Fiscal Year 2021–2022 Site Review Report

for

Rocky Mountain Health Plans

Region 1

May 2022

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Introduction

In accordance with its authority under Colorado Revised Statute 25.5-1-101 et seq. and pursuant to Request for Proposal 2017000265, the Department of Health Care Policy and Financing (the Department) executed contracts with the Regional Accountable Entities (RAEs) for the Accountable Care Collaborative (ACC) program, effective July 1, 2018. The RAEs are responsible for integrating the administration of physical and behavioral healthcare and managing networks of fee-for-service primary care providers and capitated behavioral health providers to ensure access to care for Medicaid members. Per the Code of Federal Regulations, Title 42 (42 CFR)—federal Medicaid managed care regulations published May 6, 2016—RAEs qualify as both Primary Care Case Management (PCCM) entities and Prepaid Inpatient Health Plans (PIHPs). 42 CFR requires PCCM entities and PIHPs to comply with specified provisions of 42 CFR §438—managed care regulations—and requires that states conduct a periodic evaluation of their PCCM entities and PIHPs to determine compliance with federal Medicaid managed care regulations published May 6, 2016. Additional revisions were released in November 2020, with an effective date of December 2020. The Department has elected to complete this requirement for the RAEs by contracting with an external quality review organization (EQRO), Health Services Advisory Group, Inc. (HSAG).

This report documents results of the fiscal year (FY) 2021–2022 site review activities for **Rocky Mountain Health Plans** (**RMHP**). For each of the four standard areas reviewed this year, this section contains summaries of strengths and findings as evidence of compliance, findings resulting in opportunities for improvement, and required actions. Section 2 describes the background and methodology used for the FY 2021–2022 compliance monitoring site review. Section 3 describes follow-up on the corrective actions required as a result of the FY 2020–2021 site review activities. Appendix A contains the compliance monitoring tool for the review of the standards. Appendix B lists HSAG, health plan, and Department personnel who participated in some way in the site review process. Appendix C describes the corrective action plan (CAP) process that the health plan will be required to complete for FY 2021–2022 and the required template for doing so. Appendix D contains a detailed description of HSAG's site review activities consistent with the Centers for Medicare & Medicaid Services (CMS) External Quality Review (EQR) *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, October 2019.[1-1] Appendix E includes the compliance monitoring report for **RMHP Prime**.

[1-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, October 2019. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf. Accessed on: Sep 27, 2021.

Summary of Compliance Results

Based on conclusions drawn from the review activities, HSAG assigned each requirement in the compliance monitoring tool a score of *Met*, *Partially Met*, *Not Met*, or *Not Applicable*. HSAG assigned required actions to any requirement receiving a score of *Partially Met* or *Not Met*. HSAG also identified opportunities for improvement with associated recommendations for some elements, regardless of the score.

Table 1-1 presents the scores for **RMHP** for each of the standards. Findings for all requirements are summarized in this section. Details of the findings for each requirement receiving a score of *Partially Met* or *Not Met* follow in Appendix A—Compliance Monitoring Tool.

Table 1-1—Summary of Scores for Standards

Standard	# of Elements	# of Applicable Elements	# Met	# Partially Met	# Not Met	# Not Applicable	Score* (% of Met Elements)
III. Coordination and Continuity of Care	10	10	10	0	0	0	100%
IV. Member Rights, Protections, and Confidentiality	6	6	6	0	0	0	100%
V. Member Information Requirements	18	18	16	2	0	0	89%
XI. Early and Periodic Screening, Diagnostic, and Treatment Services	7	7	7	0	0	0	100%
Totals	**41**	**41**	**39**	**2**	**0**	**0**	**95%**

*The overall score is calculated by adding the total number of *Met* elements and dividing by the total number of applicable elements from the standards in the compliance monitoring tool.

Standard III—Coordination and Continuity of Care

Summary of Strengths and Findings as Evidence of Compliance

RMHP's *Care Coordination* policy and procedure demonstrated a comprehensive care management program that outlined procedures for timely coordination of care and promoted continuity of care as well as met all federal and State requirements. The care management department is made up of diversified staff members to help better serve members including registered nurses, behavioral health specialists, social workers, and care coordinators. Care coordinators often accessed the language line with members when trying to communicate in a non-English language. The care management department also included integrated care coordination teams (ICCTs) that work within communities across the region.

RMHP discussed the various ways a member may join care coordination including admission, discharge, transfer (ADT) alerts for transition of care; community outreach; new member initial screenings; and referrals. Additionally, **RMHP** conducted targeted outreach for care coordination toward members that are high-risk prenatal and postnatal, members identified by the Colorado Overutilization Program (COUP), and members in the top 2.8 percent risk group during stratification. **RMHP** described the new approach for RAE member stratification. Starting on October 2021, **RMHP** implemented Impact Pro (IPro), a predictive risk modeling program that is used to stratify RAE members based on over 1,000 data markers that classify complex members from non-complex members. The new IPro model supported **RMHP**'s ability to target members with identified health risks who were not previously targeted and on a larger scale, including 9,000 newly identified complex RAE and Prime members.

RMHP outlined a procedure for timely efforts to conduct new RAE member welcome calls within 60 days. The welcome calls introduced the member to **RMHP**, provided information about care coordination services, identified any continuity of care needs for members, and included an initial health screening. **RMHP** reported a success rate of 25 to 30 percent in completing the initial screening during the welcome call. **RMHP** also received file transfers from the Department containing member health needs surveys. Care coordinators received a daily list of members to outreach to based on the answers provided in the survey, and staff members reported that outreach is conducted within 48 hours. If no contact was made within two telephonic outreach attempts, **RMHP** sent the member a "Sorry We Missed You" letter about services provided through Early and Periodic Screening, Diagnostic, and Treatment (EPSDT); selecting a primary care medical provider (PCMP); and **RMHP**'s one-call center number. The one-call center number is one number that is able to assist the member with a variety of topics instead of having the member call different numbers for each separate issue; this enhanced a seamless contact process for the member when trying to reach out to **RMHP**.

When a member is onboarded to care coordination, a care coordinator will contact the member to conduct additional comprehensive screenings, assessments, and provide the member their care coordinator's contact information. Care coordinators utilized various screenings to identify physical health, behavioral health, social determinants of health, and psychosocial needs. Based on the member's answers from the screenings utilized, an appropriate care plan is developed that addresses the needed

services. **RMHP** will involve the appropriate staff members, such as registered nurses, for more complex health needs to establish targeted activities and appropriate interventions. Policies and procedures outlined that care plans are monitored regularly and reevaluated at least twice a year to establish the most appropriate care. **RMHP**'s policies and procedures described the processes for providing assistance to the member between settings of care, services received from another managed care plan, fee-for-service providers, and community entities.

Understanding and integrating each member's cultural and individual preferences and delivering culturally respective care was described by staff members as being an important aspect when providing care coordination services. Cultural sensitivity trainings were required for **RMHP** staff members annually and additional trainings were deployed as needed; newsletters were provided to staff members explaining cultural differences; feedback was considered from members and staff members to provide trainings on emerging topics; and **RMHP** developed the Ambassadors for Belonging, Inclusion, Diversity, and Equity (ABIDE) committee.

RMHP regularly monitored PCMP attribution reports received from the Department and worked to correct inaccurate provider attribution for members. **RMHP** reported that common issues for a member's incorrect attribute included providers obtaining a new national provider identifier (NPI), having an NPI associated with a different location, a member having a new complex health need and accessing an alternative provider, or the listed provider was simply inaccurate. Once an issue was identified, **RMHP** worked with the member and the Health First Colorado insurance broker to correctly reassign the member.

RMHP staff members described their extensive care coordination system platform, Essette. Essette was in compliance with all requirements including collecting the member's age, race/ethnicity, care coordinator information, care coordination notes, and care plan information. **RMHP** informed HSAG that there will be an update to Essette during 2022 that will re-locate the member's race/ethnicity data in a more prominent area near the member's language and gender data. Community mental health centers (CMHCs) also accessed and utilized Essette for referrals and care coordination activities. By sharing information through one platform, this allowed coordination and continuity of care across multiple entities involved in providing care to the member and reduced duplication of efforts. **RMHP** also utilized the local health information exchange (HIE), Quality Health Network (QHN), to support coordination and continuity of care, increase collaboration with entities involved in the members' care, and reduce duplication of services. Additionally, when working with outside entities involved in the members' care, **RMHP** would reach out to the entity to obtain a release of information and only share member information through secure communication channels. The Physicians Medical Services Agreements and provider manual outlined the requirements and obligation providers have to maintain and share member records in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Summary of Findings Resulting in Opportunities for Improvement

RMHP described the process for informing members of their assigned care coordinator and providing contact information through telephonic outreach calls. Though the outreach calls conveyed all general required information, HSAG recommends a follow-up letter detailing the information provided over the phone should the member want to reach out to their care coordinator.

Summary of Required Actions

HSAG identified no required actions for this standard.

Standard IV—Member Rights, Protections, and Confidentiality

Summary of Strengths and Findings as Evidence of Compliance

RMHP provided the *Member Rights and Responsibilities* policy that outlined the rights of members as stated in 42 CFR §438.100. In addition to the policy, **RMHP** delineated the rights of members through various channels such as the *Getting Started Guide*, provider manual, provider agreements and contracts, regular trainings, email reminders, provider and member newsletters, and **RMHP**'s website. **RMHP**'s staff members described that when there are changes to laws pertaining to member rights, **RMHP** disseminates this information to its workforce through policy updates and trainings and to its provider network through newsletters.

RMHP's policies, procedures, and staff member interviews outlined a comprehensive approach to ensure compliance with applicable federal, State, and local laws and regulations. **RMHP** supported member feedback and complaints through the customer service phone line and emails. Staff members discussed that the Member Experience Advisory Council reviews grievance reports monthly, and **RMHP**'s leadership receives and reviews these reports daily and is able to promptly address issues relating to member rights. The website and provider manual offered information on diversity and cultural training programs that foster respect and appreciation of differences in perspectives, beliefs, backgrounds, race, and sexual orientation.

RMHP provided an array of documents that showed how the organization guards protected health information (PHI). The *Confidentiality and Retention of Member Records* policy stated that "employees of Rocky Mountain have a moral and legal obligation and responsibility to protect the privacy of our employees, members, physicians and other providers. All information obtained in an official capacity is confidential and will comply with Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulations." In addition, staff members stated that **RMHP** reinforces confidentiality to its workforce, including subcontractors, through annual privacy trainings, and additional or specific privacy trainings are offered if a supervisor notices a violation.

Through **RMHP**'s policies, procedures, website, and provider manual, members and staff members are educated on advance directives. Staff members discussed expectations for **RMHP** providers and staff members regarding assisting members with obtaining information about advance directives.

Summary of Findings Resulting in Opportunities for Improvement

HSAG identified no opportunities for improvement for this standard.

Summary of Required Actions

HSAG identified no required actions for this standard.

Standard V—Member Information Requirements

Summary of Strengths and Findings as Evidence of Compliance

During the review, staff members described **RMHP**'s processes and standards for developing effective communication materials for members. The *Preparation, Maintenance and Distribution of RAE, Prime, and CHP+ Member Materials* policy discussed **RMHP**'s processes in ensuring the use of plain language, cultural and linguistic appropriateness, and a sixth-grade reading level to guide the development of member information materials. **RMHP** had robust processes to ensure that specific documents available electronically on its website are machine readable and comply with Section 508 guidelines, Section 504 of the Rehabilitation Act, and the World Wide Web Consortium (W3C) Web Content Accessibility Guidelines. HSAG conducted an accessibility test on a few member-specific webpages using the WAVE Web Accessibility Evaluation Tool and found minimal to no errors. HSAG also ran an accessibility check on several Portable Document Format (PDF) documents available for download from the website, and the test results met Section 508 compliance requirements. During the interview, staff members responsible for these processes demonstrated working knowledge of structures in place to review and correct accessibility issues by discussing the *Directory of Participating Providers* PDF accessibility check (PAC) test.

The **RMHP** member website contained information about the requirements and benefits of the plan. All core member materials submitted for the review were written in both English and Spanish. **RMHP** maintained processes to ensure new members receive the *Getting Started Guide* and other resource materials, including information on how to obtain translation services. Staff members reported that the *Getting Started Guide* is distributed to newly enrolled members monthly. The *Directory of Participating Providers*, link to the Department's website, and general functions of **RMHP** were all available and easy to navigate on the member website.

RMHP stated in its policy that "RMHP will attempt to fulfill all member requests for documents within five (5) business days of the request." RMHP provided additional evidence to demonstrate how the distribution of the *Getting Started Guide* is monitored to meet the timeline stated in the policy. RMHP submitted the *Handle Language Line Calls* and *Return Relay Colorado Call* documents, which discussed the process for customer service representatives to connect members with language interpretation/translation, including American Sign Language, and/or auxiliary aids and services.

Staff members discussed that information about physician incentive plans is available to members upon request and, depending on the request, customer service will collaboratively work with provider relations to provide the information to the member.

Summary of Findings Resulting in Opportunities for Improvement

RMHP is required to inform members that information provided electronically is available in paper form without charge, upon request, and is provided within five business days. While this is noted on the member handbook website, the statement did not include "within five business days." HSAG recommends that RMHP align the information across websites to ensure consistency in the information communicated to members and staff members. HSAG also recommends, as a best practice, the statement be placed in prominent locations on the website, particularly where critical documents are linked and/or downloadable.

