



Annual Practice Support, Transformation and Communication Report
Instructions and Narrative Report

RAE Name	Rocky Mountain Health Plans
RAE Region #	1
Reporting Period	[SFY22-23 07/01/2022 – 05/31/2023]
Date Submitted	6/19/2023
Contact	Jeremiah Fluke, Alyssa Rose

Purpose: Regional Accountable Entities (RAEs) are responsible for improving health outcomes and increasing value in their respective regions through supporting their Provider Networks. As part of that responsibility, RAEs are required to maintain necessary communications with network providers and provide them practice support and transformation.

Instructions: In the narrative section below please concretely describe your achievements/successes, challenges, and any plans for change in strategy relative to:

- the types of information and administrative, data & technology **support** and trainings provided to network providers, including promoting the use of telehealth solutions and the Dept.-adopted eConsult platform (once adopted);
- the practice **transformation**, to advance the Whole-Person Framework and to implement the Population Management Strategy, provided to network providers; and
- your **communication**, both proactive and responsive, with network providers and other health neighborhood partners as dictated by section 3.9.2 of the contract and other oversight entities, as well as promoting communication among network providers.

RAEs may attach samples of communications and/or hyperlinks to online communications.



Practice Support:

Achievements/Successes:

The Clinical Quality Improvement Program Team (formerly known as the Practice Transformation Team) at Rocky Mountain Health Plans (RMHP) has partnered with practices in Western Colorado and Larimer County for over a decade, to develop a community of advanced practices by fostering quality improvement at the practice level between physicians and patients with a focus on team-based, patient-centered primary care. A state-of-the-art practice transformation approach is integrated into the medical neighborhood through the implementation of care management and care coordination processes, and engagement of both primary and specialty care practices.

Practices are engaged in a stair-step trajectory of advancing curriculums based on Bodenheimer's [10 Building Blocks of High-Performing Primary Care](#). Bodenheimer's building blocks of engaged leadership, data-driven improvement, empanelment, team-based care, patient-team partnership, population management, continuity of care, prompt access to care, comprehensiveness and care coordination, and integration are incorporated in program curriculum. Practices build skillsets based on these building blocks.

Data evaluation and analysis is used throughout all programs. This allows practices to monitor their program performance and make program changes based on measured outcomes. Value measurements include practice reported and actionable quality metrics, patient experience, and total cost of care. There is a strong focus on the advanced use of healthcare information technology.

One element of our clinical quality improvement program includes comprehensive care that extends beyond traditional medical services and accounts for various needs along the biopsychosocial spectrum. The team offers a variety of ways to support practices in developing models of integrated behavioral health that are clinically, operationally, and financially sustainable. For example, the team includes a Clinical Program Manager specializing in integrated behavioral health, who works one-on-one with practices to create visionary, tailored plans for integrated behavioral health and can serve as a resource over time for evidence-based tools, staff trainings, and more.

Participation in clinical quality improvement programs allows practices the opportunity to test, prepare for, and implement payment reform opportunities. Specific attention and action in the program offerings focus on the three components of the [Institute for Healthcare Improvements Triple Aim](#), as well as [Bodenheimer's and Sinsky's](#) Fourth Aim, provider satisfaction:

- Improve the health of the population
- Enhance the patient experience of care (including quality, access, and reliability)
- Control the per capita cost of care
- Improve provider/clinician job satisfaction

As the models for healthcare improvement continue to evolve, there is a growing consensus that an additional aim is needed to address inequities in the healthcare system. You may begin



to hear of a fifth aim, or "[The Quintuple Aim](#)". The Quintuple Aim builds upon the Quadruple Aim framework and includes an additional dimension to address health equity and inclusion. With this framework as a foundation, progress in the RMHP Clinical Quality Improvement Programs will help shape workflows to improve population health, elevate the experience of the patient and medical staff, decrease healthcare costs, and address disparities in care.

