



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

RAE Name	Rocky Mountain Health Plans
RAE Region #	1
Reporting Period	[SFY23-24 07/01/2023 – 06/30/2024]
Date Submitted	7/22/2024
Contact	Meg Taylor, Todd Lessley, Kim Herek

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:

Rocky Mountain Health Plan’s (RMHP) practice support model offers multiple programs, tools, and resources to shift practices into high-quality advanced care models and participate in value-based payment (VBP) arrangements. We understand that practices have different needs as they transition to these models, and offer support throughout the process. Practice participation in the programs we support assists practices in advancing within our tiering model. These programs align with the Colorado Department of Healthcare Policy and Financing (HCPF) Alternative Payment Model (APM) and overall population health strategy.

Practices are assigned a central point of contact on the RMHP Clinical Program Team to streamline program communication and participation. Practice support is provided through in-person or virtual meetings and multiple training opportunities. Practices are offered day-long



learning collaboratives that include educational content from subject matter experts, peer-to-peer learning and opportunities to share best practices. Speakers provide comprehensive primary care skills training and engage with participants through active shared learning activities. Learning collaboratives are available free of charge to all practices in Region 1. Examples of the learning opportunities offered to Primary Care Medical Providers (PCMP) throughout SFY23-24 include:

Learning Opportunity	Attendees/Registrants
Behavioral Health Skills Training	183 attendees
Caring for Patients with Brain Injury	106 attendees
Care Management Training Series	Transitional Care Management: 75 attendees Care Management for Complex Cases: 94 attendees Resource Navigation Webinar: 100 attendees Chronic Care Management: 74 attendees
Understanding EPSDT Benefits	29 attendees
Annual EPSDT Webinar	48 attendees
Monthly CQI Newsroom Webinar	160 registrants
Virtual Learning Opportunities	
Trauma-Informed Care	Accessible and Appropriate Communication for People who are Deaf
CAHPS Mini-Video Series	Beyond Diagnosis, Labs & Meds: A Whole-Person Approach to Diabetes Management
HCPF Coding Education and Training	Diabetes Education Series

Another element of our practice support model includes support for comprehensive care that extends beyond traditional medical services and accounts for Member needs across the biopsychosocial spectrum. RMHP offers multiple resources to support practices in the development of integrated behavioral health models that are clinically, operationally, and financially sustainable.

For example, the Clinical Program Team supports the integration of physical and behavioral healthcare through technical assistance with HB22-1302 and education related to standardized screening protocol best practices (e.g., depression, anxiety, social determinants of health). We also support optimization of workflows, coding, and billing for Tier 1 PCMPs with Community Integration Agreements that fund integrated behavioral health.

Our provider support model continues to evolve to meet providers and practices where they are. We leverage long-standing relationships to drive meaningful and sustainable change that align with the goals and priorities of the Department. For example, we support the delivery of care through telehealth and offer education and resources including:

- **Direct Provider Support:** The Clinical Program Team ensures open lines of communication with providers and routinely provides updates on telehealth policy and coverage changes. The team works alongside providers to answer questions, address concerns, and identify opportunities to improve telehealth access.
- **Telemedicine Toolkit:** The Clinical Program Team has seen an increase in telemedicine services being offered across practices and deployed a toolkit to support



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the implementation of telemedicine technology and workflow development. The toolkit provides guidance on obtaining informed consent, patient engagement, identification of appropriate visit types and the use of data to optimize scheduling (i.e., visit volume, no-shows and cancellations, etc.).

- **CirrusMD:** Providers are offered the option to use CirrusMD, a free virtual care platform that allows patients to connect with physicians for urgent care, behavioral health, or other general health services. Patients do not need an appointment and can text, send photos or video chat 24 hours a day.
- **Educational Information:** Educational content related to telehealth technology is available in the Provider Manual and on the RMHP website. Bulletins, newsletters and other publications are also circulated among network providers and contain program updates, policies and other resources to support the delivery of person-centered telehealth solutions.