The *Getting Started Guide* and formulary list tested slightly above the sixth-grade reading level, even when excluding complex content such as phone numbers, websites, and benefit information that might be more clinical in nature. HSAG recommends that RMHP enhance its monitoring mechanisms to ensure that all required member informational materials may be easily understood (i.e., sixth-grade reading level), to the extent possible. HSAG recommends using simplified language next to any clinical terminology that RMHP does not wish to alter.

Summary of Required Actions

The *Preparation, Maintenance, and Distribution of RAE, Prime, and CHP+ Member Materials* policy described procedures for ensuring that member informational materials contain taglines that are consistent with the member information requirements. However, the *Getting Started Guide*, Prime member handbook, *Directory of Participating Providers*, formulary list, Grievance and Explanation Resolution Letter template, Upheld Denial Letter template, Overturn Denial Medical Review template, Overturn Denial No Medical Review template, RAE Prime Denial Letter Adult template, and RAE Prime Denial Letter Child template did not include all the required components of a tagline. RMHP must revise critical informational materials such as the *Getting Started Guide*, *Directory of Participating Providers*, formulary list, and member letter templates to include all required components of a tagline.

Although RMHP has a *Notification of Provider Terminations* policy stating that RMHP will send a written notice within 15 days of issuance of the termination notice, the federal language was updated in

December 2020 to include, "or 30 days prior to the effective date of the termination." **RMHP** is required to update the timeline in accordance with federal regulations. **RMHP** must update its policy to include the language, "or 30 days prior to the effective date of the termination."

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment Services

Summary of Strengths and Findings as Evidence of Compliance

RMHP made efforts to provide members with information about EPSDT services within 60 days of enrollment, which included the Prime member handbook, the *Getting Started Guide,* welcome calls, and screening assessments. Throughout the year, **RMHP** distributed additional reminders regarding EPSDT services such as educational fliers, annual EPSDT member notifications, care gap outreach in the form of letters and telephone calls, peripheral communications on social media platforms, and other age-specific materials. Screenings and assessments reiterated EPSDT service information. Throughout the materials, **RMHP** included a definition of EPSDT benefits, referenced the American Academy of Pediatrics (AAP) Bright Futures periodicity schedule as a guide to screenings and immunizations, stated that these services are at no cost to the member, and offered assistance with transportation and scheduling appointments.

Quarterly EPSDT outreach reports documented a steady increase in outreach completion rates throughout calendar year 2021, and staff members described the implementation of care gap letters and calls that occurred in April 2021. For households with multiple EPSDT-eligible members, **RMHP** conducted multiple outreach phone calls to ensure no member was missed in the process.

The provider manual outlined clear expectations to ensure screenings are performed by qualified providers, and accurately documented and billed. Provider relations staff members communicated about EPSDT trainings through provider newsletters and email notices every six months. **RMHP** coordinated local experts to train staff members and providers about EPSDT, including a presentation from Family Voices Colorado. Additional training recordings and Microsoft PowerPoint slides were available on the website and covered topics such as an overview of EPSDT, billing and coding questions, and helpful tips to coordinate care. Staff members added that **RMHP** is developing a training focused on members with co-occurring diagnoses and is hoping to launch it in May 2022.

RMHP care coordinators were available to assist providers and members with referrals for services not covered by the plan, to out-of-network providers, to appropriate State agencies and programs, to CMHCs, and for members with special health care needs. Care coordination staff procedural documents and staff member interviews described **RMHP**'s ability to process and follow up on referrals within 24 to 48 hours in most circumstances. While working to connect members to EPSDT services and community resources, staff members noted attempts to connect members to available waiver programs, connect with other entities through Creative Solutions case conferences, the Momentum program, and leveraging the provider relations team to seek out additional providers locally whenever possible, and

out of state if necessary. **RMHP**'s *EPSDT* policy described referral procedures to the Office of Clinical Services within the Department.

RMHP provided and arranged intensive case management services most commonly out of all EPSDT services, and noted ongoing challenges with residential care placements, including one local provider who closed during the coronavirus disease 2019 (COVID-19) pandemic. Staff members described ongoing work with the Department to access funding sources such as the American Rescue Plan Act (ARPA). Quality department staff members conducted medical record audits that included elements to monitor for EPSDT referrals, coordination of services, and overall documentation of assessments.

Summary of Findings Resulting in Opportunities for Improvement

HSAG recommends the following updates to **RMHP**'s EPSDT documents:

- The annual EPSDT reminder letter was divided into two mailings: a mailing for minors and a mailing for adults. These two letter templates inadvertently used language that may suggest EPSDT services are for members ages 17 and under, or ages 18 to 20. HSAG recommends clarifying that EPSDT services are available, at no cost, for all members ages 20 and under.
- Within the Prime member handbook and the EPSDT flier, **RMHP** stated that copays may apply to some services. HSAG recommends additional clarification that EPSDT services are at no cost to the member.
- The provider manual stated that medically necessary treatments "may under certain circumstances be covered by **RMHP**" and should further clarify that EPSDT services are at no cost to the member and, although some services are not within the **RMHP** benefit, the EPSDT services are covered under the Health First Colorado benefit.
- **RMHP**'s *EPSDT* policy and associated provider trainings included the key concepts of medical necessity, however, should further clarify that medically necessary services are not at the convenience of the caretaker/parent/guardian*, provider, or the member*.

Although **RMHP** described ongoing training of staff members and providers for awareness of State health agencies and programs, staff members were limited in desktop references and current resources with which to make referrals. HSAG suggests that **RMHP** consolidate resource and referral information into a reference guide or similar type of material in order for staff members to access consistent and reliable information.

RMHP submitted limited documentation to verify how EPSDT considerations are processed within the utilization management (UM) department. HSAG recommends expanding UM policies and procedures to better document how EPSDT considerations are included in the UM review process.

Summary of Required Actions

HSAG identified no required actions for this standard.

Overview of FY 2021–2022 Compliance Monitoring Activities

For the FY 2021–2022 site review process, the Department requested a review of four areas of performance. HSAG developed a review strategy and monitoring tools consisting of four standards for reviewing the performance areas chosen. The standards chosen were Standard III—Coordination and Continuity of Care, Standard IV—Member Rights, Protections, and Confidentiality, Standard V—Member Information Requirements, and Standard XI—Early and Periodic Screening, Diagnostic, and Treatment Services. Compliance with applicable federal managed care regulations and managed care contract requirements was evaluated through review of the four standards.

Compliance Monitoring Site Review Methodology

In developing the data collection tools and in reviewing documentation related to the four standards, HSAG used the RAE's contract requirements and regulations specified by the federal Medicaid managed care regulations published May 6, 2016. HSAG assigned each requirement in the compliance monitoring tool a score of *Met*, *Partially Met*, *Not Met*, or *Not Applicable*. The Department determined that the review period was January 1, 2021, through December 31, 2021. HSAG conducted a desk review of materials submitted prior to the site review activities; a review of documents and materials requested during the site review; and interviews of key RAE personnel to determine compliance with applicable federal managed care regulations and contract requirements. Documents submitted for the desk review and site review consisted of policies and procedures, staff training materials, reports, minutes of key committee meetings, member and provider informational materials.

The site review processes were consistent with the CMS EQR *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, October 2019. Appendix D contains a detailed description of HSAG's site review activities consistent with those outlined in the CMS EQR protocol. The four standards chosen for the FY 2021–2022 site reviews represent a portion of the managed care requirements. The following standards will be reviewed in subsequent years: Standard I—Coverage and Authorization of Services, Standard II—Access and Availability, Standard VI—Grievance and Appeal Systems, Standard VII—Provider Participation and Program Integrity, Standard VIII—Credentialing and Recredentialing, Standard IX—Subcontractual Relationships and Delegation, and Standard X—Quality Assessment and Performance Improvement.

Objective of the Site Review

The objective of the site review was to provide meaningful information to the Department and the RAE regarding:

- The RAE's compliance with federal healthcare regulations and managed care contract requirements in the four areas selected for review.
- Strengths, opportunities for improvement, and actions required to bring the RAE into compliance with federal healthcare regulations and contract requirements in the standard areas reviewed.
- The quality and timeliness of, and access to, services furnished by the RAE, as assessed by the specific areas reviewed.
- Possible interventions recommended to improve the quality of the RAE's services related to the standard areas reviewed.

FY 2020–2021 Corrective Action Methodology

As a follow-up to the FY 2020–2021 site review, each RAE that received one or more *Partially Met* or *Not Met* scores was required to submit a CAP to the Department addressing those requirements found not to be fully compliant. If applicable, the RAE was required to describe planned interventions designed to achieve compliance with these requirements, anticipated training and follow-up activities, the timelines associated with the activities, and documents to be sent following completion of the planned interventions. HSAG reviewed the CAP and associated documents submitted by the RAE and determined whether it successfully completed each of the required actions. HSAG and the Department continued to work with **RMHP** until it completed each of the required actions from the FY 2020–2021 compliance monitoring site review.

Summary of FY 2020–2021 Required Actions

For FY 2020–2021, HSAG reviewed Standard VII—Provider Participation and Program Integrity, Standard VIII—Credentialing and Recredentialing, Standard IX—Subcontractual Relationships and Delegation, and Standard X—Quality Assessment and Performance Improvement.

Related to Standard VII—Provider Participation and Program Integrity, **RMHP** was required to update the member liability language in the provider manual to accurately address the various lines of business that may have variations in copay and liabilities.

Related to Standard IX—Subcontractual Relationships and Delegation, **RMHP** was required to update the delegated credentialing agreements that did not include the detailed language specified in 42 CFR §438.230(c)(3) to meet this requirement.

RMHP did not have any required actions for Standard VIII—Credentialing and Recredentialing and Standard X—Quality Assessment and Performance Improvement.

Summary of Corrective Action/Document Review

RMHP submitted a proposed CAP in July 2021. HSAG and the Department reviewed and approved the proposed plan. Initial documents as evidence of completion were submitted in October 2021. **RMHP** resubmitted final CAP documents in November 2021.

Summary of Continued Required Actions

RMHP successfully completed the FY 2020–2021 CAP, resulting in no continued corrective actions.

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
1. A. The Contractor implements procedures to deliver care to and coordinate services for all members. B. *For all members*, the Contractor's care coordination activities place emphasis on acute, complex, and high-risk patients and ensure active management of high-cost and high-need patients. The Contractor ensures that care coordination: • Is accessible to members. • Is provided at the point of care whenever possible. • Addresses both short- and long-term health needs. • Is culturally responsive. • Respects member preferences. • Supports regular communication between care coordinators and the practitioners delivering services to members. • Reduces duplication and promotes continuity by collaborating with the member and the member's care team to identify a lead care coordinator for members receiving care coordination from multiple systems. • Is documented, for both medical and non-medical activities. • Addresses potential gaps in meeting the member's interrelated medical, social, developmental, behavioral, educational, informal support system, financial, and spiritual needs. *42 CFR 438.208(b)*	**Both RAE and Prime:** *III_1-2_3_4_5_7_8_9_10_CM 28 Care Coordination Policy and Procedure* This policy and procedure describes the Rocky Mountain Health Plans (RMHP) comprehensive, client and family centered integrated care coordination program. **Bullet 1:** Integrated Community Care Teams, 2nd paragraph on page 16 **Bullet 2:** Active Care Plan Maintenance on pages 22-23. **Bullet 3:** Care Plan Development & Care Planning on pages 21-23. **Bullet 4:** Found throughout the P&P **Bullet 5:** Found throughout the P&P **Bullet 6:** Care Plan Development & Care Planning on pages 21-23; Active Care Plan Maintenance and Follow-up on pages 27-29 **Bullet 7:** Care Coordinator on page 24; Care Plan Development & Care Planning on page 21-23.	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
RMHP Prime Contract Amendment 7: Exhibit M-7—11.3.3, 11.3.7 RAE Contract Amendment 7: Exhibit B6—11.3.1, 11.3.7	**Bullet 8:** Care Plan Development & Care Planning on page 21-23. **Bullet 9:** Care Plan Development & Care Planning on pages 21-23. *III_1_CM_Comprehensive Assessment* RMHP assesses the Member's health and health behavior risks, medical and nonmedical needs, and social determinants of health needs, including determining if a care plan exists. RMHP uses a comprehensive, client/family centered, integrated approach to assessment of members for care coordination needs. *III_1_CM_Complex Outreach Workflow* This workflow describes Outreach to Populations stratified as Complex and how they are outreached in a campaign. *III_1,6_CM_Health Needs Survey Date Entry Workflow* The Health Needs Survey is a voluntary survey completed by Members enrolling in a Medicaid program such as RAE or Prime. Members indicate when they need help managing their health conditions, are pregnant, would like help with resources or to	

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	receive an outreach call from a care coordinator. Survey data is transferred from HCPF to the RAE and helps prioritize Members who could benefit from care coordination. *III_1_CM_Top 40 Outreach Workflow* This workflow describes Outreach to the Top 40 Members from populations stratified as Complex and how they are outreached in a campaign. The documents listed below demonstrate procedures to deliver care to and coordinate services for all members. *III_1_CM_Care Plan Workflow v6* *III_1,10_CM_Essette Documentation Screen Shot* Additionally, this Essette Documentation Screen Shot contains a view of a Member's Care Plan in Essette. RMHP care coordination works collaboratively with the Member and caregivers (if applicable) to create an individualized care plan that includes documentation of the Member's desired health outcomes and identifies other providers of that member's care coordination team. **RAE specific: see above** **Prime specific: see above**	