Challenges:

The biggest challenge the Clinical Quality Improvement Team has encountered in the past year has been staff retention at the practice level. Since the Public Health Emergency (PHE) began, there has been a higher rate of turnover within Region 1 practices. When meeting with practices there are often new members of the quality team, as well as new individuals in leadership roles. These new staff members often do not have an understanding of the RAE, value-based payments, or other RMHP and/or state programs. RMHP continues to train new staff members on what the RAE is, how Health Care Policy and Financing (HCPF) and RMHP work together, what are key performance indicators, why they should work on measurement, etc. Spending time training new staff on the basics of the RAE leaves limited time to engage in conversations around data, discuss quality improvement, population health and activities that drive measure improvement.

Plans for Change in Strategy:

The RMHP Clinical Quality Improvement Team has worked to update the [2023 Program Description](#) document that provides a high-level overview of all the programs offered by RMHP and the overarching support model for each program. This document contains embedded links that allow practices to learn more about each program offering. Examples include RAE 101 presentation and Key Performance Indicators (KPIs). This document is shared with practices as needed as well as in the monthly *Provider Insider Plus* Newsletter.

A new strategy is being piloted this year which includes quarterly virtual Q&A sessions where new staff members can attend to ask their Clinical Program Manager (CPM) questions on programming and or general RAE requirements. Prior to this quarterly session, practice staff members are sent the Program Description for review and are encouraged to bring their questions to the quarterly meeting. This pilot will run through quarters 1 and 2 with an assigned Clinical Program Manager (CPM). Additionally, RMHP is exploring the ability to put together a virtual self-guided course on popular topics such as RAE 101.

Practice Transformation:

Achievements/Successes:

The RMHP Clinical Quality Improvement Team offers multiple programs, tools, and resources to help practices take the steps to attain high-quality advanced care and value-based payment arrangements. We recognize the different needs practices have as they move toward this destination, and we offer support along the way. Practice participation in the programs listed below may help practices qualify for a higher tier in the RAE Region 1. These programs also align with the Colorado Healthcare Policy and Financing Alternative Payment Model (APM).



COLORADO

Department of Health Care
Policy & Financing

- Foundations: The Foundations Program is an introductory level course in which practices will learn to implement basic QI tools at the practice level. These tools — including Plan, Do, Study, Act (PDSA) cycles, process mapping, and basic data analysis use — are designed to help improve skills, processes, and infrastructure to support ongoing improvement and the delivery of effective and efficient primary care.
- Masters Level 1: The Masters 1 Program will help practices develop sustainable, meaningful processes to manage the health of high-risk patients and coordinate care across the medical neighborhood while providing collaborative, comprehensive, team-based care.
- Masters Level 2: The Masters 2 Program expands upon the concepts in Masters Level 1 while incorporating the patient voice. Practices will implement patient surveys and/or the use of patient/family advisory councils to evaluate patient experience of care to identify opportunities for improvement.
- Patient-Centered Medical Home (PCMH) Recognition: Participating practices will review and improve processes to build and maintain an infrastructure that supports ongoing improvement for the delivery of effective and efficient primary care, as recognized and in accordance with NCQA's standards for PCMH 2017 recognition.
- Consultative Services: Consultative Services are tailored to meet distinctive, self-identified educational needs and learning goals as identified by the practice. This means practices choose the areas upon which they wish to focus and improve. Then, the RMHP Clinical Quality Improvement Team helps develop a customized, hands-on approach to meet those specific needs at no cost to the practice.
- eConsult Initiative: Colorado Specialty CareConnect (CSCC) is an eConsult program that provides a framework and reimbursement structure for primary care physicians (PCPs) to seek advice and direction from specialists. CSCC creates a new way for our providers to work together, strengthening the relationship between primary and specialty care. The platform is unique in that it can be accessed directly through our regional Health Information Exchange (HIE), Quality Health Network (QHN).
- Social Determinants of Health: The team works with practices to identify best practices for incorporating Social Determinants of Health (SDoH) screening tools into current workflows. We then help provide resources to the practices to aid in addressing these non-medical conditions. Additionally, the CQI Team is currently supporting over 20 hospitals in the Hospital Transformation Program (HTP) across RAE Region 1 on SDoH screening and data sharing processes.
- Diabetes Management Program: The Diabetes Disease Management Program is a yearlong intervention that includes monthly targeted facilitation with a Clinical Program Manager (CPM) to discuss and improve upon timely identification and execution of needed changes necessary to improve the management and outcomes for patients in the practice with an active diagnosis of Diabetes. This program measures A1c, Retinopathy, kidney disease and ED/Hospital utilization rates.
- ED Utilization Project: The ED utilization project is a yearlong intervention that includes monthly targeted facilitation with a CPM to discuss and improve upon timely identification and execution of needed changes necessary to accomplish reduction of unnecessary emergency department utilization.



