to provide a cohesive Prescriber Tool that supports patients and health care providers in both Health First Colorado (Colorado's Medicaid program) and commercial health plans. This shared tool makes it easier for all stakeholders to work together to make prescription therapy more affordable and thereby improve patient health to the benefit of Coloradans, employers, payers like Medicaid, and the State of Colorado.

The Prescriber Tool is a multifunctional platform accessible to prescribers through most electronic health record (EHR) systems. It provides patient-specific benefit and cost information to prescribers at the point of care, and eases the administrative burden and rework for prescribers while improving service to patients as well.

In June of 2021, a real-time prescription benefit check for providers was implemented to make prescription writing easier, help Medicaid members get the medications they need to stay healthy, and save Colorado and Coloradans money on prescription drugs.

The module is in approximately 100 EHRs and will provide the following:

- 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.

By making sure the medication is preferred before prescribing it, prescribers will make it easier for patients to get their needed medications; for patients, this is more convenient and avoids unnecessary delays and confusion.

The real-time prescription benefit check has been adopted by the major commercial health plans already, and is now available for Medicaid members, too.

Please contact your EHR vendor to access the "Real-Time Prescription Benefit" or "Real-Time Benefit Check" and get training and education materials. Let your RAE know how they can help!

COVID-19 Vaccination Rate Increase

CHP+ will be aligning with the COVID-19 vaccination rate increase and additional payment information released in a recent provider bulletin by Gainwell highlighted below:

BULLETIN: Rate Increase For COVID-19 Vaccinations

Effective September 1, 2021, reimbursement for the administration of the first dose of the Johnson & Johnson's Janssen COVID-19 vaccine as well as the first and second doses of the Moderna and Pfizer COVID-19 vaccines increased to \$61.77. The rate for subsequent doses will remain \$41.18. The increased rate will apply to the following codes: 0001A, 0002A, 0011A, 0012A, 0031A, 0071A and 0072A. Providers must resubmit qualifying claims, with a date of service of September 1, 2021 or later, in order to receive reimbursement at the higher rate.

Additional Payment for Administration of COVID-19 Vaccination in a Member's Home

Effective September 1, 2021, providers may submit claims for reimbursement for home administration of COVID-19 vaccines. The additional reimbursement is available when COVID-19 vaccine administration is the only service provided in the member's home. Providers should use code MO201. Claims for MO201 are limited to once per home, per date of service. MO201 should be billed along with a COVID-19 vaccine code (ex: 91300) and a COVID-19 vaccine administration code (ex: 0001A).

Depression Screening Guidance Series: Coding & Billing Best Practices

Screenings for mental health conditions including depression are just as important as screening patients for high blood pressure or diabetes. Incorporating an annual depression screening for your patients can help facilitate a conversation with them about behavioral health wellness and create a foundation for treatment when appropriate.

Practices may track their Electronic Clinical Quality Measures (eQMs) performance to assess current workflows for screening patients and adequately follow-up with patients who screen positive for depression. Rocky Mountain Health Plans (RMHP), the Department of Health Care Policy and Financing (HCPF), and Centers for Medicare and Medicaid Services (CMS) are also interested in understanding the prevalence of depression in their members, while payers rely on claims data as the method of communicating results from this important screening.

This document is the first in a series to provide coding and billing best practices that will improve alignment between practice and payer performance for depression screening and follow-up for shared patients and Members.

Depression Screening

The [US Preventive Services Task Force \(UPSTF\)](#) recommends screening for depression in the general population including pregnant and postpartum women. Depression is among the leading causes of disability in people 15 years of age and older and is common in patients seeking care in the primary care setting. There is convincing evidence that screening for depression improves the accurate identification of patients with depression in the primary care setting ([UPSTF, 2016](#)).

Measures to Support Depression Screening and Follow-Up

CMS2v10: Depression Screening and Follow-Up Plan	CMS2v10 measure tracks the percentage of patients aged 12 years and older screened for depression using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter.
Behavioral Health Incentive Program (BHIP)	Percentage of members engaged in mental health service on or within 30 days of screening positive for depression within a Primary Care Setting (Primary Care Visit as defined by the RAE ACC Well Visit KPI Specification and Value Set).
HCPF Performance Improvement Program (PIP)	The Department of Healthcare Policy and Finance (HCPF) implements performance improvement projects (PIPs) that are completed by each RAE in the state. In PY 2021-2022, HCPF selected the PIP topic Depression Screening and Follow-up. Rocky Mountain Health Plans is working with 3 selected PCMP's in RAE Region 1 to improve the percentage of patients screened for depression as reported using depression screening GCodes (G8510, G8431) and increasing the percentage connected to behavioral health within 30 days of a positive depression screen. This work has uncovered the importance of Rocky Mountain Health Plans to provide additional coding and billing guidance to PCMPs as it relates to depression screening and follow-up.
Additional Resources	CMS2v10: Depression Screening and Follow-Up Plan measure specifications CMS2 Clinical Quality Measures Toolkit RMHP FY 2020-2021 PIP Validation Report Behavioral Health Incentive Program Specifications