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
2. The Contractor ensures that each member has an ongoing source of care appropriate to their needs and a person or entity formally designated as primarily responsible for coordinating the health care services accessed by the member. • The member must be provided information on how to contact their designated person or entity. *42 CFR 438.208(b)(1)* RMHP Prime Contract Amendment 7: Exhibit M-7—None RAE Contract Amendment 7: Exhibit B6—None	**Both RAE and Prime:** *III_1-2_3_4_5_7_8_9_10_CM 28 Care Coordination Policy and Procedure* Pages 16-18 describes Member access to care coordination team. Page 18 describes initial care coordination outreach and screening. *III_2,7_CS_Prime and RAE child welcome call script* *III_2,7_CS_Prime and RAE Adult Welcome call script* RMHP Customer Service representatives make outbound Welcome Calls to all new members. Whether the Member call is outgoing or incoming, the initial Member conversation introduces care coordination and screens the Member for social, medical and behavior heath needs. When a Member is reached and a screener is completed the information is housed in Essette. *III_2_CS_RAE sorry we missed you Eng_Spa* *III_2_CS_Prime sorry we missed you Eng_Spa* This letter is sent to all members who are not reached through the Welcome Call. Members are urged to call Customer Service if they need assistance to access appropriate care and/or to connect with the community resources. **RAE specific: see above**	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard III—Coordination and Continuity of Care

Requirement	Evidence as Submitted by the Health Plan	Score
	Prime specific: *Prime Member Handbook_ENG-508* Page 11 explains How to Contact an RMHP Care Coordinator.	
3. The *MCO* receives and processes the Department's attribution and assignment list to ensure accurate member attribution and assignment. Members enrolled in the MCO have 90 days in which to opt out. Any member who does not opt out remains enrolled until the member's next open enrollment period, at which time the member shall receive an open enrollment notice. Subsequent enrollment will be for 12 months, and a member may not disenroll from the limited managed care capitation initiative (except as provided in the disenrollment terms). The *RAE* no less than quarterly compares the Department's attribution and assignment list with member claims activity to ensure accurate member attribution and assignment. The RAE conducts follow-up with members who are seeking care from primary care providers other than the attributed primary care medical provider (PCMP) to identify any barriers to accessing the PCMP and, if appropriate, to assist the member in changing the attributed PCMP. RMHP Prime Contract Amendment 7: Exhibit M-7—6.7 RAE Contract Amendment 7: Exhibit B6—6.8.1	**Both RAE and Prime:** **RAE specific:** *III_3_CM_RAE PCMP Change Process* This document describes the process for helping RAE Member's identify and change their Primary Care Medical Provider (PCMP). Care Coordinators (CC) offer a three-way call with Member, the CC and the Department's enrollment broker to assist the Member in choosing a different PCMP. *III_3_CI_Attribution Validation* This document describes attribution validation activity for this review period. **Prime specific:** *Prime Member Handbook_ENG-508* On pages 9-10, Members are advised of the circumstances and timeframe for leaving RMHP. They must call the number for Health First Colorado	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	Enrollment to request disenrollment or to change plans. *Note regarding MCO opt out activity:* all MCO enrollment/disenrollment activity is performed by First Health Colorado Enrollment (the enrollment broker).	
4. The Contractor's care coordination activities will comprise: • A range of deliberate activities to organize and facilitate the appropriate delivery of health and social services that support member health and well-being. • Activities targeted to specific members who require more intense and extended assistance and include appropriate interventions. RMHP Prime Contract Amendment 7: Exhibit M-7—11.3.3 RAE Contract Amendment 7: Exhibit B6—11.3.3	**Both RAE and Prime:** **Bullet 1:** *III_1-2_3_4_5_7_8_9_10_CM 28 Care Coordination Policy and Procedure* Pages 6-7 Clinical Event Management, states that RMHP care coordinators will provide assistance during care transitions from hospitals or other care institutions to home or community-based settings or during other transitions, such as the transition from children's health services to adult health services or from hospital or home care to care in a nursing facility. *III_4_PT_Med Nghbrhd Initiative Summary* This document describes RMHP's work at developing a medical neighborhood, including work to improve communication and coordination between providers and care team members via Practice Transformation Programs described in the document.	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	III_4_PT_2021 Provider and Staff Educational Offerings This document provides examples of educational offerings to support the organization and facilitation of the delivery of health and social services for Members. *III_4_PT_Ignacio - lifestance health - Evergreen* *III_4_PT_River Valley - CMH BH - Evergreen* *III_4_PT_WCPA Fruita and GJ - Asthma and Allergy - Evergreen* Examples of care compacts between primary care and specialty practices. **Bullet 2:** *III_1-2_3_4_5_7_8_9_10_CM 28 Care Coordination Policy and Procedure* This requirement is addressed throughout this P&P mainly in the Care Plan Development & Care Planning section on pages 21-23. *III_4_CM People with SHCN Policy 2021* Addresses this requirement for people with special health care needs. On page 1, item 2 provides that RMHP coordinates health care services for children with Special Health Care Needs with other agencies or entities. **RAE specific: see above**	

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	Prime specific: see above	
5. The Contractor is fully integrated with the entirety of work outlined in the contract, thereby creating a seamless experience for members and providers. The Contractor implements procedures to coordinate services furnished to the member: • Between settings of care, including appropriate discharge planning for short-term and long-term hospital and institutional stays. • With the services the member receives from any other managed care plan. • With the services the member receives in fee-for-service (FFS) Medicaid. • With the services the member receives from community and social support providers. *42 CFR 438.208(b)(2)* RMHP Prime Contract Amendment 7: Exhibit M-7—10.3.2, 10.3.4, 11.3.5, 11.3.7.7, 11.3.10, 14.3, 11.3.10 RAE Contract Amendment 7: Exhibit B6—10.3.2, 10.3.4, 11.3.5, 11.3.7.7, 11.3.10, 14.3	**Both RAE and Prime:** *III_1-2_3_4_5_7_8_9_10_CM 28 Care Coordination Policy and Procedure* -Page 2, it is noted that RMHP utilizes a single care management platform, Essette, for all services that allows the many entities that may be providing care/services to a Member to coordinate and share information seamlessly. -Pages 6 & 7, RMHP Care Management staff will provide assistance during care transitions from hospitals or other care institutions to home or community-based settings or during other transitions, such as the transition from children's health services to adult health services or from hospital or home care to care in a nursing facility. -Pages 21-23, Care Plan Development & Care Planning, describe the procedures for coordinating services between settings of care, including appropriate discharge planning for short-term and long-term hospital and institutional stays.. -Integration with BH and PH is further addressed on pages 18-21 and in the Screener, Assessment and Care Planning & Care Plan Development & Care Planning sections on pages 21-23.	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	-Page 21-23, "Care Plan Development & Care Planning, describe the procedures to coordinate services with the Member. *III_5_CS_Call Flow-One Call* The One-Call Center is at the core of RMHP's communication options for Members. One phone number is maintained, staffed, and published for Members to call regarding customer service or care coordination issues. The One-Call Center serves Members and providers. The call tree is streamlined and well organized, with careful attention paid to minimizing the number of options callers need to listen to, yet covering the primary topics of concern. *III_5,8_CM_ Referral Campaign Workflow* This document shows RMHP's referral workflow process. *III_5_PT_Sept 2021 Provider Insider Plus Newsletter* *III_5_PT_Sept 2021 VBCRC Office Hours Webinar* These documents demonstrate RMHP's communication with providers through Newsletters and Webinars to fully engage them in the work outlined in the contract for RAE and for Prime. The Webinars are presented monthly in the format of "Value Based Contracting Office Hours" where RMHP presents on relevant topics and providers have	

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	the opportunity to ask questions and to provide feedback. **RAE specific: see above** **Prime specific: see above**	
6. The Contractor uses the results of the health needs survey, provided by the Department, to inform member outreach and care coordination activities. The Contractor: • Processes a daily data transfer from the Department containing responses to member health needs surveys. • Reviews the member responses to the health needs survey on a regular basis to identify members who may benefit from timely contact and support from the member's PCMP and/or Contractor. *42 CFR 438.208(b)(3)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.5.2–3 RAE Contract Amendment 7: Exhibit B6—7.5.2–3	**Both RAE and Prime:** *III_6_CM_ Health Needs Survey Process* *III_1,6_CM_Health Needs Survey Date Entry Workflow* *III_6_CM_HNS 06-14-21_filtered- redacted* The Health Needs Survey is a voluntary survey completed by Members enrolling in a Medicaid program such as RAE or Prime. Members indicate when they need help managing their health conditions, are pregnant, would like help with resources or to receive an outreach call from a care coordinator. The policy describes how RMHP processes and stratifies the survey. The Workflow illustrates how RMHP receives, processes and reviews the data to inform member outreach and care coordination activities. **RAE specific: see above** **Prime specific: see above**	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
7. The Contractor has procedures to ensure: • Each member receives an individual intake and assessment appropriate for the level of care needed. • It uses the information gathered in the member's intake and assessment to build a service plan (MCO only: *in a timely manner*). • It provides continuity of care for members who are involved in multiple systems and experience service transitions from other Medicaid programs and delivery systems. *42 CFR 438.208(c)(2-3)* RMHP Prime Contract Amendment 7: Exhibit M-7—14.5.1 RAE Contract Amendment 7: Exhibit B6—14.7.1	**Both RAE and Prime:** *III_1-2_3_4_5_7_8_9_10_CM 28 Care Coordination Policy and Procedure* **Bullet 1:** Page 2 indicates that "All members identified by these activities receive outreach to attempt screening, assessment, coordination and care planning as needed." **Bullet 2:** CarePlan Development & Care Planning on pages 21-23. **Bullet 3:** Special Populations on pages 8-16 describes continuity of care activities for Members in transition and involved in multiple systems. *III_7_CM_Continuity & Coordination of Care in Transitions* Purpose on page 1 indicates that RMHP facilitates continuity and coordination of medical care across its delivery system. *III_2,7_CS_Prime and RAE child welcome call script* *III_2,7_CS_Prime and RAE Adult Welcome call script* RMHP Customer Service representatives make outbound Welcome calls to all new members. Whether the Member call is outgoing or incoming, the initial Member conversation introduces care	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	coordination and screens the member for social, medical and behavioral health needs. When a Member is reached and a Screener is completed, the information is housed in Essette. *III_7_CS_RAE and RAE Prime Welcome Call Stats* These statistics illustrate the attempts to reach and complete an initial intake Screener for RAE and Prime Members during the month of July-November, 2021. **RAE specific: see above** **Prime specific: see above**	
8. The Contractor shares with other entities serving the member the results of its identification and assessment of that member's needs to prevent duplication of those activities. *42 CFR 438.208(b)(4)* RMHP Prime Contract Amendment 7: Exhibit M-7—None RAE Contract Amendment 7: Exhibit B6—None	**Both RAE and Prime:** *III_1-2_3_4_5_7_8_9_10_CM 28 Care Coordination Policy and Procedure* -Page 2 explains that RMHP utilizes a care management system platform, Essette, to achieve distribution of all of the Members identified by stratification, ADT alerts, Special Populations and Referrals to RMHP or ICCT staff. Screening, assessment, care planning, and follow up are all managed through Essette. Community Mental Health Centers use the same system for referral and care coordination. This sharing and integration of Essette allows coordination of the many entities that may be providing care/services to a members resulting in	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	better member outcomes and less duplication of care and services. -Page 25, Second paragraph, describes the activities that ensure, to the extent possible, that all communications and interventions have been established. The third bullet, describes activities of sharing assessments and identified needs of the Member with other providers serving the member in order to prevent duplication of activities. *III_5,8_CM_ Referral Campaign Workflow* This document shows RMHP's referral workflow process. **RAE specific: see above** **Prime specific: see above**	
9. The Contractor ensures that each provider furnishing services to members maintains and shares, as appropriate, member health records, in accordance with professional standards and in the process of coordinating care, each member's privacy is protected in accordance with the privacy requirements in 45 CFR parts 160 and 164, subparts A and E (Health Insurance Portability and Accountability Act of 1996 [HIPAA]), to the extent that they are applicable.	**Both RAE and Prime:** *III_6,9_PNM_2021 Provider Manual* -Page 112 describes all aspects of Medical Records and Release of Information and Transfer of Records including how each provider needs to make health service records available to the Member and to other participating providers and authorized individuals in accordance with HIPAA and the terms of the RMHP Provider Agreement. Member confidentiality is described in the 4th paragraph on page 113.	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
42 CFR 438.208(b)(5) and (6) RMHP Prime Contract Amendment 7: Exhibit M-7—15.1.1.5, 11.3.7.11 RAE Contract Amendment 7: Exhibit B6—11.3.7.10.6, 15.1.1.5	-Page 113-115 includes detailed information to PCP's and Specialists about what office records should include. Providers are responsible for the maintenance of adequate medical records, which are to be secure, complete, legible, accurate, accessible, organized, and maintained in a format that facilitates retrieval of information. *III_9_PNM_Physician Medical Services Agreement RAE Prime* Page 8-9, Section L. Records: This section specifies medical records requirements in accordance with professional, state and law requirements, including paragraph 7 which requires physicians to share medical records with other treating providers to facilitate continuity of care consistent with state and federal law. *III_1-2_3_4_5_7_8_9_10_CM 28 Care Coordination Policy and Procedure* Page 26 of Care Plan Development provides that "any communication with a non-member representative will require the appropriate Appointment of Representative/HIPAA paperwork to be filled out." *III_CM_9_HIPAA Authorization to Release Information_English* *III_CM_9_HIPAA Authorization to Release Information_Spanish*	