RMHP value-based contracting programs reward high-quality, high-value care and reimburse providers through a payment structure designed to achieve better care, more efficient spending, and healthier communities. The Clinical Quality Improvement Team is uniquely positioned to support the success of these contracts due to strong relationships with the practices and providers, the ability to evaluate and coach practices on advanced care delivery methodologies simultaneously, and a reputation across the provider community that RMHP's goal is to partner with practices to ensure success.

Currently, the Clinical Quality Improvement Team supports practices in the following value-based payment (VBP) arrangements:

- RMHP PRIME Shared Savings program
- RAE Region 1 PCMP Tiering program
- RMHP Advanced Alternative Payment Model

Support includes face to face and virtual coaching which includes ongoing assessments of VBP eligibility and program requirements, participation in the Value-Based Contracting Review Committee where performance and outcomes of assessments are evaluated, electronic clinical quality measure performance improvement activities, creating newsletters, program guides and training materials as well as hosting educational learning collaboratives and trainings that aim to enhance success in the above listed programs.

The final area in which the Clinical Quality Improvement Team partners with practices across RAE Region 1 is through programs managed by HCPF. The team assists practices with measure selection and prioritization, program management, documentation collection and ensuring communication on deadlines and requirements is consistent and timely. The CQI Team oversees the following programs managed by HCPF:

- Alternative Payment Model (APM) for Primary Care
- Alternative Payment Model 2 (APM 2)
- The Hospital Transformation Program (HTP)
- ePrescriber tool implementation

Process and Outcome Goals

The CQI department goal is to continue to meet practices where they are by offering a multitude of services and programs with ongoing support, whether in person or virtually, to assist with building and sustaining advanced primary care competencies that support all the above activities. Our strategic approach has evolved since the previous year's submission through the CQI team's support and monitoring of practice activities and goals supporting ePrescriber implementation, eConsults and eCQM performance in PRIME.

The ongoing implementation of the HCPF's ePrescriber tool continues to be a high priority project for the CQI team in terms of practice support. To maintain collaboration, as well as timely and efficient communication for FY22/23 and into FY23/24, the CQI team facilitates the ePrescriber implementation in the following ways:



- In FY22/23, the CQI team successfully outreached 100% of our PCMPs in RAE Region 1, to provide information detailing the Real Time Benefit Inquiry (RTBI) tool and the steps needed to take to attest to the functionality of the tool within their EMR.
 - To date, RAE Region 1 has achieved a 75% response rate and continues to actively support those PCMPs with follow up questions regarding the RTBI functionality of the tool.
- To engage our PCMPs in RAE Region 1 in the ongoing efforts to ensure maximum buy-in for utilization of the ePrescriber tool and RTBI functionality, in FY22/23 and continuing through FY23/24, our PCMPs can earn incentives in our Value Based Payment program attestation process if they can demonstrate engagement in the HCPF ePrescriber tool.
- The CQI team lead continues to have monthly Zoom/Google meetings with the HCPF ePrescriber team to ensure ongoing collaboration.
- In FY22/23, the CQI team provided HCPF RTBI updates to Hospitals and PCMPs via our *Provider Insider Plus* monthly newsletter and in the CQI Newsroom. As well, the CQI ePrescriber Team lead communicated updates needed to be sent out to our PCMP and Hospital partners as is directed by the HCPF ePrescriber team.
- For FY23/24, we will continue to provide updates as requested by the HCPF ePrescriber team to ensure that we are updating PCMPs and Hospitals in RAE Region 1 with the most up to date information regarding the upcoming HCPF Prescriber tool APM.