Our practice support model aligns with the Department's goals and priorities related to eConsult platform implementation. RMHP is in its third year of an eConsult initiative, Colorado Specialty Care Connect (CSCC). This program allows clinicians to seek advice and exchange recommendations without the need for a face-to-face patient appointment. CSCC aims to address the challenges of limited specialty providers in rural and frontier communities and includes a partnership between Safety Net Connect and Quality Health Network (QHN). When the program launched in May 2022, CSCC focused on practices in PRIME counties. In September 2023, the program expanded to include all Region 1 counties and membership.

Approximately 45% of the CSCC network are local specialty providers. Primary care providers consult with local specialty providers first and in areas where local providers are unavailable, ConferMED is used to contract with specialists and fill network gaps. RMHP will continue to align our eConsult program with the Department's overall eConsult strategy.

Challenges:

- Region 1 practices continue to face staffing challenges including high turnover rates for providers, front office, clinical and leadership roles which can lead to a decrease in institutional knowledge related to the Regional Accountable Entity (RAE) model and value-based payment programs. High turnover rates require significant time and resources to train and orient incoming staff.
- Practices have fewer resources to dedicate to quality teams. Providers have historically engaged in clinical quality improvement activities, however provider participation in these programs has decreased. Leadership within multiple practices have indicated they need providers to be seeing patients and are unable to support provider involvement with administrative or quality improvement activities.

These challenges demonstrate a continued need to ensure programs and trainings are virtually available on-demand so providers and staff can easily access between the provision of care to patients. We continue to meet practices where they are and explore additional opportunities where we can meet these unique needs.



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Plans for Change in Strategy:

- RMHP will continue to offer in-person and virtual support as requested by the practice. We will also host educational events in multiple formats and provide a monthly Continuous Quality Improvement (CQI) newsroom webinar to ensure information related to RAE, PRIME, APM models and other programs is shared broadly.
- RMHP created a [Program Description](#) resource for practices that outlines details related to RAE, PRIME, HCPF APM and VBP programs. This resource includes links to documents, resources and key contacts to facilitate understanding for new practice staff. The Program Description will be updated throughout the year as programs and resources change.
- The Clinical Program Team is working to ensure information is shared with the entire practice team when appropriate. We plan to send follow up emails after our CQI Newsroom webinar presentation to all distribution list contacts, not just those who have registered.
- The Clinical Program Team will also work with practices to share quality improvement team meeting minutes with the entire practice to ensure quality program information is shared broadly.

All Practice Support Teams at RMHP ensure Members and practices have direct access to RMHP senior staff and can easily escalate challenges and concerns. Senior staff will engage with practices directly when necessary. The Clinical Program Team serves as the primary point of contact for primary care providers and the Behavioral Health Provider Relations Team serves as the primary point of contact for the Independent Provider Network (IPN) providers. Both teams escalate issues to senior staff and Provider Advocates for additional support as needed.

Practice Transformation:

Achievements/Successes:

The RMHP Clinical Program Team partners with practices in Western Colorado and Larimer County to develop communities of advanced practices that foster practice-based quality improvement between physicians and patients with a focus on team-based, person-centered primary care. A state-of-the-art practice transformation approach is integrated into the health neighborhood through the implementation of care management and care coordination processes, and engagement of both primary and specialty care practices.

Practices follow a progressive curriculum of advancement based on Bodenheimer's 10 Building Blocks of High-Performing Primary Care. These building blocks include: engaged leadership, data-driven improvement, empanelment, team-based care, patient-team partnership, population management, continuity of care, prompt access to care, comprehensive care coordination, and integration are incorporated in program curriculum.

Participation in the programs below provide practices the opportunity to advance in our tiering model while implementing payment reform opportunities:

- **Foundations:** An introductory-level course that introduces practices to basic quality improvement concepts. Practices implement tools such as Plan, Do, Study, Act (PDSA) cycles, process mapping, and basic data analysis. These tools are designed to improve



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skills, processes, and infrastructure to support ongoing improvement of effective and efficient primary care delivery.