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	In the process of coordinating care, RMHP follows all HIPAA and 45 CFR requirements to assure member privacy is protected. RMHP uses this Authorization to Use or Disclose Specific Information (Consent Form) for RMHP to use/obtain or disclose specific personal health information. *III_9_CM 14 Confidentiality and Retention of Member Records* Section I, page 1 states that employees of Rocky Mountain have a moral and legal obligation and responsibility to protect the privacy of our members. All information obtained in an official capacity is confidential and staff will comply with HIPAA Privacy Regulations. **RAE specific: see above** **Prime specific: see above**	
10. The Contractor possesses and maintains an electronic care coordination tool to support communication and coordination among members of the provider network and health neighborhood. The care coordination tool collects and aggregates, at a minimum: • Name and Medicaid ID of member for whom care coordination interventions were provided. • Age.	**Both RAE and Prime:** *III_1-2_3_4_5_7_8_9_10_CM 28 Care Coordination Policy and Procedure* Page 2 explains that RMHP utilizes a care management system platform, Essette, to support communication and coordination among the many entities (members of the provider network and health neighborhood) providing care/services to members.	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
• Gender identity. • Race/ethnicity. • Name of entity or entities providing care coordination, including the member's choice of lead care coordinator if there are multiple coordinators. • Care coordination notes, activities, and member needs. • Stratification level. • Information that can aid in the creation and monitoring of a care plan for the member—such as clinical history, medications, social supports, community resources, and member goals. RMHP Prime Contract Amendment 7: Exhibit M-7—15.2.1.1, 15.2.1.3-4 RAE Contract Amendment 7: Exhibit B6—15.2.1.1, 15.2.1.3-4	*III_1,10_CM_Essette Documentation Screen Shot* This document illustrates the data that is collected and aggregated in Essette, including the items listed in this element. -Page 1 provides an example of the following fields: Name, Age, Gender, Care Coordinator, Stratification Level [Acuity], Medicaid ID. -Page 2 provides an example of member's lead coordinator and other providers involved their care. -Page 3 provides member assessment information -Page 4 provides a sample care plan for the member -Page 5 provides care coordination notes -Pages 6-9 provides additional information that can aid in the creation and monitoring of the care plan for the member. **RAE specific: see above** **Prime specific: see above**	

Results for Standard III—Coordination and Continuity of Care								
Total	Met	=	10	X	1.00	=	10	
	Partially Met	=	0	X	.00	=	0	
	Not Met	=	0	X	.00	=	0	
	Not Applicable	=	0	X	NA	=	NA	
Total Applicable		=	10	**Total Score**		=	10	
Total Score ÷ Total Applicable						=	100%	

Standard IV—Member Rights, Protections, and Confidentiality		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
1. The Contractor has written policies regarding the member rights specified in this standard. *42 CFR 438.100(a)(1)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.7.1 RAE Contract Amendment 7: Exhibit B6—7.3.7.1–2	**Both RAE and Prime:** *IV_1,3,4_CS_Medicaid Prime and CHP+ Member Rights and Responsibilities* This Policy and Procedure documents RMHP"S written policy regarding a Prime, RAE, or CHP+ Member's Rights and Responsibilities. **RAE specific: see above** **Prime specific: see above**	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable
2. The Contractor complies with any applicable federal and State laws that pertain to member rights (e.g., non-discrimination, Americans with Disabilities Act) and ensures that its employees and contracted providers observe and protect those rights. *42 CFR 438.100(a)(2) and (d)* RMHP Prime Contract Amendment 7: Exhibit M-7—5.2.4 RAE Contract Amendment 7: Exhibit B6—17.10.7.2	**Both RAE and Prime:** *IV_2,4,6_PNM_ 2021 Provider Manual* Page 117-119 of the Provider Manual describes Prime, RAE and CHP+ Member rights to network providers. Page 106-107 informs providers of the values and tenets of the RMHP Compliance Plan/Code of conduct which demonstrate compliance with Federal and State laws that pertain to Member rights. *IV_2,4_PNM_LawExhibit to Provider Agreements* See Page 8-9, Section 5: Medicaid Recipient Rights and Section 6: Medicaid and CHP+ Contracts Statutes and Regulations lists the federal and State laws with which RMHP, providers and subcontractors shall comply with. *IV_2_CI_Screen Shot_Federal and State Laws*	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard IV—Member Rights, Protections, and Confidentiality		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	Information about federal and State laws that pertain to Member rights is posted on the RMHP.org website. It is also posted in prominent locations in RMHP physical office locations. *IV_2_Law Exhibit_Non-Prov_Ind Contractor* This Law Exhibit is attached to all non-provider contracts that are executed with RMHP. It includes requirements for compliance with all applicable federal and state law that pertain to member rights. *IV_2,5_CM_Confidentiality and Retention of Member Records* Page 1, Purpose statement identifies that RMHP complies will all federal and state regulations that pertain to member activity and confidentiality. *IV_2_PM&A_COMBINED_1557Notice_MLIS_013120 20 (Medicaid CHP+)_Eng* This document demonstrates that RMHP complies with applicable federal and state laws that pertain to member rights. *IV_2,5_CM_HIPAA Authorization to Release Information English* *IV_2,5_CM_HIPAA Authorization to Release Information Spanish*	

Standard IV—Member Rights, Protections, and Confidentiality		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	In the process of coordinating care, RMHP follows all HIPAA and 45 CFR guidelines to assure member privacy is protected. RMHP uses this Authorization to Use or Disclose Specific Information (Consent Form) for RMHP to use/obtain or disclose specific personal health information. **RAE specific: see above** **Prime specific:** *Prime Member Handbook_ENG-508* Page 44 informs Members of the RMHP Equal Opportunity Policy.	
3. The Contractor's policies and procedures ensure that each member is guaranteed the right to: • Receive information in accordance with information requirements (42 CFR 438.10). • Be treated with respect and with due consideration for their dignity and privacy. • Receive information on available treatment options and alternatives, presented in a manner appropriate to the member's condition and ability to understand. • Participate in decisions regarding their health care, including the right to refuse treatment.	**Both RAE and Prime:** *IV_1,3,4_CS_Medicaid Prime and CHP+ Member Rights and Responsibilities* Page 2, Section 6 Member rights as specified in state and federal regulation *Getting Started Guide-RAE-Prime_ENG-508* Members are directed how to find information online to learn more about their Member rights and responsibilities in these Getting Started Guides that are sent to all new members.	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard IV—Member Rights, Protections, and Confidentiality		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
• Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation. • Request and receive a copy of their medical records and request that they be amended or corrected. • Be furnished health care services in accordance with requirements for timely access and medically necessary coordinated care (42 CFR 438.206 through 42 CFR 438.210). *42 CFR 438.100(b)(2) and (3)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.7.2 RAE Contract Amendment 7: Exhibit B6—7.3.7.2.1–6	**RAE specific:** *IV_3_CM89-Member Annual Notice-RAE only- 2021* These Member Annual Notices advise Members how to find information online to learn more about their Member rights and responsibilities. **Prime specific:** *IV_3_CM89-Member Annual Notice-Prime -2021* These Member Annual Notices advise Members how to find information online to learn more about their Member rights and responsibilities.	
4. The Contractor ensures that each member is free to exercise their rights and that the exercise of those rights does not adversely affect the way the Contractor, its network providers, or the State Medicaid agency treats the member. *42 CFR 438.100(c)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.7.2.7 RAE Contract Amendment 7: Exhibit B6—7.3.7.2.7	**Both RAE and Prime:** *IV_2,4,6_PNM_ 2021 Provider Manual* Page 118 includes the Members right to freely exercise their rights without being treated differently *IV_2,4_PNM_LawExhibit to Provider Agreements* Page 8, Section 5: Medicaid Recipient Rights, paragraph C states that "Contractor shall ensure that Medicaid Recipients have the rights set forth in 42 C.F.R. section 438.100(b)(2), including but not limited to the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, consistent with 42 C.F.R., section 438.100.(b)(2)(v)."	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard IV—Member Rights, Protections, and Confidentiality		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	IV_1,3,4_CS_Medicaid Prime and CHP+ Member Rights and Responsibilities Page 2, bullet #8 indicates that the member is able to exercise their rights without being treated differently. **RAE specific: see above** **Prime specific:** *Prime Member Handbook_ENG-508* Page 38, bullet #8 indicates to Members that they are able to exercise their rights without being treated differently.	
5. For medical records and any other health and enrollment information that identifies a particular member, the Contractor uses and discloses individually identifiable health information in accordance with the privacy requirements in 45 CFR parts 160 and 164, subparts A and E (HIPAA), to the extent that these requirements are applicable. *42 CFR 438.224* RMHP Prime Contract Amendment 7: Exhibit B—11.3.7.11, 15.1.1.5 RAE Contract Amendment 7: Exhibit B—11.3.7.10.6, 15.1.1.5	**Both RAE and Prime:** *IV_CM_5_HIPAA Authorization to Release Information English* *IV_CM_5_HIPAA Authorization to Release Information_Spanish* In the process of coordinating care, RMHP follows all HIPAA and 45 CFR guidelines to assure member privacy is protected. RMHP uses this Authorization to Use or Disclose Specific Information (Consent Form) for RMHP to use/obtain or disclose specific personal health information. *IV_2,5_CM_Confidentiality and Retention of Member Records* Page 1, Section I states that employees of Rocky Mountain have a moral and legal obligation and	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard IV—Member Rights, Protections, and Confidentiality		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	responsibility to protect the privacy of our Members. All information obtained in an official capacity is confidential and will comply with HIPAA Privacy Regulations. Section II describes how RMHP protects the confidentiality of all Member records. **RAE specific: see above** **Prime specific: see above**	

6. The Contractor maintains written policies and procedures and provides written information to individuals concerning advance directives with respect to all adult individuals receiving care by or through the Contractor. Advance directives policies and procedures include:
• Notice that members have the right to request and obtain information about advance directives at least once per year.
• A clear statement of limitation if the Contractor cannot implement an advance directive as a matter of conscience.
  – The difference between institution-wide conscientious objections and those raised by individual physicians.
  – Identification of the State legal authority permitting such objection.
	Both RAE and Prime:
	IV_2,4,6_PNM_2021 Provider Manual
	Pages 102-103 provides written information to providers about advance directives. It also explains practitioner responsibilities around advance directives, including the policies they must have in place to provide information to Members about their rights under state law to create an advance directive, and the policies of their organization to respect implementation of those rights (including any limitations because of conscientious objections).
	
	Bullet 1:
	IV_6_CM_Medicare Medicaid Advance Directives_PP
	Section 3.0 Policy demonstrates that members can request information regarding Advance Directives at least once per year.
		RAE
		☒ Met
		☐ Partially Met
		☐ Not Met
		☐ Not Applicable

Standard IV—Member Rights, Protections, and Confidentiality		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**

− Description of the range of medical conditions or procedures affected by the conscientious objection.
  • Provisions:
    − For providing information regarding advance directives to the member's family or surrogate if the member is incapacitated at the time of initial enrollment due to an incapacitating condition or mental disorder and is unable to receive information.
    − For providing advance directive information to the incapacitated member once he or she is no longer incapacitated.
    − To document in a prominent part of the member's medical record whether the member has executed an advance directive.
    − That care to a member is not conditioned on whether the member has executed an advance directive, and provision that members are not discriminated against based on whether they have executed an advance directive.
    − To ensure compliance with State laws regarding advance directives.
    − To inform individuals that complaints concerning noncompliance with advance directive requirements may be filed with the Colorado Department of Public Health and Environment.
	Bullet 2:
	RMHP does not impose any limitations with respect to implementing advance directives as a matter of conscience, therefore no statement to this effect is included in written information to individuals.
	
	Bullet 2, 1st, 2nd and 3rd dashes:
	IV_6_CM_Medicare Medicaid Advance Directives _PP
	This policy implements advance directives. Page 3, item 6.1, specifies that the provider's obligations with respect to advance directions must comply with 42 CFR 489, Subpart I and, at a minimum, do the following.
	-Clarify any differences between institution-wide conscientious objections and those that may be raised by individual physicians.
	-Identify the state legal authority permitting such objection.
	-Describe the range of medical conditions or procedures affected by the conscientious objection.
	
	3rd bullet, 1st dash:
	IV_6_CM_Medicare Medicaid Advance Directives _PP
	-Page 1-2 under "Policy," Section 3 provide that Members rights include that advance directive information is given to the Member's family if he or she is incapacitated at the time of enrollment. Once the Member is no longer incapacitated, the information is given to the individual directly.	