Coding and Billing for Depression Screening

CPT Codes for Structured Screenings and Brief Assessments

The Current Procedural Terminology (CPT) codes offer doctors and healthcare professionals a uniform language for coding medical services and procedures to streamline reporting, increase accuracy and efficiency. CPT codes are also used for administrative management purposes such as claims processing and developing guidelines for medical care review (American Medical Association). There are 4 codes that are used to report structured screening and assessments. The purpose of the screening or assessment should guide code selection.

96110	Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument.
96127	Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder scale), with scoring and documentation, per standardized instrument.
96160	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument.
96161	Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument.
Additional Resources	AAFP: Getting Paid for Screening and Assessment Services AAP: Coding for Pediatric Preventive Care 2021 AACAP: Depression and Depression Screening CCHAP Behavioral Health Screening Guidelines

HCPCS Codes to Report Negative and Positive Results from a Completed Depression Screen

The Healthcare Common Procedure Coding System (HCPCS) is a collection of standardized codes that represent medical procedures, supplies, products, and services. Level II HCPCS codes identify products, supplies, and services not included in CPT. Level II codes consist of a letter followed by four numeric digits (National Library of Medicine). Health First Colorado has adopted 2 of the following codes (G8510, G8431) for Medicaid, making them reimbursable.

GO444	Annual depression screening, 15 minutes
G8510	Negative screen for clinical depression, follow up not required
G8431	Positive screen for clinical depression with a documented follow-up plan
Additional Resources	https://www.hcpcsdata.com/Codes/G/G8431 https://www.hcpcsdata.com/Codes/G/G8510 https://www.hcpcsdata.com/Codes/G/GO444

Recommendations from RMHP for Billing and Coding Depression Screening and Follow-up Plan

Plan	Health First Colorado (HFC) (Medicaid FFS)	RMHP Prime (Managed Care - Medicaid)	RMHP CHP Plus (Managed Care)	RMHP Individual and Family Plans	RMHP Care Advantage Plans (Medicare Advantage)	RMHP DualCare Plus Plans (DSNP)
Who pays this claim? Physical Health Services (screening)	Bills sent to and paid by Health First Colorado (Medicaid) following HFC claims and authorization methodology.	Bills sent to and paid by RMHP following Provider-RMHP agreement.	Bills sent to and paid by RMHP following Provider-RMHP agreement.	Bills sent to and paid by RMHP following Provider-RMHP agreement.	Bills sent to and paid by RMHP following Provider-RMHP agreement.	Bills sent to and paid by RMHP following Provider-RMHP agreement.
Coding and reimbursement guidance depression screening	G8510 = \$11.16 (No PA, no Age Limit) G8431 = \$30.97 (No PA, no Age Limit)	G8510 = \$11.16 (No PA, no Age Limit) G8431 = \$30.97 (No PA, no Age Limit)	Appropriate CPT Screening Code (rate = 100% of allowable; variable based on contract) 96160 96161 96127 AND G8510 = \$0 G8431 = \$0	Appropriate CPT Screening Code (rate = 100% of allowable; variable based on contract) 96160 96161 96127 AND G8510 = \$0 G8431 = \$0	Appropriate CPT Screening Code (rate = 100% of allowable; variable based on contract) 96160 96161 96127 AND G8510 = \$0 G8431 = \$0 In addition *G0444	Appropriate CPT Screening Code (rate = 100% of allowable; variable based on contract) 96160 96161 96127 AND G8510 = \$0 G8431 = \$0 In addition *G0444

* G0444 is allowed annually per Medicare. It is bundled with the IPPE (G0402) and AWV (G0438), with no separate reimbursement. These are more extensive visits where the screening is included in the cost of G0402 & G0438. However, G0444 can be billed with the AWV (G0439) subsequent visit. If an assessment is performed during an AWV, then G0444 should be reported. If an assessment is performed as part of a separate medical visit, then 96127 should be reported.

Update: Clinical Practice Guidelines

Rocky Mountain Health Plans (RMHP), a UnitedHealthcare company, writes, adopts, and reviews evidence-based clinical practice guidelines to help practitioners and Members make decisions about appropriate healthcare for specific clinical circumstances. Below is a list of the guidelines approved for 2022 and the source that provided the information.