Exciting things are happening with Colorado Specialty CareConnect, an eConsult platform that allows Primary Care Providers to receive interprofessional consults with specialists without the back and forth of a traditional curbside consult. In collaboration with Quality Health Network (QHN) and Safety Net Connect, the site launched in April 2022 and our pilot PCP sites have been using eConsults to advance the curbside consult to improve care. The pilot program officially ended in September 2022, and we have been actively seeking participation from our network of providers to spread the value that this platform offers. RMHP trained and activated 8 PCMP sites to enable them to participate in eConsults in 2022 for a total of 13 PCMP sites active and able to order eConsults. Additional successes and goals are outlined in the below table:

Goal/Success category	2022 Results
Expand utilization for practices active in 2022	21 unique providers closed an eConsult 78 trained providers 2022
Engage new PCMP sites in PRIME counties	13 PCMP sites were trained in 2022
Increase total utilization	44 eConsults ordered and closed in 2022
Expand ConferMED's Colorado specialist network	13 specialties available for eConsult
Improve Specialty Access and appropriateness of referrals	66% of eConsults were closed as "patients needs addressed" avoiding an inappropriate or unnecessary referral to specialty care

Finally, RMHP gathered feedback from administrative leadership and Primary Care Providers who are actively using eConsults. PCPs shared positive feedback about use of Colorado Specialty CareConnect (CSCC), including:



- The responses have been very timely and have saved a lot of time and effort for the patients and providers alike.
- Results in faster and more efficient patient care.
- The detail and thoroughness have been amazing and so informative for us as providers. We can apply the knowledge learned to other patients as well.
- It is great to get prompt specialty advice in writing.
- Primarily, CSCC has given us access to specialists that the patient would otherwise travel hours to see.

Performance on electronic clinical quality measures (eQMs) continues to be a core component of all transformation programs and activities that the CQI team supports. This team monitors and supports practices with workflows to support clinical quality measure performance across multiple domains. Nationally published benchmarks are adopted as a point of reference for best practice implementation. The following eQMs are currently tracked against specific goals which have been previously established.

Measure	CY 2022 Final Rate	YTD Performance (Q1)	CY 2022 (SFY 21/22) Goal	CY 2023 (SFY 22/23) Goal
CMS 122 Diabetes: Hemoglobin A1c Poor Control (>9/0%)	20.38%	31.97%	N/A	21.50%
CMS 137a Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (within 14 days of diagnosis)	28.23%	70.28%	15.91%	28.20%
CMS 137b Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (within 34 days of diagnosis)	12.00%	16.93%	N/A	9.10% (not tied to payment)

Challenges: The RMHP Clinical Quality Improvement Teams greatest challenge this year has been staff retention at the practice level. Since the Public Health Emergency (PHE) there has been a higher rate of turnover in primary care practices. High staff turnover at practices has resulted in increased resources needed by the RMHP CQI team to train up and educate on RAE Region 1 reporting requirements and program support offerings.

For eConsults, administrative leadership shared that billing CPT 99452 was challenging due to the complex billing documentation requirements put forth by the AMA. We worked collaboratively with our pilot practices to enhance the CSCC platform to include the billing documentation requirements as part of the eConsult. This enhancement went live in February 2023, and, according to practices, billing for interprofessional consult has increased.

Plans for Change in Strategy:



The RMHP Clinical Quality Improvement Team will continue to offer quarterly in-person meetings to:

- Offer quality improvement support
- Evaluate and coach practices on advanced care delivery
- Review data (eQMs, KPIs, etc.)
- Discuss process/workflow improvement
- Disseminate programmatic information
- Discuss KPI Performance

For eConsults, the CQI team developed a 2023 strategy to expand the use of eConsults in RMHP PRIME counties. The table below outlines 2023 goals.

Goal category	2023 Goal
Expand utilization for practices active in 2022	In practices who participated in 2022, 50% of eligible providers will close 1 eConsult in 2023.
Engage new PCMP sites in PRIME counties	Train and activate 10 new PCMP sites in 2023.
Increase total utilization	Increase eConsults closed by 20% quarter over quarter in 2023.
Expand ConferMED’s Colorado specialist network	Expand ConferMED specialist network to include 17 specialties.