- **Masters Level 1:** This program helps practices develop sustainable processes that manage the health of high-risk patients while coordinating comprehensive team-based care throughout the health neighborhood.
- **Masters Level 2:** This program expands upon Masters Level 1 while incorporating continuous evaluation of the patient experience. Practices implement patient surveys and/or patient and family advisory council's (PFAC) to assess the experience of care received in their practices.
- **Patient-Centered Medical Home (PCMH):** RMHP is recognized as a Partner in Quality (PIQ) with NCQA and helps participating practices build and maintain infrastructure that supports ongoing quality improvement for the delivery of effective and efficient primary care as recognized and in accordance with the standards for 2017 PCMH recognition by the National Committee of Quality Assurance (NCQA). Practices that earn PCMH recognition are granted auto-credit on all team-based care points within the tiering criteria of our value-based payment model.
- **eConsult Initiative:** CSCC is an eConsult platform that provides a framework and reimbursement structure for primary care providers to seek advice and direction from connected specialists. CSCC strengthens relationships between primary and specialty care and creates a new way for providers to work together. Providers access CSCC directly through QHN.
- **Social Determinants of Health (SDOH):** The Clinical Program Team works with practices to identify best practices to incorporate SDOH screening tools into current workflows. Additionally, resources are provided to aid in addressing non-medical conditions.
- **Diabetes Management Program:** This yearlong program includes monthly targeted facilitation with a Clinical Program Manager to improve timely identification and execution of changes to improve management and outcomes of patients with diabetes. Program outcomes include hemoglobin A1C (HbA1C), diabetic retinopathy, kidney disease, and emergency department (ED)/inpatient utilization.
- **Diabetes & Cardiovascular Disease Plus (DCVD+) Program:** The RMHP Clinical Program Team, Colorado department of Public Health and Environment (CDPHE) and Practice Innovation Program (PIP) at the University of Colorado have partnered to offer a program to enhance proficiency in the management of diabetes and cardiovascular disease, the use of social health information exchange (i.e., Community Resource Network) to address health-related social needs, and alternative payment models.
- **ED Utilization Project:** This yearlong program includes monthly consultations with a Clinical Program Manager to identify opportunities to improve workflows and interventions designed to promote primary care access and reduce unnecessary ED utilization.

The Clinical Program Team has strong relationships with practices and providers that enable effective evaluation and support with advanced care delivery. RMHP value-based contracting programs incentivize providers that deliver high-quality, cost-effective care, and include a payment structure designed to improve health outcomes, decrease cost and promote healthy communities.



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The Clinical Program Team supports practices in the following RMHP value-based payment (VBP) arrangements:

- **RMHP PRIME Reinvestment Program**
- **RAE Region 1 PCMP Tiering Program**
- **RMHP Advanced APM**

Practice support includes coaching (in-person and virtual), ongoing assessments of VBP program requirements, and electronic clinical quality measure performance improvement activities. Additionally, RMHP creates newsletters, training materials and hosts learning collaboratives to promote success with VBP programs. The Clinical Program Team partners with practices across to support programs managed by the Department. The team assists practices with measure selection and prioritization, program management, documentation, deliverables and data collection. The Clinical Program Team oversees the following programs and tools managed and/or overseen by the Department:

- **Alternative Payment Model (APM) for Primary Care**
- **Alternative Payment Model 2 (APM 2)**
- **The Hospital Transformation Program (HTP)**
- **ePrescriber tool implementation and APM**
- **eConsult implementation**
- **HB 22-1302 Behavioral Health Integration**

Practice Support in Action: The RMHP Clinical Program Team was selected by 24 practices as their practice transformation organization (PTO) for HB 22-1302, more than any other PTO in the state. Many practices stated that they chose RMHP as their PTO because they wanted to continue their strong longstanding relationship with their RAE and the Clinical Program Team. The Clinical Program Team has been conducting monthly meetings with each practice to provide coaching, technical assistance and program support. Of the 24 practices, 10 have either hired or are in the process of hiring a behavioral health provider, advocate or assistant. Additionally, two practices are focusing on increasing access to psychiatry and one practice with a primary focus on supporting older adults.