![HSAG Health Services Advisory Group logo]

Appendix A. Colorado Department of Health Care Policy and Financing
FY 2021–2022 Compliance Monitoring Tool
for Rocky Mountain Health Plans RAE 1

Standard IV—Member Rights, Protections, and Confidentiality		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**

− To inform members of changes in State laws regarding advance directives no later than 90 days following the changes in the law.
  − To educate of staff concerning its policies and procedures on advance directives.
  − The components for community education regarding advance directives that include:
    ▪ What constitutes an advance directive.
    ▪ Emphasis that an advance directive is designed to enhance an incapacitated individual's control over medical treatment.
    ▪ Description of applicable State law concerning advance directives.
 	
The MCO must be able to document its community education efforts.
 	
42 CFR 438.3(j)
42 CFR 422.128
 	
RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.11.3-6
RAE Contract Amendment 7: Exhibit B6—7.3.11.2, 7.3.11.3.3
	-Page 3, under "Procedure," Section 6 requires providers to have and comply with written policies and procedures for advance directives, including requirements in 42 CFR 489.102. Subsection (e) of this regulation sets forth the timing of the provision of advance directive information when the Member is incapacitated.
	
	3rd bullet, 2nd dash:
	IV_6_PNM-007 Advance Directives
	Page 2, 3.1.d, practitioners must provide advance directive information to incapacitated Members once they are no longer incapacitated.
	
	3rd bullet, 3rd dash:
	IV_6_CM_Medicare Medicaid Advance Directives _PP
	Page 2. Section 3.4 and Page 4 Section 6.3.b sets forth the Member's right to have an advance directive recorded in the medical record. Page 4, Section 6.4 provides that when chart audits occur they will include a review for the presence or absence of advance directives in the medical record.
	IV_6_PNM-007 Advance Directives
	Page 2 Section 3.4 and Section 6.3.b, a practitioner is required to include a Member's advance directive in the medical record.
	
	IV_2,4,6_PNM_2021 Provider Manual	

Standard IV—Member Rights, Protections, and Confidentiality		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	Page 94 provides that a practitioner must include a Member's advance directive in the medical record. **3rd bullet, 4th dash:** *IV_6_PNM-007 Advance Directives* On page 4, Section 6.5.b of the policy, providers are prohibited from discriminating against Members based on whether the Member has executed an advance directive. *IV_2,4,6_PNM_2021 Provider Manual* Page 94 provides that a practitioner may not condition the provision of health or medical care based on whether or not the Member has signed an advance directive. **3rd bullet, 7th dash:** *IV_6_CM_Medicare Medicaid Advance Directives _PP* Page 2, item 3.1.b. provides that Members will be informed of changes in state law concerning advance directives no later than 90 days following the change in law. 3rd bullet, 8th dash: *IV_6_CM_Medicare Medicaid Advance Directives _PP* Page 4, item 6.5.c. provides that RMHP will train staff on policies and procedures on advance directives. RMHP employees are educated about advance directives by utilization of the following documents:	

Standard IV—Member Rights, Protections, and Confidentiality		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	IV_6_CS_P&P Advanced Health Care Directive *IV_6_CS_Obtain or report issues on an Advance Directive* *IV_6_CS_Advanced Directive form* **3rd bullet, 9th dash:** *IV_6_CM_Medicare Medicaid Advance Directives _PP* Page 4, item 6.5.d. provides that RMHP will provide community education on advance directives, including issues that the education will address. *IV_6_CI_Webpage screen shot Advance Directives Information* This document demonstrates public information on RMHP.org for community education regarding advance directives. **RAE specific: see above** **Prime specific:** *Prime Member Handbook_ENG-508* Pages 45-58 provides written information to Members about advance directives. **3rd bullet, 4th dash:** *Prime Member Handbook_ENG-508* Page 50, Know the Law, informs Members that they will not be denied services, treatment or admission to a	

Standard IV—Member Rights, Protections, and Confidentiality		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	health care facility if the Member does not sign an advance directive. **3rd bullet, 5th and 6th dash:** *Prime Member Handbook_ENG-508* Page 46, "Know the Law" section provides members information regarding State laws and advance directives. Page 47, "How do I complain if my advance directive is not followed?" provides information to Members about how to complain if an advance directive is not followed.	

Results for Standard IV—Member Rights, Protections, and Confidentiality							
Total	Met	=	6	X	1.00	=	6
	Partially Met	=	0	X	.00	=	0
	Not Met	=	0	X	.00	=	0
	Not Applicable	=	0	X	NA	=	NA
Total Applicable		=	6	**Total Score**		=	6
Total Score ÷ Total Applicable					=	100%	

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
1. The Contractor provides all required member information to members in a manner and format that may be easily understood and is readily accessible by enrollees. • The Contractor ensures that all member materials (for large-scale member communications) have been member tested. *Note: Readily accessible means electronic information which complies with Section 508 guidelines, Section 504 of the Rehabilitation Act, and W3C's Web Content Accessibility Guidelines.* *42 CFR 438.10(c)(1)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.2.5, 7.2.7.9 RAE Contract Amendment 7: Exhibit B6—7.2.5, 7.3.6.1	**Both RAE and Prime:** *V_CI_PrepMaintainDistribute_ Medicaid_CHP+_Member Materials_PP_Final* This Policy and Procedure is written to assure that all materials intended for distribution to RMHP Medicaid and CHP+ Members are reviewed and edited to promote ease of use for RMHP enrollees, and to assure that they are readily accessible. Page 2, bullet 1, also indicates that RMHP will accommodate Members with vision or other impairments by providing Member materials in alternative formats. Page 2, bullet 3 indicates written materials that are critical to obtaining services are member tested through the RMHP's Member Advisory Council. *Prime Member Handbook_ ENG-508* *Getting Started Guide-RAE-Prime_ENG-508* *V_1,4,14,15_PNM_Prime_2021_Directory* *V_1,4,14,15_PNM_RAE 2021 ENG_Directory* *V_1_2_4_CS_RAE_Prime Sorry We Missed You Eng_Span* *V_PH_Prime-CHP+_Formulary 10.1.2021_508_Eng_Span* Health-First-Colorado-Member-Handbook_2021 The documents listed above are examples of materials demonstrating that member information is provided in a manner and format that is easily understood. *Getting Started Guide-RAE-Prime_ENG-508_PAC Rpt*	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	Prime Member Handbook_Eng-508_PAC Rpt *V_PH_Prime-CHP+_Formulary 10.1.2021_508 RPT_Eng_Span* The Accessibility Reports listed above show that these required member documents have passed 508 remediation. *V_PRIME2021_Directory_PAC_UA_Report* *V_RAE 2021 ENG_Directory_PAC_UA_Report* These accessibility reports show that these documents did not pass 508 remediation testing due font issues. We will remediate and provide new accessibility reports showing these documents have passed 508 remediation testing at the virtual site review. **RAE specific: see above** **Prime specific: see above**	
2. The Contractor has in place a mechanism to help members understand the requirements and benefits of the plan. *42 CFR 438.10(c)(7)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.8.1 RAE Contract Amendment 7: Exhibit B6—7.38.1	**Both RAE and Prime:** *Getting Started Guide-RAE-Prime_ENG-508* This document includes important information to help Member understand the requirements and benefits of the RAE and Prime plans. It also includes information about how to access valuable information on the RMHP website. It is mailed to new Members upon enrollment. *V_2_CS_Prime and RAE adult welcome call script* *V_2_CS_Prime and RAE child welcome call script*	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	V_1_2_4_CS_RAE_Prime Sorry We Missed You Eng_Span The documents listed above illustrate other mechanisms (e.g., telephone calls, follow-up letter) we use to assist members to understand the requirements and benefits of the plan. *V_2_CI_Screenshot About the RAE* This screen shot provides information about Understanding the Regional Organization. **RAE specific:** *Health-First-Colorado-Member-Handbook_2021* The Department distributes the Health First Colorado Member Handbook. RMHP sends the Health First Colorado Handbook to Members upon request. **Prime specific:** *Prime Member Handbook_ ENG-508* The Prime Member Handbook includes information to help Members understand the requirements and benefits of the plan. The RMHP Customer service number is listed in the footer of the handbook.	

![HSAG Health Services Advisory Group logo]

Appendix A. Colorado Department of Health Care Policy and Financing
FY 2021–2022 Compliance Monitoring Tool
for Rocky Mountain Health Plans RAE 1

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
3. For consistency in the information provided to members, the Contractor uses the following as developed by the State, when applicable and when available: • Definitions for managed care terminology, including: appeal, co-payment, durable medical equipment, emergency medical condition, emergency medical transportation, emergency room care, emergency services, excluded services, grievance, habilitation services and devices, health insurance, home health care, hospice services, hospitalization, hospital outpatient care, medically necessary, network, non-participating provider, participating provider, physician services, plan, preauthorization, premium, prescription drug coverage, prescription drugs, primary care physician, primary care provider, provider, rehabilitation services and devices, skilled nursing care, specialist, and urgent care. • Model member handbooks and member notices. *42 CFR 438.10(c)(4)* RMHP Prime Contract Amendment 7: Exhibit M-7—3.6 RAE Contract Amendment 7: Exhibit B6—3.6, 7.3.4	**Both RAE and Prime:** *V_CI_PrepMaintainDistribute_ Medicaid_CHP+_Member Materials_PP_Final* Page 2, bullet 7, states that RMHP will use the definitions for managed care terminology developed by the Department as soon as they are made available to RMHP. *Medicaid_Notice_of_Adverse_Benefit_Determination_Final_10_28* This is the model notice of adverse benefit determination that was provided by the Department to use when mailing these notices to RAE/Prime Members. *V_ RAE Prime Denial Letter Adult 9.28.2021* *V_RAE Prime Denial Letter Child.9.28.2021* These are the sample RMHP notices that are modeled after the Department's approved template. **RAE specific:** *Health-First-Colorado-Member-Handbook_2021* The Department distributes the Health First Colorado Member Handbook. *V_3_CI_Screenot Link to Health First Colorado Handbook*	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	RMHP provides a link to the Health First Colorado Member Handbook located on the Health First Colorado website. **Prime specific:** *Prime Member Handbook_ ENG-508* The Prime Member Handbook includes a glossary section for the definitions as identified in the contract with the Department.	

4. The Contractor makes written information available in prevalent non-English languages in its service area and in alternative formats upon member request at no cost.
• Written materials that are critical to obtaining services include, at a minimum, provider directories, member handbooks, appeal and grievance notices, and denial and termination notices.
• All written materials for members must:
  – Use easily understood language and format.
  – Use a font size no smaller than 12-point.
  – Be available in alternative formats and through provision of auxiliary aids and service that take into consideration the special needs of members with disabilities or limited English proficiency.
  – Include taglines in large print (conspicuously-visible font size) and prevalent non-English languages describing how to request auxiliary
	Both RAE and Prime:
	Bullet 1:
	Written materials that are critical to obtaining services include: provider directories, member handbooks, appeal and grievance notices, and denial and termination notices.
	Prime Member Handbook_ENG-508
	Prime Member Handbook_SPA-508
	Getting Started Guide-RAE-Prime_SPA-508
	Getting Started Guide-RAE-Prime_ENG-508
	V_COMBINED_1557Notice_01312020 (Medicaid CHP+) (Spanish)
	V_COMBINED_1557Notice_MLIS_01312020 (Medicaid CHP+)_Eng
	V_1,4,14,15_PNM_PRIME 2021 SP_Directory
	V_1,4,14,15_PNM_RAE 2021 SP_Directory
	V_4_CS_RAE Prime Sorry we missed you Eng_Span
		RAE
		☐ Met
		☒ Partially Met
		☐ Not Met
		☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
aids and services, including written translation or oral interpretation and the toll-free and TTY/TDD customer service numbers and availability of materials in alternative formats. – Be member tested. *42 CFR 438.10(d)(3) and (d)(6)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.2.7.3–9; 7.3.13.3 RAE Contract Amendment 7: Exhibit B6—7.2.7.3–9; 7.3.13.3	Note: These various documents below are sent to translation when we note a Member's preferred language is Spanish. *V_4_CS_MD - Grievance and Explanation Resolution* *V_4_CS_MD.CHP - Overturn Denial Med Review* *V_4_CS_MD.CHP - Overturn Denial No Med Review* *V_4_CS_MD - Uphold Denial Med Review* *V_4_CS_MD - Uphold Denial No Med Review* All the documents listed above are examples of member materials that are available to Members in Spanish. Spanish is the prevalent non-English language in the RMHP Prime and RAE service-area. The following documents are examples of adverse benefit decision letters written in English and translated into Spanish. *V_RAE Prime Denial Letter Adult 9.28.2021* *V_RAE Prime Denial Letter Child 9.28.2021* *V_4_PNM_Path to RAE and Prime PDF Provider Directories* Screen shots of rmhp.org with the path to the PDF versions of the RAE and Prime Provider Directories in English and Spanish. *V_1,4,14,15_PNM_PRIME2021_Directory* *V_1,4,14,15_PNM_PRIME 2021 SP_Directory* *V_1,4,14,15_PNM_RAE 2021 SP_Directory*	

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	V_1,4,14,15_PNM_RAE 2021 ENG_Directory **Bullet 2:** *V_4_CS_Request a document in large print* *V_4_CS_Request or send a document in an alternate language* These Customer Service processes explain RMHP's process for making written information available in other formats and alternate languages. *Prime Member Handbook_ENG-508* Pages 76-77, in the "Notice of Nondiscrimination" of the Prime Member Handbook tells Members how to access the information in alternative formats. **Bullet 2, dash 4:** *V_COMBINED_1557Notice_01312020 (Medicaid CHP+)_Eng* This document indicates in 17 different languages that language assistance services are available to Members free of charge. This notice is inserted in all written materials that are critical to obtaining services. **Bullet 2, dash 1:** *V_CI_Prep_Maintain_ Distribute_ Medicaid_CHP+ _Member Materials_PP_Final* Pages 1-2 under Section 4.0 "Procedure," indicate that RMHP will create Member material that is easy to use and	

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	understand, and that RMHP will make materials available in non-English languages and alternative formats without charge. **Bullet 2, dash 2, 3, 4, 5:** *V_CI_Prep_Maintain_ Distribute_ Medicaid_CHP+ _Member Materials_PP_Final* Page 1-2, Procedure, explains that RMHP will include in large print (18 point font) (1) taglines in non-English languages indicating the availability of language services for individuals who are limited English proficient, and (2) information about how to request auxiliary aids and services. This information will be sent with all Member materials that are considered critical to obtaining services. This document also states that RMHP will use font size no smaller than 12 point. **RAE specific: see above** **Prime specific: see above**	

Findings:
The *Preparation, Maintenance, and Distribution of RAE, Prime, and CHP+ Member Materials* policy described procedures for ensuring that member informational materials contain taglines that are consistent with the member information requirements. However, the *Getting Started Guide*, *Directory of Participating Providers*, formulary list, and all letter templates did not include all required components of a tagline.