RMHP CQI staff will also be reviewing KPI and eQCM data to determine practices who have the greatest opportunity for improvement and to provide targeted coaching. Furthermore, we are exploring ways to provide practice level KPI performance data each month to all Tier 1, 2 and 3 practices. This new strategy is in development.

Additionally, RMHP is an approved practice transformation organization (PTO) for the HB22-1302 Behavioral Health Integration Grant and are looking to provide support to practices who are selected to participate in this grant opportunity.

Provider Communications:

Achievements/Successes:

Rocky Mountain Health Plans (RMHP), along with our partners at United Healthcare, sends a variety of communications to our provider network and communicates with providers and practices via multiple modalities. RMHP determines the means of communication based on several factors, including the audience and the topic. RMHP uses the following modalities, depending upon the need:

- Mass and targeted emails and faxes
- Direct mail
- Provider newsletters, including the distribution of a community-based publication titled *Prudent Prescriber* which covers Rx information/education and clinical advice, and the *Provider Insider Plus* which covers contracting updates, network changes,



clinical information/guidelines, and upcoming education events. In the near future this will include a RMHP specific version of United Healthcare’s provider newsletter known as “*Network News*”.

- RMHP’s Provider Manual
- Telephonic communication
- Our websites, UHCprovider.com/CO and Providerexpress.com
- UHC provider portal

If a trend in a specific administrative issue arises that is relatively minor in scope, RMHP will include relevant information in the RMHP *Provider Insider Plus*, which is distributed to all providers. This will transition to *Network News* later in 2023. Additionally, RMHP includes pertinent information and updates from the HCPF Provider Bulletin – for example the Medical Assistance Renewal and Public Health Emergency Unwind process – in a dedicated section of the newsletter called the HCPF Corner. RMHP’s newsletters are also posted on the RMHP website for providers to reference at their convenience. The *Network News* versions will be housed on the UHC website. In addition, if specific providers are impacted more significantly by an issue, RMHP Provider Relations staff will contact the provider or practice directly. *Provider Insider Plus* metrics for calendar year 2022 are detailed below.

Average Number of Newsletters Delivered	Average Open Rate	Average Click Rate
3,182	25.77%	10.3%

Regular RMHP provider communications include a quarterly provider information review process. RMHP’s Provider Network Management staff has historically distributed mailings quarterly to providers asking them to visit rmhp.org to ensure all information is correct. If a provider verified that all information is current, RMHP asked the provider to sign and return an attestation form to RMHP. If a provider identified the need for a correction or update, the provider notified RMHP by completing and returning a Provider Update Form. Beginning in 2023, Providers are now able to do this process entirely via the UHCprovider.com/CO website. Providers can update all provider and practice information via an application called “My Practice Profile” on the UHC site. They are also able to submit new providers for credentialing online. Behavioral Health providers can do the same processes online via Providerexpress.com

In addition to the quarterly provider information review process, RMHP conducts a quarterly provider attributes process. Through this process, RMHP requests that primary care providers, behavioral health providers and specialists complete a provider demographic tool to capture relevant and up-to-date demographic information for Members. RMHP uses the information collected from the demographic tools to populate our network directories, provide up-to-date information to Members who contact us via our Call Center, and enable our care coordinators to connect Members with appropriate care. In addition, RMHP uses this information to update the data on the monthly provider data file that is used to update the Health First Colorado Enrollment online provider directory. RMHP adds questions to the demographic tool as needs arise. Questions asked on the demographic tool include the following:



COLORADO

Department of Health Care
Policy & Financing

- Linguistic diversity
- Staff training received: Cultural Competency or Disability Competent Care training
- Accommodations for people with physical disabilities: accessible building, accessible exam rooms, accessible medical equipment
- After-hours appointment availability
- Safe space provider for Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ+) patients
- Availability of Medication Assisted Treatment (MAT) and Pain Management services

RMHP outlines administrative expectations in the RMHP provider manual. RMHP updates the manual on a regular basis and posts it on the RMHP/UHC provider websites. It will also be posted on the UHC portal in the near future. RMHP posts prior authorization requirements on the UHC portal and updates the guidelines in the provider manual.