Process and Outcome Goals

The Clinical Program Team will continue to offer a variety of in-person and virtual programs, services and support to build and sustain advanced primary care competencies. Key changes since the previous submission of this report will include an emphasis on ePrescriber Tool implementation, eConsults and electronic clinical quality measures (eCQMs) performance in PRIME.

ePrescriber Tool Implementation

Practice engagement in the utilization of the HCPF Prescriber Tool and the Prescriber Tool APM for RAE 1 PCMPs is a top priority for SFY23-24. The Clinical Program Team continues to engage with the HCPF Prescriber Tool team and has supported implementation of both projects:

- Throughout SFY23-24 the Clinical Program Team met each month with the HCPF Prescriber Tool team to receive updates and provide feedback on program direction.



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- The Prescriber Tool Clinical Program Manager team lead connected PCMPs needing support or clarification on program deliverables with the HCPF Prescriber Tool team to promote clarity and support program success.
- In SFY23-24 RMHP provided updates to hospitals and PCMPs related to HCPF Real-Time Benefits Inquiry (RTBI). Communication was sent via the *Provider Insider Plus* monthly newsletter and CQI newsroom webinar. Additionally, the team lead communicated updates that needed to go out to the PCMPs and hospital partners as requested by HCPF.
- PCMPs were given the opportunity to earn credit towards the minimum points required in the RMHP VBP program and tiering attestation process if they could successfully demonstrate engagement with the HCPF Prescriber Tool RTBI function. This process ensured continued alignment of RMHP and HCPF program goals.
- In SFY23-24, 100% of PCMPs received outreach related to HCPF Prescriber Tool APM enrollment and program opportunities.
- The Clinical Program Team worked collaboratively with other RAEs to support our shared hospitals and PCMPs in understanding the functionality of the tool and to ensure success for those participating in the APM.

eConsult Implementation

Exciting things are continuing to happen for RMHPs eConsult platform, Colorado Specialty CareConnect (CSCC). The RMHP eConsult platform launched in April 2022 and 26 PCMP sites have been trained and activated to order eConsults through CSCC. We continue to collaborate with QHN and Safety Net Connect to identify opportunities to improve our eConsult initiative. Additional successes and goals are outlined in the table below:

Goals/Success Category	SFY 23/24 Results
Expanded utilization	33 unique providers ordered eConsults in SFY 23-24
Engaged new PCMP sites in RAE Region 1	104 active providers total
Increase total utilization	69 eConsults ordered and closed in SFY23-24
Expanded ConferMED's Colorado specialist network	23 specialties available for eConsults
Improve Specialty Access and appropriateness of referrals	80% of eConsults were closed as patients' needs addressed' avoiding an inappropriate or unnecessary referral to specialty care
Local Specialists	40% of specialists are local

In September 2023, RMHP added RAE only Members to the CSCC platform and we have had five eConsults ordered for RAE only members. Pediatric specialists were added in SFY23-24 for the following areas:

- Allergy
- Cardiology
- Endocrinology
- Ear, Nose, and Throat/Otolaryngology
- Gastroenterology
- Infectious Disease
- Neurology



- Orthopedics
- Psychiatry
- Urology

In June 2024, RMHP develop and deployed an incentive structure for practices to order eConsults through CSCC for RAE members.

eClinical Quality Measure Support

Performance on eCQMs continues to be a core component of all practice transformation programs and activities supported by the Clinical Program Team. 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 eCQMs are currently tracked against previously established goals.