- The *Getting Started Guide,* Grievance and Explanation Resolution Letter, Upheld Denial Letter, Overturn Denial Medical Review, Overturn Denial No Medical Review, RAE Prime Denial Letter Adult, and RAE Prime Denial Letter Child templates did not include a tagline.

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
• The *Directory of Participating Providers* included a large font tagline but did not contain all required details such as "available at no cost" and the full tagline was not translated in Spanish. • The formulary list included a tagline; however, it was not in large print (conspicuously visible font size) and did not include "at no cost."		
Required Actions: RMHP must revise critical informational materials such as the *Getting Started Guide*, *Directory of Participating Providers*, formulary list, and member letter templates to include all required components of a tagline.		
5. *If the Contractor makes information available electronically:* Information provided electronically must meet the following requirements: • The format is readily accessible (see definition of "readily accessible" above). • The information is placed in a website location that is prominent and readily accessible. • The information can be electronically retained and printed. • The information complies with content and language requirements. • The member is informed that the information is available in paper form without charge upon request and is provided within five business days. Provide a link to the Department's website on the Contractor's website for standardized information such as member rights and handbooks. *42 CFR 438.10(c)(6)*	**Both RAE and Prime:** **Bullet 1:** *V_PH_Prime-CHP+_Formulary 10.1.2021_508 RPT_Eng_Span* *Getting Started Guide-RAE-Prime_ENG-508_PAC Rpt* *Prime Member Handbook_Eng-508_PAC Rpt* The Accessibility Reports listed above show that these required member documents posted on rmhp.org have passed 508 remediation. *V_PRIME2021_Directory_PAC_UA_Report* *V_RAE 2021 ENG_Directory_PAC_UA_Report* These accessibility reports show that these documents did not pass 508 remediation testing due font issues. We will remediate and provide new accessibility reports showing these documents have passed 508 remediation testing at the virtual site review. *V_Dig_Message Confirming 508 Compliance of RMHP.org Medicaid-Prime Sections*	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.14.1, 7.3.9.2 RAE Contract Amendment 7: Exhibit B6—7.3.14.1, 7.3.9.2	This message from RMHP IT staff verifies that the Medicaid/Prime sections on the rmhp.org website are 508 compliant *V_Dig_Message Confirming 508 Compliance of rmhp.org* This message from RMHP Digital Department confirms that the website at www.rmhp.org is 508 compliant with no errors, according to the WAVE web accessibility evaluation tool recommended by the GSA. *V_5_Dig_HealthSparqWebApp-VPAT2.4-Feb22-2021-FINAL* The searchable, online provider directory is accessible. HealthSparq (online directory vendor) provided this Compliance Testing Report with affirmation that the web pages meet 508 compliance mandates. Note: The report shown in documents submitted is from Feb. 2021. IF an updated report becomes available, this will be provided for review at the virtual site review. **Bullets 2 & 3:** *V_5,6_CI_Screenshot of Member materials and formulary information on RMHP Website* These documents demonstrate these Member materials can be electronically printed and retained are readily accessible.	

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	Bullet 4 & 5: *V_CI_Prep_Maintain_ Distribute_ Medicaid_CHP+ _Member Materials_PP_Final* Page 1, Section 4.0, "Procedure" of this P&P describes the process that RMHP uses to prepare Member materials that comply with content and language requirements, and on page 2, bullet 5, states that RMHP will make information available to an enrollee in paper form and without charge within 5 days of request. **RAE specific: see above** **Prime specific:** *Prime Member Handbook_ ENG-508* Page iv explains to Members that they can get a new Prime Member Handbook each year or any time they want it – they can ask RMHP to mail it or it is accessible online at rmhp.org.	
6. The Contractor makes available to members in electronic or paper form information about its formulary: • Which medications are covered (both generic and name brand). • What tier each medication is on. • Formulary drug list must be available on the Contractor's website in a machine-readable file and format.	**Both RAE and Prime:** *V_5,6_CI_Screenshot of Member materials and formulary information on RMHP Website* This screenshot demonstrates that Members can electronically obtain the formulary electronically or in paper form, with details about the pharmacy coverage.	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
42 CFR 438.10(i) RMHP Prime Contract Amendment 7: Exhibit M-7—14.2.1.6.2.1.2 Contract Amendment 7: Exhibit B6—None	*Getting Started Guide-RAE-Prime_ENG-508* Page 3 explains how to access the formulary online and how to request a paper copy at no charge. **RAE specific: see above** **Prime specific:** *Prime Member Handbook_ENG-508* Page 19 explains how to access the formulary online. *V_PH_Prime-CHP+_Formulary 10.1.2021_508 RPT_Eng_Span* This accessibility report confirms that Optum RX (used for Prime) is 508 compliant.	
7. The Contractor makes interpretation services (for all non-English languages) and use of auxiliary aids such as TTY/TDD and American Sign Language available free of charge, notifies members that oral interpretation is available for any language and written translation is available in prevalent languages, and informs about how to access those services. *42 CFR 438.10 (d)(4) and (d)(5)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.2.6.2–4 RAE Contract Amendment 7: Exhibit B6—7.2.6.2–4	**Both RAE and Prime:** *V_7_CS_Accomodations for Members with Special Needs* This P&P describes how RMHP accommodates Members with communication barriers. Customer Service provides the following services: -Members who are hearing impaired can access TTY; 711 or use Live Chat or email. -For non-English speaking Members, CS utilizes Language Line Solutions for interpreters. -Auxiliary aids and services (e.g., large print, braille, non-English written materials are available. -These services are provided at no cost to the Member.	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	V_CI_PrepMaintainDistribute_ Medicaid_CHP+_Member Materials_PP_Final Page 1, Procedure, bullet 4, indicate that RMHP will translate documents into prevalent non-English languages. *V_COMBINED_1557Notice_01312020 (Medicaid CHP+)_Eng* This document indicates in 17 different languages that language assistance services are available to Members free of charge. This notice is inserted in all written materials that are critical to obtaining services. The Notice of Nondiscrimination indicates that RMHP provides: -Free auxiliary aids and services to people with disabilities such as qualified sign language interpreters (remote interpreting service or on-site appearance), and written information in other formats (large print, audio, accessible electronic formats, other formats) -Free language assistance services to people whose primary language is not English, such as qualified interpreters and information written in other languages. This document is inserted in all member material that is considered critical to the Member receiving services. It is found in the Prime Member Handbook on page 76. Members are told that they may access these services by calling RMHP.	

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	V_7,8_CS Handle Language Line Calls *V_7,8_CS_Return Relay Colorado call* These documents describe the process that Customer Service Representatives follow to handle Language Line and Relay Colorado phone calls with Members. **RAE specific: see above** **Prime specific:** *Prime Member Handbook_ENG-508* Page 3 & 14 indicates that for callers who do not speak English or Spanish, RMHP uses Language Line Services. RMHP provides interpretation services at no cost to Members. Members are advised to tell RMHP if they need interpreter services or help in other languages.	
8. The Contractor ensures that: • Language assistance is provided at all points of contact, in a timely manner and during all hours of operation. • Customer service telephone functions easily access interpreter or bilingual services. RMHP Prime Contract Amendment 7: Exhibit M-7—7.2.6.1, 7.2.6.5 RAE Contract Amendment 7: Exhibit B6—7.2.6.1, 7.2.6.5	**Both RAE and Prime:** *V_COMBINED_1557Notice_01312020 (Medicaid CHP+)_Eng* The Notice of Nondiscrimination indicates that RMHP provides: -Free auxiliary aids and services to people with disabilities such as qualified sign language interpreters (remote interpreting service or on-site appearance), and written information in other formats (large print, audio, accessible electronic formats, other formats) -This document is inserted in all member material that is considered critical to the Member receiving services. It is found in the Prime Member Handbook on pages 63-66.	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	Members are told that they may access these services by calling RMHP. *V_7,8_CS Handle Language Line Calls* *V_7,8_CS_Return Relay Colorado call* These documents describe the process that Customer Service Representatives follow to handle Language Line and Relay Colorado phone calls with Members. **RAE specific: see above** **Prime specific:** *Prime Member Handbook_ENG-508* Page i-ii of the Prime Member Handbook explains how members can access materials in other languages and formats. Hours of operation for customer service are specified.	
9. The Contractor provides each member with a member handbook within a reasonable time after receiving notification of the member's enrollment. *42 CFR 438.10(g)(1)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.8.1 RAE Contract Amendment 7: Exhibit B6—7.3.8.1	**Both RAE and Prime:** *V_CI_PrepMaintainDistribute_* *Medicaid_CHP+_Member Materials_PP_Final* Page 3, Sections "RMHP RAE/Prime," of the P&P explains how the new member packet is mailed within a reasonable timeframe after notification of the Member's enrollment. RMHP strives to send these materials within the first 30 days of a Member's initial enrollment. Information is included in the Getting Started Guide on how Members can obtain a Prime Member Handbook	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	online as well as a print copy upon request at no charge. It also directs members where they can print a copy of the Health First Colorado Member Handbook. *Getting Started Guide-RAE-Prime_ENG-508* Explains that RMHP sends the Getting Started Guide to tell RAE and Prime members how to access material on the website or how to request paper copies. **RAE specific: see above** **Prime specific: see above** *Instructions: Unless the MCO/RAE has its own handbook or supplement, score this Not Applicable.*	
10. The Contractor gives members written notice of any significant change (as defined by the State) in the information required at 438.10(g) at least 30 days before the intended effective date of the change. *42 CFR 438.10(g)(4)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.8.2 RAE Contract Amendment 7: Exhibit B6—7.3.8.2	**Both RAE and Prime:** *V_CI_PrepMaintainDistribute_ Medicaid_CHP+_Member Materials_PP_Final* Page 2, Bullet #6, indicates that RMHP will provide enrollees at least a 30-day notice of any change in the information that the State defines as significant. Note: No significant changes were necessary to communicate to Members in 2021. **RAE specific: see above**	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	Prime specific: see above *Instructions: If the MCO/RAE does not produce a handbook or supplement, score Not Applicable.*	
11. For any Contractor member handbook or supplement to the member handbook provided to members, the Contractor ensures that information is consistent with federal requirements in 42 CFR 438.10(g). • The Contractor ensures that its member handbook or supplement includes a link to the online Health First Colorado member handbook. *42 CFR 438.10* RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.8.1 RAE Contract Amendment 7: Exhibit B6—7.3.8.1	**Both RAE and Prime:** *V_CI_PrepMaintainDistribute_ Medicaid_CHP+_Member Materials_PP_Final* Pages 1-2 indicate how RMHP prepares member materials so that all information is consistent with federal requirements. *Getting Started Guide-RAE-Prime_ENG-508* Section 4, Understand Your Resources, informs Members that they can find their Health First Colorado Member handbook at healthfirstcolorado.com or co.gov/peak. *V_5,6,11_CI_Screenshot of Member materials and formulary information on RMHP Website* This screen shot shows the link to the Health First Colorado Handbook that is on the RMHP website. RMHP also sends the Health First Colorado Handbook to Members upon request. **RAE specific: see above**	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	Prime specific: see above *Instructions: If the Contractor does not produce a handbook or supplement, score Not Applicable. If the Contractor produces its own handbook or supplemental handbook—(a) review for accuracy of any applicable elements and (b) must reference the Department's handbook.*	
12. The Contractor makes a good faith effort to give written notice of termination of a contracted provider within 15 days after the receipt or issuance of the termination notice or 30 days prior to the effective date of the termination, whichever is later, to each member who received their primary care from, or was seen on a regular basis by, the terminated provider. *42 CFR 438.10(f)(1)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.10.1 RAE Contract Amendment 7: Exhibit B6—7.3.10.1	**Both RAE and Prime:** *V_12_PNM_CM-CS-PNM 01 Notification of Provider Termination P&P* This P&P's purpose is to ensure that all Members assigned to a Primary Care Physician (PCP) with at least one visit with a PCP within the previous twelve months, are notified when the PCP is no longer contracted with RMHP. This document outlines, at a high level, the cross departmental workflow of the PCP termination process. *V_12_PNM_PCP Term to Mbr Notification MD* *V_12_PNM_Spec Term to PCP Notification MD* *V-12_PNM_Facility Term to PCP Notification MD* Provider termination notice templates are used to provide written notice of the termination of a participating PCP, Specialist or Facility. **RAE specific: see above**	**RAE** ☐ Met ☒ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	Prime specific: *V_12_PH_Pharmacy Term* These provider termination notice template are used when RMHP provides written notice of the termination of a participating PCP, specialist or pharmacy.	