RMHP periodically conducts in-person provider training events, called Learning Collaboratives, as well as webinar-based trainings. The RMHP Clinical Quality Improvement team facilitates most of the trainings, which are geared toward advanced practices that participate in RMHP's practice transformation programs or value-based payment programs and include various topics that are pertinent at the time. As an example, RMHP's Learning Collaborative on October 14, 2022, included presentations on health equity and care management for high-risk patients. RMHP also hosted a Health Equity Virtual Training on February 10, 2023, with 112 participants. Sessions from this training included topics such as Health Equity and Disability, Native American Cultural Awareness and our Health Equity and Diversity, Equity, Inclusion and Social Justice. RMHP's Clinical Quality Improvement team also develops educational tools for all practices including a [Regional Accountable Entity \(RAE\) Program Description](#) that is designed to help providers understand the RAE.

Based upon findings from Member/family member focus groups that RMHP and the Colorado Cross-Disability Coalition conducted in 2022 to learn about the gaps in care experienced by individuals with intellectual developmental disabilities, RMHP partnered with The Oliver Group to offer providers an intensive training course on Providing Mental Health Treatment to Persons with Intellectual Development Disabilities. The course focuses on intellectual developmental disabilities as it relates to co-occurring mental illness, anxiety, attention deficit hyperactivity disorder (ADHD), depression, psychosis, and trauma-informed diagnosis. Providers chose from a monthly course with one training session per month over a six-month period, or an intensive course with five sessions offered over the course of one week in October 2022. The monthly course launched in June 2022 and was completed in November 2022. Additionally in 2023, there are four weeklong course offerings (April, June, September and December). Thus far, 87 clinicians have registered in 2023. Providers who successfully complete the course are eligible for enhanced rates in their contracts for outpatient services and a certificate of completion for completing the course and exams. RMHP has also made reimbursement available for course registration time to the first fifty provider registrants. The training has garnered significant interest, with over one hundred provider registrations.

RMHP maintains a behavioral health provider email distribution list to send electronic communications in a timely manner. When an important update occurs, such as rate changes or



a change involving prior authorization for specific codes, RMHP notifies behavioral health providers via blast fax, mail and/or email.

RMHP provides forums for providers to provide feedback to RMHP, including quarterly Regional RAE Program Improvement Advisory Committee (PIAC) meetings and focus group opportunities, such as a behavioral health focus group project that RMHP conducted in communities throughout RAE Region 1 in 2021. In addition, providers can ask questions or share concerns at any time by contacting their dedicated RMHP Provider Relations Representative.

RMHP uses a RAE Support inbox – raesupport@uhc.com (previously raesupport@rmhp.org) – that is monitored by members of RMHP’s Government Programs, Care Management and Provider Network Management teams. RMHP triages messages based on the subject matter and assigns the appropriate staff member or team to respond. RMHP responds to most inquiries in a matter of minutes, with a maximum response time of 24 hours. In addition, RMHP has created a dedicated email inbox for our behavioral health network – rmhpRAE_BH_PR@uhc.com – to direct provider inquiries to staff with familiarity with issues around behavioral health billing, contracting, and credentialing.

RMHP maintains a Primary Care Medical Provider (PCMP) email distribution list to send electronic communications regarding educational and training opportunities and topics that may be of interest. The distribution list can be particularly helpful for communicating time-sensitive information. When a need arises to send a targeted communication to a subset of PCMPs – for example, a new community resource available in a specific area – RMHP can easily filter the distribution list to send the email communication to only the PCMPs in that geographical location.

RMHP’s website (current rmhp.org and new UHCprovider.com/CO) serves as an important communication tool for our providers and partners in the broader Health Neighborhood. Several key webpages include the following:

- Transition updates and information
- Provider Forms and Resources
- Provider Trainings
- Prior Authorization and notification resources

RMHP’s Business Continuity Plan includes provisions to minimize the impact of a disaster or loss of operations on services to Members, including the following activities:

- Communication of information regarding business interruption to Members and their families, staff, Providers, HCPF, and others involved in Members’ care.
- Targeted communications that provide accurate, essential, and timely information to combat the spread of rumors and/or misinformation that could negatively affect Members and Providers.
- An established telephonic service restoration plan that allows Member Services and other outward facing functions to be recovered quickly.