Measure	CY 2023 Final Rate	2024 YTD Performance (Q1)	CY 2023 (SFY 22/23) Goal	CY 2024 (SFY 23/24) Goal
CMS 122 Diabetes Hemoglobin A1c Poor Control (>9.0%)	18.26%	31.64%	21.50%	21.5%
CMS 137a Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (within 14 days of diagnosis)	59.6%	53.33%	28.2%	55.69%
CMS 137b Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (within 34 days of diagnosis)	16.8%	13.53%	9.10%	12.00%
CMS 2 Depression Screening and Follow Up Plan	63.70%	57.55%	N/A	67.84%

Challenges:

- The RMHP Clinical Program Team provides practice support across multiple value-based quality programs, including the HCPF APM. In SFY23-24 the team worked with PCMPs who participate in multiple programs. Some of these PCMPs struggled to align technical details with the corresponding quality program. The RMHP Clinical Program Team made multiple edits to our Program Description and training material to promote clarity and decrease confusion related to timelines, deliverables and program elements.
- The HCPF Prescriber Tool RTBI utilization data, corresponding APM and dashboard utilization data metrics are not aligned with other HCPF program utilization metric processes. This can create data collection challenges across HCPF programs. We are actively working with the HCPF Prescriber Tool team to enhance data integration and ensure data production that supports quality program evaluation.



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- Support staff can assist providers with the eConsult process, however the provider must understand the tool and submit the request within the tool. Providers are often busy or short-staffed and practices report providers are not able to attend eConsult trainings. In an effort to increase utilization of the CSCC platform, we offered multiple virtual and self-study training sessions for providers to promote awareness and minimize disruption to clinic flow.

Plans for Change in Strategy:

- In early 2024, the Clinical Program Team streamlined staff support, communication and training related to the HCPF APM program to promote a clear delineation of deliverables and support available to practices. RMHP will continue this strategy in SFY24-25 to minimize confusion and create a more focused program support model for participating PCMPs.
- RMHP and QHN are offering HCPF APM Office Hours to ensure PCMPs have access to data and program support in one venue. The Clinical Program Team's APM lead will maintain a strong collaborative relationship with the HCPF APM team and communicate program updates to participating practices. Collaboration with QHN and the HCPF APM team will continue in SFY24-25.
- The Clinical Program Team will maintain a strong collaborative relationship with the HCPF Prescriber Tool Team and provide practice support to connect providers with the most current Prescriber Tool Information. This support will continue in SFY24-25.
- Continue to use the CQI Newsroom webinar to provide training and promotion of the HCPF Prescriber Tool APM.
- Continue to support the CSCC platform and share up-to-date information with practices during live CQI Newsroom webinars. Information shared during webinars will be distributed to both participants and non-participants to promote awareness and minimize disruption to clinic flow.
- During SFY24-25 we will recruit and onboard additional CSCC providers. A survey will be sent to all PCMPs who are currently utilizing the platform to identify challenges, barriers, successes, and suggestions on how the tool can be improved. Information obtained in this survey will be used to inform future outreach.

Provider Communications:

Achievements/Successes:

RMHP communicates with our provider network using multiple modalities depending on the audience, topic and timing. Communication modalities include:

- **Email (mass and targeted) and faxes when necessary**
- **Direct mail**
- **Provider newsletters:** *Network News*, covers contracting updates, network changes, and clinical information/guidelines. *Provider Insider Plus*, special editions cover time sensitive information pertinent to providers
- **RMHP Provider Manual**
- **Telephonic communication**
- **Website:** rmhp.org
- **Provider Portal:** uhcprovider.com



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If a minor administrative issue is identified, information is published in *Network News*, a newsletter distributed to all providers. If specific providers are impacted by a major issue, Provider Advocates contact providers or practices directly. Special editions of the *Provider Insider Plus* newsletter are published when information is time-sensitive and/or has a significant impact on providers in Region 1. Providers can access newsletters at their convenience. *Provider Insider Plus* newsletters are posted on the RMHP website and *Network News* are posted on the UHC provider website. The below table includes SFY23-24 metrics for the *Provider Insider Plus* newsletter:

Average Number of Newsletters Delivered	Average Open Rate	Average Click Rate
2,902	26.04%	9.09%

Regular RMHP provider communications include a quarterly process to review provider information. In conjunction with the requirements of Consolidated Appropriations Act, provider practices receive an email prompt from UnitedHealthcare to log on to the provider portal and make necessary updates to provider and practice information. Providers must attest to the accuracy of information contained within the portal. New providers are able to submit information to get credentialed online. All Provider and practice information is updated via an application called *My Practice Profile*, on the UHC provider website. Behavioral health providers follow the same process using the site, *providerexpress.com*.

In addition to the quarterly provider information review process, RMHP distributes a quarterly provider attributes survey to primary care, behavioral health and specialty providers. This survey includes spoken languages, accommodations, office hours (including after-hours and weekends), areas of expertise, staff training, populations served, safe space locations, mental health holds, behavioral health services, ages served and whether they are accepting new patients. All providers are asked to attest to the accuracy of their information every 90 days. This information is available online and in printed directories to help Members, call center staff and care coordinators make connections with the most appropriate provider possible. Administrative expectations are outlined in the RMHP Provider Manual and prior authorization requirements are available on the UHC provider portal, both resources are updated on a regular basis.

RMHP periodically conducts in-person and webinar-based provider training events, called learning collaboratives. Most trainings are facilitated by the RMHP Clinical Program Team and include practices that participate in RMHP’s practice transformation or VBP programs. Learning collaboratives include a variety of topics, for example, the learning collaborative on April 5, 2024, included presentations on health equity, psychological safety and depression screening.

RMHP hosted a virtual care management training during the month of October 2023; this training included over 250 participants. Sessions included topics such as transitional care management, complex case management and community resource navigation. RMHP’s Clinical Program Team also develops educational tools for all practices including the RAE Program Description designed to help providers understand the Accountable Care Collaborative (ACC), RAE and RAE programs.



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RMHP partnered with the Oliver Group, to provide training on mental health treatment for individuals with Intellectual Developmental Disability (IDD). This 5-day course offer providers intensive training, focusing on co-occurring mental illness, anxiety, attention deficit hyperactivity disorder (ADHD), depression, psychosis, and trauma-informed care. In 2023, 109 professionals registered for the course.

RMHP maintains a behavioral health provider email distribution list to send electronic communications when an important update occurs, such as rate changes, or a change related to prior authorization for specific codes. Behavioral health providers are also notified via fax blast, mail and/or email.

A RAE support inbox (raesupport@uhc.com) is monitored by members of RMHP's Community Integration, Care Management and Provider Network Management Teams. Messages are triaged and assigned to the most appropriate RMHP staff member or team to respond. RMHP responds to most inquiries in minutes, with a maximum response time of two business days. Additionally, RMHP has a dedicated email inbox (rmhprae_bh_pr@uhc.com) for the behavioral health network to direct provider inquiries to staff who understand behavioral health billing, contracting, and credentialing issues.

A PCMP email distribution list is used to send communication regarding educational and training opportunities and other important topics. The distribution list can be helpful to communicate time-sensitive information to specific PCMPs. For example, if a new community resource is available in a specific area, RMHP can filter the distribution list to send communication to PCMPs in a specific geographic location.

RMHP has continued to support behavioral health provider communications and the quarterly Behavioral Health Office Hours webinar series. These webinars are open to all behavioral health providers and include information on specific behavioral health topics including billing/coding, clinical guidelines and other changes or updates to the network. There were five webinars in SFY23-24 with over 234 registrants.