Findings:

Although RMHP has a *Notification of Provider Terminations* policy stating that RMHP will send a written notice within 15 days of issuance of the termination notice, the federal language was updated in December 2020 to include, "or 30 days prior to the effective date of the termination." RMHP is required to update the timeline in accordance with federal regulations.

Required Actions:

RMHP must update its policy to include the language, "or 30 days prior to the effective date of the termination."

13. The Contractor shall develop and maintain a customized and comprehensive website that includes: • The Contractor's contact information. • Member rights and handbooks. • Grievance and appeal procedures and rights. • General functions of the Contractor. • Trainings. • Provider directory. • Access to care standards. • Health First Colorado Nurse Advice Line. • Colorado Crisis Services information. • A link to the Department's website for standardized information such as member rights and handbooks.	**Both RAE and Prime:** *V_13_CI_Member information on Website* This document shows the location on the website of each of these requirements. **RAE specific: see above** **Prime specific: see above**	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.9 RAE Contract Amendment 7: Exhibit B6—7.3.9.1.1–5; 7.3.9.1.9–11; 7.3.9.2		
14. The Contractor makes available to members in paper or electronic form the following information about contracted network physicians (including specialists), hospitals, pharmacies, (*and for RAE, behavioral health providers and long-term services and supports (LTSS) providers*): • The provider's name and group affiliation, street address(es), telephone number(s), website URL, specialty (as appropriate), and whether the provider will accept new enrollees. • The provider's cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or provider's office. • Whether the provider's office has accommodations for people with physical disabilities, including offices, exam rooms, and equipment. *Note: Information included in a paper provider directory must be updated at least monthly if the Contractor does not have a mobile-enabled, electronic directory; or quarterly if the Contractor has a mobile-enabled, electronic provider directory; and electronic provider directories must be updated no later than 30 calendar days after the contractor receives updated provider information.*	**Both RAE and Prime:** *V_1,4,14,15_PNM_PRIME2021_Directory* *V_1,4,14,15_PNM_RAE 2021 ENG_Directory* The RAE and Prime Provider Directories are available on the RMHP website in both electronic and paper form. The paper directories include the provider's name, group affiliation, street address, telephone and fax numbers, gender, and specialty. In addition, the paper provider directory indicates languages offered, if the provider accepts established patients only through use of an icon showing a circle with strike mark, PCPs through use of an icon showing the letter "P" within a circle, handicap accessibility through use of a wheelchair icon and accommodations for people with physical disabilities in the office and exam rooms. (Provider website URLs are not available at this time). Page 4 in the Prime Provider Directory, Jeffrey Fegan, is an example of a provider who has completed RMHP's Disability Competent Care Training Program and Cultural Competency Training. An example in the RAE Provider Directory is on page 4, Casey Aguirre.	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
42 CFR 438.10(h)(1-3) RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.9.1.6-7 RAE Contract Amendment 7: Exhibit B6—7.3.9.1.6-7	Information about the electronic provider directory can be found at www.rmhp.org. It indicates that practitioners and hospitals may self-report, or update upon RMHP's request, the demographic information displayed in the directory, including name, address, phone number, gender, languages spoken, medical group affiliation, hospital affiliation, and accepting current patients. This data is updated weekly to maintain accuracy. The Online Directory is current as of Wednesday of each week. (Provider website URLs are not available at this time). *V_14_PNM-002 Physician and Hospital Directory Updates P&P* P&P policy for including requirements and guidelines for validating the accuracy of information in provider directories, as well as how often directories are updated. **RAE specific: see above** **Prime specific: see above**	
15. Provider directories are made available on the Contractor's website in a machine-readable file and format. *42 CFR 438.10(h)(4)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.9.1.8	**Both RAE and Prime:** *V_4,15_PNM_Path to RAE and Prime PDF Provider Directories* Shows where Members can download a copy of the Provider Directory from the website. *V_1,4,14,15_PNM_PRIME 2021 SP_Directory* *V_1,4,14,15_PNM_PRIME2021_Directory*	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
RAE Contract Amendment 7: Exhibit B6—7.3.9.1.8	*V_1,4,14,15_PNM_RAE 2021 SP_Directory* *V_1,4,14,15_PNM_RAE 2021 ENG_Directory* Provider directories are available for download and are in a machine readable file and format. *V_PRIME2021_Directory_PAC_UA_Report* *V_RAE 2021 ENG_Directory_PAC_UA_Report* These accessibility reports show that these documents did not pass 508 remediation testing due font issues. We will remediate and provide new accessibility reports showing these documents have passed 508 remediation testing at the audit interview. **RAE specific: see above** **Prime specific: see above**	
16. The Contractor shall develop electronic and written materials for distribution to newly enrolled and existing members that include all of the following: • The Contractor's single toll-free customer service phone number. • The Contractor's email address. • The Contractor's website address. • State relay information. • The basic features of the Contractor's managed care functions as a primary care case management	**Both RAE and Prime:** *V_16_CI_Crosswalk to documents 2021* This document provides a crosswalk for each requirement, and the document source and page number. This information is available in electronic and written form. The documents include: *Getting Started Guide_RAE_Prime_ENG_508* *V_16_CI Electronic Member Material on website Screen Shot*	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
(PCCM) entity and prepaid inpatient health plan (PIHP). • The service area covered by the Contractor. • Medicaid benefits, including State Plan benefits and those in the limited managed care capitation initiative. − *And for the RAE, those in the Capitated Behavioral Health Benefit.* • Any restrictions on the member's freedom of choice among network providers. • The requirement for the Contractor to provide adequate access to behavioral health services included in the Capitated Behavioral Health Benefit, including the network adequacy standards (*RAE only*). • The Contractor's responsibilities for coordination of member care. • Information about where and how to obtain counseling and referral services that the Contractor does not cover because of moral or religious objections. • To the extent possible, quality and performance indicators for the Contractor, including member satisfaction. • *For the RAE only, which populations are subject to mandatory enrollment into the Accountable Care Collaborative.*	*Health-First-Colorado-Member-Handbook_2021* *Prime Member Handbook_ENG-508* *V_1,4,14,15_PNM_PRIME2021_Directory* **RAE specific: see above** **Prime specific: see above**	

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.6.1 RAE Contract Amendment 7: Exhibit B6—7.3.6.1		
17. The Contractor provides member information by either: • Mailing a printed copy of the information to the member's mailing address. • Providing the information by email after obtaining the member's agreement to receive the information by email. • Posting the information on the website of the Contractor and advising the member in paper or electronic form that the information is available on the Internet and includes the applicable Internet address, provided that members with disabilities who cannot access this information online are provided auxiliary aids and services upon request at no cost. • Providing the information by any other method that can reasonably be expected to result in the member receiving that information. *42 CFR 438.10(g)(3)* RMHP Prime Contract Amendment 7: Exhibit M-7—None RAE Contract Amendment 7: Exhibit B6—None	**Both RAE and Prime:** **Bullets 1 & 2:** *V_CI_Prep_Maintain_ Distribute_ Medicaid_CHP+ _Member Materials_PP_Final* Page 2, Bullet 5, states that RMHP will make materials available to a Member in paper form via U.S. mail and without charge within 5 days of request. Page 4, Section-"Sending Member Materials upon Request," describes the process for sending member materials upon request by mail or by e-mail, including the timeframe for response to the request. Customer Service Reps will document if the Member agrees to receive the information by e-mail. **Bullet 4:** *Getting Started Guide-RAE-Prime_ENG-508* Informs Members that they can request a copy of the Prime Member Handbook is available online at RMHP.org and they can additionally get a printed copy, free of charge. **RAE specific: see above** **Prime specific:**	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	Bullet 3: *Prime Member Handbook_ENG-508* Page 3, informs Members that they can get a Prime Member Handbook at any time, and that they can ask RMHP to mail a copy or they can access it online. Page iii, lists the RMHP website URL under Important Websites, and informs Members that they can go to the website for information about providers, for a copy of the Prime Member Handbook and more. Page iv, tells Members that the Prime Member Handbook and Provider Directory are at rmhp.org where they can view or print these documents. They can also ask Rocky Mountain Health Plans Customer Service to mail a copy at any time at no cost. Page 19, tells Members that the most up-to-date list of prescription medications covered under the Prime plan is on RMHP's website at www.rmhp.org. A paper copy is available by calling RMHP Customer Service or by downloading from website.	
18. The Contractor must make available to members, upon request, any physician incentive plans in place. *42 CFR 438.10(f)(3)* RMHP Prime Contract Amendment 7: Exhibit M-7—None RAE Contract Amendment 7: Exhibit B6—None	**Both RAE and Prime:** *V_18_CS_Assist Member with request for provider incentives* Process created to obtain information Member is requesting on provider incentives **RAE specific: see above**	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	Prime specific: *Prime Member Handbook_ENG-508* Page 43, "Additional Information - How RMHP Works" states that Members can ask Customer Service to receive information on RMHP's physician incentive plans.	

Results for Standard V—Member Information Requirements						
Total	Met	=	16	X	1.00	=	16
	Partially Met	=	2	X	.00	=	0
	Not Met	=	0	X	.00	=	0
	Not Applicable	=	0	X	NA	=	NA
Total Applicable		=	18	**Total Score**		=	16
		Total Score ÷ Total Applicable			=	89%

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
1. The Contractor onboards and informs members and their families regarding the services provided by Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). This includes: • Informing the member about the EPSDT program generally within 60 days of the member's initial Medicaid eligibility determination, or after a member regains eligibility following a greater than 12-month period of ineligibility, or within 60 days of identification of the member being pregnant. • At least one time annually, the Contractor outreaches members who have not utilized EPSDT services in the previous 12 months in accordance with the American Association of Pediatrics (AAP) "Bright Futures Guidelines" and "Recommendations for Preventive Pediatric Health Care." • Information about benefits of preventive health care, including the American Association of Pediatrics Bright Futures Guidelines, services available under EPSDT, where services are available, how to obtain services, that services are without cost to the member, and how to request transportation. RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.12.1, 7.6.2 RAE Contract Amendment 7: Exhibit B6—7.3.12.1, 7.6.2	**Both RAE and Prime:** *Getting Started Guide-RAE-Prime_ENG-508* Page 2 section 2 Get Care, Know Your Options, explains how members can receive EPSDT benefits through their PCP. *XI_1,2_QI_Annual EPSDT Member Notification Process* This document describes RMHP's annual process for notifying eligible members and their caregivers, in clear and nontechnical language, of EPSDT benefits. *XI_1,2_QI_EPSDT_0-17ENG_2021* *XI_1,2_QI_EPSDT_0-17SPANISH_2021* *XI_1,2_QI_EPSDT_18-20ENG_2021* *XI_1,2_QI_EPSDT_18-20SPANISH_2021* *XI_1,2_QI_EPSDT_ENGFlyer_2021* *XI_1,2_QI_EPSDT_SPANISHFlyer2021* These annual letters and flyers were sent in 2021 to caregivers and Members 0-20 to inform about the EPSDT program, including the services available to them without cost. *XI_1,2_QI_Hold Scripts 2021* *XI_1,2_QI_Social Media 2021* These documents show the on-hold scripts and social media outreach in 2021 used to educate Members.	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	XI_1,2_QI_Pfizer_CO_Postcard_MissedDose -Postcard and IVR *XI_1,2_QI_Pfizer_CO_Postcard_WellVisit* -Postcard and IVR *XI_1,2_QI_UHC_CO_Postcard_16_17YO* -Postcard These materials were used in an outreach campaign in 2021. The campaign included monthly postcard mailings to the target population of children who missed an immunization between six months and 18 months of age, children identified as due for a 12-month well child visit, and adolescents who missed an immunization between 16-18 years of age. *XI_1,2,3,4,5,6_CM_RMHP EPSDT Policy and Process* Pages 5 and 6 of the P&P describes outreach and methods of contact, including the process for informing Members within 60 days, gap analysis, outreach, and preventative care. **RAE specific: see above** **Prime specific:** *Prime Member Handbook_ENG-508* Page 28-30, Section: Keeping Your Child Healthy describes the EPSDT benefit to Members.	