COLORADO

Department of Health Care
Policy & Financing

- RMHP has an Emergency Response Coordination Team specifically tasked with ensuring accurate timely communication with stakeholders, including government agencies.

During a public health emergency such as the COVID-19 pandemic, RMHP works in collaboration with local and state health department officials to disseminate information on the availability of health services and adheres to the public health direction on prioritization efforts. We use our communication vehicles, including print and electronic media, to make information on provisions and availability of services widely accessible to Region 1 Members, as well as individuals in the broader community where we operate. We are committed to providing our customers, contracted providers, Members, and others with timely clinical information. In the event of an emergency or essential business disruption, we work to ensure that benefit designs and their interpretation will facilitate socially and medically appropriate access to clinical care, medical supplies, vaccines, and pharmaceuticals. For example, we assure that quantity limits for antiviral medications used to prevent and treat influenza are consistent with recommendations of the Centers for Disease Control and Prevention (CDC).

Throughout the COVID-19 pandemic, RMHP provided pertinent information to providers on our website and incorporated questions into the provider demographic tools regarding the practice's experiences with COVID-19 and their ability to provide services via telehealth. One of the lessons learned from communication during the pandemic is that it is beneficial to communicate via multiple modalities when possible.

Our strategic approach has evolved since the previous year's submission through an increased focus on behavioral health provider communications, including the development of a new quarterly Behavioral Health Office Hours webinar, and webinars on topics of specific interest to behavioral health providers such as billing. There were four webinars in 2022 with over 50 registrants per webinar. This continued into 2023.

Process and Outcome Goals

RMHP developed a specific email inbox for providers to outreach our staff and get an immediate response. Since implementing this new email, RMHP has had a very high response rate within forty-eight (48) hours to provider inquiries. Since January 1, 2023, all providers are able to conduct all credentialing activities online via UHC and Optum tools and continue to receive timely responses.

RMHP and UHC/Optum respond to providers within seven (7) calendar days acknowledging receipt of their credentialing application. Within ten (10) days of receipt, our Credentialing teams will notify the providers if their application is not complete. RMHP has partnered with our parent company UnitedHealthcare to streamline the credentialing process and utilize their data to have a quicker turnaround time for provider credentialing approvals.

Once a policy is transmitted by HCPF (that is relevant for provider communications), we communicate that to our network via email within one (1) day of the policy transmittal. The policy is also disseminated via our provider newsletter and added to the agenda for any upcoming Behavioral Health Office Hours webinar.



COLORADO

Department of Health Care
Policy & Financing

RMHP has quarterly Behavioral Health Office Hours webinars and will continue the cadence. We have requested providers submit discussion topics, or any questions or concerns they have. RMHP continues to promote the upcoming webinars via email and our newsletter to encourage registrations.

Our *Provider Insider Plus* newsletter is published monthly and highlights important policy changes, new program opportunities, and other pertinent provider communications. Our behavioral health team continues to reference the newsletter to encourage registration.

Challenges:

Many practices experienced staff turnover in 2022 which was a challenge to keep distribution lists updated. Providers and staff also have limited time to engage in educational opportunities due to staffing shortages and the pandemic. Some providers and staff have firewalls that block the newsletters being emailed; however, as of the writing of this report they are publicly available on the RMHP.org website and will be available on UHCprovider.com/CO moving forward.

Plans for Change in Strategy:

RMHP transitioned to UHCprovider.com/CO and the UHC Provider Portal in 2023, which includes updated provider trainings that are self-paced and on-demand. RMHP plans to leverage Optum Health Education by promoting free education with provider CEUs in the *Provider Insider Plus* and also on the UHC Colorado provider training webpage.

Email addresses also changed for the RAE Support, RMHP Practice Transformation, etc. to reflect UHC. All materials have or are being updated with new email addresses to reflect the transition.

Additionally, a new Colorado specific landing page is under development for implementation in the very near future. This landing page is a high level overview of various plan information and is more member-driven information; however, this site will also be a great resource for providers and public stakeholders on RMHP's Medicaid, DSNP and CHP+ plans.