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, the Department, and others involved in Member 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 Customer Service and other outward facing functions to be recovered quickly
- RMHP has an Emergency Response Coordination Team specifically tasked with ensuring accurate timely communication with stakeholders, including government agencies

After the end of the public health emergency (PHE), RMHP collaborated closely with the Department, community partners and providers on resuming eligibility medical assistance renewals. This activity spanned the 14 months of the PHE unwind and included the distribution of data, materials and resources to help providers and community partners support Members with renewal process completion.



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RMHP reached out to Members through live calls, automated calls, Interactive Voice Response (IVR), email and text. RMHP shared member renewal data with providers for outreach and/or point of care reminders for each month of renewals during the PHE unwind. Materials (e.g., posters, postcards, table tents, tear sheets) were developed and shared with providers to use within practices. All communication was aligned with State and Federal messaging guidelines. RMHP successfully maintained approximately 50-60% renewal retention of members who remained eligible which aligned with statewide statistics as well.

During a PHE or natural disaster, 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. Multiple lines of communication including print and electronic media are used to disseminate information on the availability of services to Region 1 Members. In the event of an emergency or essential business disruption, we work to ensure that benefit designs and their interpretation will facilitate access to clinical care, community resources, medical supplies, vaccines, pharmaceuticals and other essential services.

Process and Outcome Goals

- Collaborated with multiple community partners during the PHE unwind to support providers and Members with the medical assistance renewal process. One key stakeholder during this process was Monument Health. During the PHE unwind, Monument Health reached out to 4365 Members and supported seven practices in medical renewal assistance activities such as phone calls and emails to Members for reminders and connections to resources to help complete the renewal process as necessary.
- RMHP uses a specific email inbox (rmhprae_bh_pr@uhc.com) for providers to contact staff. Providers that use this email inbox get an automated response immediately followed by a reply from a staff member from the behavioral health Provider Relations Team within two business days. Since implementing this new email, RMHP typically responds within 48 hours to provider inquiries.
- RMHP responds to providers within seven calendar days acknowledging receipt of their credentialing application. Our Credentialing Team will notify providers if their application is not complete within ten days of receipt. The credentialing process is streamlined to ensure a quick turnaround time for provider approvals.
- Once a policy is transmitted by HCPF, we communicate the policy to our network via email within one day of the policy transmittal for urgent and/or time sensitive updates. The policy information is also added to the agenda for any upcoming Behavioral Health Office Hours and CQI Newsroom webinar to ensure providers are informed via multiple modalities.
- Established quarterly Behavioral Health Office Hours webinars and monthly CQI Newsroom webinars. We request that providers submit discussion topics, questions or concerns to ensure we can address concerns proactively. RMHP continues to promote upcoming webinars via email and newsletters to encourage participation. Providers report the Behavioral Health Office Hours webinars are useful we are exploring plans to archive recordings on the UHC provider portal for on-demand access.



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Challenges:

- Practices continue to experience significant staff turnover and reductions in force. This presents challenges to ensure provider distribution lists are current.
- Providers and staff share that they have limited time to engage in educational opportunities due to staffing shortages.
- It is difficult to ensure providers are consistently up to date related to behavioral health policy changes.
- The provider contact information we have, is not always the correct staff member. For example, when sending information regarding VBP programs, the email address goes to the practice credentialing team at the provider office.

Plans for Change in Strategy:

- The Clinical Program Team is implementing a new process to capture updated contact information for all members of the quality improvement team(s) at PCMP locations. This will be collected at least annually during the tiering renewal process to collect updated email addresses and contact information for relevant staff members that should be kept informed of updates that would be otherwise impactful to their practice. The team is exploring additional options in which this process could be deployed twice per year. If the process is successful, the team will look to expand a similar workflow for data collection for the behavioral health provider network.
- The Behavioral Health Provider Resource Team has plans to continue offering Behavioral Health Office Hours webinar to ensure timely communication of relevant and appropriate information to providers. They are exploring options to archive recordings of these webinars on the UHC provider portal. Additionally, this team is exploring the creation of a newsletter to share important information from the Office Hours webinar and/or policy transmittals as received by HCPF.