Clinical Practice Guidelines

GUIDELINE	SOURCE
Adult Preventive Care	U.S. Preventive Services Task Force, Centers for Disease Control
After a Heart Attack	American Heart Association, American College of Cardiology
Asthma	National Heart Lung Blood Institute
Atrial Fibrillation	American Heart Association
Attention Deficit Hyperactivity Disorder	American Academy of Child and Adolescent Psychiatry
Behavioral Health	American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, American Psychiatric Association, American Society of Addiction Medicine, Substance Abuse and Mental Health Services Association, U.S. Department of Veterans Affairs
Cardiovascular Disease	American Heart Association, American College of Cardiology
Cholesterol Management	American Heart Association
Chronic Obstructive Lung Disease	Global Initiative for Chronic Obstructive Lung Disease
Dementia	American Academy of Family Physicians
Diabetes	American Diabetes Association
Dietary Guidelines	U.S. Departments of Agriculture and Health and Human Services
Heart Failure	American College of Cardiology, American Heart Association, Heart Failure Society of America
Human Immunodeficiency Virus (HIV)	U.S. Department of Health and Human Services, HIV Medical Association of the Infectious Diseases Society of America
Hypertension	American Heart Association, American College of Cardiology
Kidney Disease	National Kidney Foundation
Major Depression	American Psychiatric Association
Obesity	U.S. Department of Veterans Affairs/Department of Defense, American Academy of Pediatrics
Pediatric Preventive Care	American Academy of Pediatrics, Centers for Disease Control, U.S. Preventive Services Task Force
Perinatal Care	Rocky Mountain Health Plans
Special Healthcare Needs Adult	Rocky Mountain Health Plans
Special Healthcare Needs Children	American Academy of Pediatrics
Stable Ischemic Heart Disease	American College of Cardiology, American Heart Association
Tobacco Use	American College of Cardiology
Violence and Abuse	American Medical Association

The RMHP Clinical Practice Guidelines can be found on our website here or by contacting our Quality Improvement Department to request a copy at (970) 263-5552 or (855) 830-1565.

Alternative Payment Model (APM) for Primary Care in PY2021 and PY2022

The Alternative Payment Model for Primary Care (APM) is part of the Department of Health Care Policy & Financing's (HCPF) efforts to shift from paying for volume to paying for value across the entire delivery system. The APM is designed to support primary care providers through this shift. HCPF, in close collaboration with its stakeholders, has developed three goals for the APM:

- Provide long-term, sustainable investments into primary care;
- Reward performance and introduce accountability for outcomes and access to care while granting flexibility of choice to providers, and;
- Align with other payment reforms across the delivery system.

APM Program Updates:

Program Year 2021 (PY2021)

If you are enrolled in the HCPF APM for PY2021 and have Structural Measures you selected for your attestation, you would have received a request to submit your Structural Measures from your Rocky Clinical Program Manager by December 31, 2021.

Your APM PY2021 eCQM measures will be collected by your Health Data Colorado (HDCo). Please contact your HDCo (either Quality Health Network or CORHIO) for further information.

Please refer to the HCPF APM website for further information:

[Primary Care Payment Reform | Colorado Department of Health Care Policy & Financing](#)

Program Year 2022 (PY2022)

Measure selection for the APM PY2022 will be underway soon. If your practice has more than 500 ACC Enrollees, you should have been notified by HCPF and your Clinical Program Manager at Rocky Mountain Health Plans of your engagement in the APM PY2022.

Please set up a meeting with your Clinical Program Manager if you need any assistance with selecting your measures. The deadline for measure selection for PY2022 is January 31, 2022. You will submit your measures through [this link](#).

HCPF APM PY2022 Guidebook

[Alternative Payment Methodology Guidebook 2022.1.pdf \(colorado.gov\)](#)

SBIRT Implementation: Tips for Successful Referrals to Treatment

Rocky Mountain Health Plans' Clinical Quality Improvement (CQI) Department has partnered with Peer Assistance Services (PAS) to create a new guide to support screening, brief intervention, and referral to treatment (SBIRT) for unhealthy substance use. This guide, included below, is designed to tease out specific ideas for action in the latter part of the SBIRT process, focusing on referrals to treatment. The "tips for action" checklist highlights suggestions for overcoming specific barriers healthcare teams commonly face and ways to support diversity, inclusion, and health equity in the process. If you are interested in additional support in translating these ideas into action in your practice, please contact RMHP's CQI team at Practice.Transformation3@rmhp.org.

Vaccine List Provided to Assist with COVID-19 Vaccination Efforts

Thank you for your continued commitment in caring for your patients! We recognize that COVID-19 has impacted the way care is delivered and received. We want to encourage all of our Members, and especially those with gaps in care, to continue to receive the health care services needed to stay healthy.

In early December, your practice should have received a list of your attributed patients—our Members—who have not received a COVID-19 vaccination. We are sending you this list to assist with your COVID-19 vaccination efforts. Please let us know if you did not receive this report, OR, if you have general questions about its use by reaching out at practice.transformation3@rmhp.org.

Additionally, Rocky Mountain Health Plans (RMHP) is working on a new incentive opportunity for practices that are currently administering or are looking to start administering the COVID-19 vaccination. Watch for more information coming!

Mobile Clinic Links

All Clinics: [Mobile COVID-19 Vaccine Clinics in Colorado \(mobilevax.us\)](#)

Western Slope: [Western Slope - Mobile COVID-19 Vaccination Clinics in Colorado \(mobilevax.us\)](#)

Clinical Quality Improvement Newsroom: What you Need to Know, When you Need to Know It.

Formerly known as Value-based Contracting Office Hours, this live monthly update will occur on the fourth Thursday of every month from 12:15 pm-1:00 pm and can assist you in capitalizing and managing clinical operations within your practice. Topics will be anchored to evidenced-based skills and can be leveraged to reinvent workflows and optimize value-based contracts. [Register here](#) for the 2022 series.

Preventative Pediatric Care Webinar: Optimizing Well Child Visits in Family Practice

Growth and development happens rapidly for children and adolescents. Optimizing a practice's well child visit process is an opportunity to evaluate these changes regularly. Join us for this free webinar as pediatrician Dr. Katie Price highlights current recommended timing, best practices, and practical strategies for optimizing Well Child Visits from birth through 18 years.

Objectives:

- Understand the history of and current recommendations in the Bright Futures Periodicity Schedule.
- Enhancing the content of the Well Child Visit – the basics and beyond.
- Tips for improving office workflow related to Well Child Visit scheduling.

Register now for one of two trainings that will be held in February. Both offerings will present the same material.

[Tuesday, February 1st 7:30 am-8:30 am](#)

OR

[Thursday, February 3rd 12:15 pm-1:15 pm](#)

Calling All Providers: Your Opinion and Experience Count!

Each year, Rocky Mountain Health Plans (RMHP), a UnitedHealthcare company offers its providers the opportunity to contribute to our Clinical Criteria and Experimental/ Investigational Procedures' List. Our team of medical directors carefully considers our providers' professional opinions and experiences when determining the coverage guidelines and status of these procedures.

Your input is essential to a robust decision-making process.

The RMHP Clinical Criteria is located on our website [here](#) by selecting "Access the MCG Health tool" and following the instructions therein. The Experimental/Investigational List is located on our website under "[Provider Resources](#)" by selecting "Surgeries, Procedures, Tests" for download. The Experimental List section is the final section found at the end of the Preauthorization List.

To provide feedback, please email the code, procedure name, any suggested revisions, supporting documentation, and suggested alternatives– especially those more conservative or cost-effective that may provide the same or higher quality outcome for the patient–to jessica.segrest@rmhp.org. Also, please include the best way to reach you for a follow-up discussion, along with your specialty and any board certification(s). If you have any questions, please call Jessica Segrest in Care Management at (970) 248-8749.

We appreciate your feedback and input!

New Provider Directory Requirements via accessRMHP Provider Portal

Effective January 1, 2022, providers are required to “attest to the accuracy” or make appropriate changes to information in the Provider Directory on a quarterly basis. Providers will soon be able to meet these requirements using accessRMHP– Rocky Mountain Health Plans’ (RMHP) Provider Portal.

To attest or make changes to Provider Directory information using accessRMHP, your organization must first be registered for access. To determine if your organization has registered, please contact your office administrator– who is also referred to in our system as a Main Office Contact– to ensure your office has an existing account for accessRMHP.

The Main Office Contact role in accessRMHP is the individual who is responsible for initiating the registration process for other accessRMHP Users.

If your organization has not yet requested to register for accessRMHP, please have the individual who would best fit the Main Office Contact role in your organization to complete the registration request form online [here](#).

Criteria Disclaimer

Rocky Mountain Health Plans (RMHP), a UnitedHealthcare company, uses written criteria based on sound clinical evidence to make utilization decisions. An RMHP Medical Director or Registered Pharmacist reviews all requests that do not meet these criteria. The Medical Director consults with specialist physicians experienced in the type of care you requested, as needed.

The criteria used to make a decision are available upon request at no cost to the Member, practitioner, or provider. To receive a copy of specific criteria, call (800) 346-4643 x2092 or send your request in writing to the following address:

Rocky Mountain Health Plans
Attn: Care Management
2775 Crossroads Blvd.
Grand Junction, CO 81506

In addition, criteria for reviews performed by eviCore healthcare can be accessed through the Provider Resources page at rmhp.org in the *I am a Provider* section. Criteria can also be accessed [here](#). RMHP reviewers (decision-makers) are available to discuss any Utilization Management decisions. You may call us at (800) 854-4558 or (970) 248-5036 or write to:

Rocky Mountain Health Plans Preauthorization Department
PO Box 10600
Grand Junction, CO 81502