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	Child Well-Care Reminders: *XI_1,2_QI_QI95C_Prime_NB Packet_Congrats_2021* *XI_1,2_QI_QI108C_Prime_16MonthImm_2021* *XI_1,2_QI_QI112C_Prime_NB_Packet_WCC_Schedule_2021* *XI_1,2_QI_QI126C_Prime_TeenWellness_2021* *XI_1,2_QI_QI133C_Prime_PreteenWellness_2021* *XI_1,2_QI_QI149C_Prime_3-6 Wellness_2021* *XI_1,2_QI_QI150C_Prime_7-9 Wellness_2021* *XI_1,2_QI_QI151C_Prime_Pre-Teen IMA_2021* *XI_1,2_QI_QI192C_Prime_NB_Rec Imm_2021* *XI_1,2_QI_QI196C_Child's First Bday Prime_2021* *XI_1,2,_QI_QI142C_Prime_HealthYoungAdult 18-21_2021* Educational flyers are sent to Prime members throughout the year. Examples of these brochures and Member materials are included and referenced above.	
2. The EPSDT informational materials use a combination of oral and written approaches to outreach EPSDT eligible members to ensure members receive regularly scheduled examinations, including physical and mental health services: • Mailed letters, brochures, or pamphlets • Face-to-face interactions • Telephone or automated calls • Video conferencing	**Both RAE and Prime:** *XI_1,2_QI_Annual EPSDT Member Notification Process* This document describes RMHP's annual process for notifying eligible members and their caregivers, in clear and nontechnical language, of EPSDT benefits. *XI_1,2_QI_EPSDT_0-17ENG_2021* *XI_1,2_QI_EPSDT_0-17SPANISH_2021* *XI_1,2_QI_EPSDT_18-20ENG_2021*	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
• Email, text/SMS messages RMHP Prime Contract Amendment 7: Exhibit M-7—7.6.6 Contract Amendment 7: Exhibit B6—7.6.3.2	*XI_1,2_QI_EPSDT_18-20SPANISH_2021* *XI_1,2_QI_EPSDT_ENGFlyer_2021* *XI_1,2_QI_EPSDT_SPANISHFlyer2021* These annual letters and flyers were sent in 2021 to caregivers and Members 0-20 to inform about the EPSDT program, including the services available to them without cost. *XI_1,2_QI_Hold Scripts 2021* *XI_1,2_QI_Social Media 2021* These documents show the on-hold scripts and social media outreach in 2021 used to educate Members. *XI_1,2_QI_Pfizer_CO_Postcard_MissedDose* -Postcard and IVR *XI_1,2_QI_Pfizer_CO_Postcard_WellVisit* -Postcard and IVR *XI_1,2_QI_UHC_CO_Postcard_16_17YO* -Postcard These materials were used in an outreach campaign in 2021. The campaign included monthly postcard mailings to the target population of children who missed an immunization between six months and 18 months of age, children identified as due for a 12-month well child visit, and adolescents who missed an immunization between 16-18 years of age.	

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	XI_1,2,3,4,5,6_CM_RMHP EPSDT Policy and Process Paged 5, 1-12 of the P&P describe methods of contact and member messaging content. **RAE specific: see above** **Prime specific:** Child Well-Care Reminders: *XI_1,2_QI_QI95C_Prime_NB Packet_Congrats_2021* *XI_1,2_QI_QI108C_Prime_16MonthImm_2021* *XI_1,2_QI_QI112C_Prime_NB Packet_WCC_Schedule_2021* *XI_1,2_QI_QI126C_Prime_TeenWellness_2021* *XI_1,2_QI_QI133C_Prime_PreteenWellness_2021* *XI_1,2_QI_QI149C_Prime_3-6 Wellness_2021* *XI_1,2_QI_QI150C_Prime_7-9 Wellness_2021* *XI_1,2_QI_QI151C_Prime_Pre-Teen IMA_2021* *XI_1,2_QI_QI192C_Prime_NB_Rec Imm_2021* *XI_1,2_QI_QI196C_Child's First Bday Prime_2021* *XI_1,2,_QI_QI142C_Prime_HealthYoungAdult 18-21_2021* Educational flyers are sent to Prime members throughout the year. Examples of these brochures and Member materials are included and referenced above.	

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
3. The Contractor makes network providers aware of the Colorado Medicaid EPSDT program information by: • Using Department materials to inform network providers about the benefits of well-child care and EPSDT. • Ensuring that trainings and updates on EPSDT are made available to network providers every six months. RMHP Prime Contract Amendment 7: Exhibit M-7—12.8.3.4, 12.9.2.5 RAE Contract Amendment 7: Exhibit B6—7.6.2.3, 12.8.3.4; 12.9.3.4	**Both RAE and Prime:** *XI_1,2,3,4,5,6_CM_RMHP EPSDT Policy and Process* Page 10, "Provider Engagement," Describes provider engagement activities and trainings related to the benefits of EPSDT. *XI_3_PNM_Provider Insider Plus_August 2021* Page 5 makes providers aware of the Colorado Medicaid EPSDT program and informs network providers about the benefits of well-child care and EPSDT. *XI_3,4,5_PNM_2021 Provider Manual* Pages 72-74 describe the Colorado Medicaid EPSDT program and includes references to the Health First Colorado website and how to access EPSDT materials. The manual also includes Healthy Communities contact information. For assistance with additional diagnosis and treatment needs, a referral should be made to a different practitioner or to Healthy Communities, specifically their Outreach and Case Management Office. The manual also provides information on public health programs such as the Vaccines for Children Program (page 74). *XI_3_CI_EPSDT Provider Guidebook_2021* This annual publication is shared with providers to make them aware of the Colorado Medicaid EPSDT program	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	The following documents are examples of notifications, training materials and roster of providers who were invited and/or attended webinars regarding EPSDT benefits in 2021- *XI_3_CI-CQI_EPSDT RAE Presentation 4-30-21* *XI_3_CI-CQI_EPSDT Provider notification of webinar training_11.8.21* *XI_3_CI-CQI_EPSDT Provider Training VBC Office Hours 12-13-21* *XI_3_CI-CQI_EPSDT Training 12.13.2021 External Attendee Roster* *XI_3_CI_Screenshot_EPSDT Trainings&Info* This section of the website provides links to the training webinars on key EPSDT topics requested by providers. **RAE specific: see above** **Prime specific: see above**	

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
4. For children under the age of 21, the Contractor provides or arranges for the provision of all medically necessary covered services in accordance with 42 CFR Sections 441.50 to 441.62 and 10 CCR 2505-10 8.280 (EPSDT program). The Contractor: • Has written policies and procedures for providing EPSDT services to members ages 20 and under. • Ensures provision of all appropriate mental/behavioral health developmental screenings to EPSDT beneficiaries who request it. • Ensures screenings are performed by a provider qualified to furnish mental health services. • Ensures screenings are age appropriate and performed in a culturally and linguistically sensitive manner. • Ensures results of screenings and examinations are recorded in the child's medical record and include, at a minimum, identified problems, negative findings, and further diagnostic studies and/or treatments needed and the date ordered. • Provides diagnostic services in addition to treatment of mental illnesses or conditions discovered by any screening or diagnostic procedure. *42 CFR 441.55; 441.56(c)*	**Both RAE and Prime:** *XI_4_PNM_CRED_Credentialing Criteria and Process* RMHP ensures providers rendering mental health screenings are qualified to do so through its credentialing process. *XI_3,4,5_PNM_2021 Provider Manual* Page 74, first paragraph states that: - Providers qualified to furnish primary medical and/or mental health services should perform screenings. - Instructs providers that screenings should be performed in a culturally and linguistically sensitive manner. - Instructs providers to record the results of screenings and examinations in the child's medical record. - Diagnostic services in addition to treatment of mental illnesses or conditions discovered by any screening or diagnostic procedure are covered. Pages 115-116, Cultural Competence section communicates to providers RMHP's expectation that services are provided in a culturally competent manner. RMHP advocates for continued education and diversity training. *XI_4_QI_EPSDT 2021 Analysis Report* RMHP conducts an annual audit of a small sample of provider medical records in QHN to verify EPSDT screenings and examinations are documented in the	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
RMHP Prime Contract Amendment 7: Exhibit M-7—7.7.5 RAE Contract Amendment 7: Exhibit B6—14.5.3 10 CCR 2505-10 8.280.8.A, 8.280.4.A (3)(d), 8.280.4.A (4), 8.280.4.A (5), 8.280.4.C (1–3)	medical record. This report summarizes the results of this longitudinal audit of QHN records. *XI_1,2,3,4,5,6_CM_RMHP EPSDT Policy and Process* This written Policy and Procedure describes RMHP's process for providing EPSDT services to members ages 20 and under. This policy describes the methods RMHP employs to assure that appropriate preventive care and screening, to include mental/behavioral health developmental screenings, are provided to members. Pages 8-9 Treatment States that RMHP provides care coordination that is committed to promoting culturally competent care that is delivered in a linguistically sensitive manner. Pages 7- 8, "Members with Special Health Care Needs – Assessment and Needs Identification," Provides that RMHP Care Management will arrange or refer members to access diagnostic and treatment services for all physical or mental illnesses or conditions discovered by any screening or diagnostic procedure – even if the service is not covered by the health plan. *XI_5_CI_EPSDT Webinar_ Comprehensive Benefit and PARs* Slides 6-7 emphasizes that the benefit includes any medically necessary services needed to diagnose and treat	

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	potential physical, intellectual or emotional delays and covers treatments necessary to address them. **RAE specific: see above** **Prime specific: see above**	
5. The Contractor: • Provides referral assistance for treatment not covered by the plan but found to be needed as a result of conditions disclosed during screening and diagnosis. • Provides assistance with transportation and assistance scheduling appointments for services if requested by the member/family. • Makes use of appropriate State health agencies and programs including: vocational rehabilitation; maternal and child health; public health, mental health, and education programs; Head Start; social services programs; and Women, Infants and Children (WIC) supplemental food program. *42 CFR 441.61–62* RMHP Prime Contract Amendment 7: Exhibit M-7—7.7.5 RAE Contract Amendment 7: Exhibit B6—14.5.3 10 CCR 2505-10 8.280.4.C	**Both RAE and Prime:** *Prime Member Handbook_ENG-508* Pages 28-30 provide information to members about when and how to contact RMHP for EPSDT services. Pages ii, 6, and 23-25 explain how to get help to arrange transportation. *XI_3,4,5_PNM_2021 Provider Manual* Pages 74, second and third paragraphs state that medically necessary treatments for conditions discovered by any screening or diagnostic procedure — even if they are not covered by First Health Colorado — may be covered by RMHP under the EPSDT program. The manual goes on to explain how a request for an EPSDT exception may be submitted. Contact information for the RMHP Care Management department is also provided on page 13 of the manual. *XI_1,2,3,4,5,6_CM_RMHP EPSDT Policy and Process*	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	Page 8, "Treatment," Describes how RMHP provides referral assistance for treatment not covered by the plan, but found to be needed as a result of conditions disclosed during screening and diagnosis.	
	This section also demonstrates that RMHP care coordination offers assistance with transportation and scheduling appointments.	
	Additionally this section describes that RMHP care coordination will coordinate with outside agencies.	
	XI_5_CI_EPSDT Screenshot of Member Info	
	"Under Getting Help, Learn about Benefits, What is EPSDT?"	
	describes EPSDT services to include immunizations, diagnostics, and treatment.	
	Explains how individuals can receive help through the RMHP with:	
	• Arranging (through referral) for corrective treatment as determined by child health screenings	
	• Referring for transportation assistance	
	Additionally, a link to additional information on the Health First Colorado website is provided.	
	RAE specific: see above	
	Prime specific: see above	

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
6. The Contractor defines medical necessity for EPSDT services as a program, good, or service that: • Will or is reasonably expected to prevent, diagnose, cure, correct, reduce, or ameliorate the pain and suffering, or the physical, mental, cognitive, or developmental effects of an illness, condition, injury, or disability. This may include a course of treatment that includes mere observation or no treatment at all. • Assists the member to achieve or maintain maximum functional capacity. • Is provided in accordance with generally accepted professional standards for health care in the United States. • Is clinically appropriate in terms of type, frequency, extent, site, and duration. • Is not primarily for the economic benefit of the provider or primarily for the convenience of the client, caretaker, or provider. • Is delivered in the most appropriate setting(s) required by the client's condition. • Provides a safe environment or situation for the child. • Is not experimental or investigational. • Is not more costly than other equally effective treatment options.	**Both RAE and Prime:** *XI_1,2,3,4,5,6_CM_RMHP EPSDT Policy and Process* Page 2, "Definitions," Describes RMHP's definition of medical necessity for EPSDT services, which comports with the definition set forth in regulation and in the contract. **RAE specific: see above** **Prime specific: see above**	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
RMHP Prime Contract Amendment 7: Exhibit M-7—7.7.5 RAE Contract Amendment 7: Exhibit B6—14.5.3 10 CCR 2505-10 8.076.8; 8.076.8.1; 8.280.4.E		
7. The Contractor provides or arranges for the following for children/youth from ages 0 to 21: vocational services, intensive case management, prevention/early intervention activities, clubhouse and drop-in centers, residential care, assertive community treatment (ACT), recovery services, respite services. *Note: All EPSDT services are included in the State Plan or in Non-State Plan 1915(b)(3) Waiver Services (respite and vocational rehabilitation).* RMHP Prime Contract Amendment 7: Exhibit M-7—14.5.7.1, 2.1.1 RAE Contract Amendment 7: Exhibit B6—14.5.7.1, 2.1.1	**Both RAE and Prime:** *XI_7_CI_1915(b)(3) Services by CMHCs* CMHCs within RAE Region 1 provide or arrange 1915(b)(3) services for children from ages 0 to 21. This document includes these 1915(b)(3) services. The CMHCs in RAE Region 1 are Axis, Center for Mental Health, Summit Stone and Mind Springs. **RAE specific: see above** **Prime specific: see above** Note: The Prime Contract Amendment 7: Exhibit M-7. The citation, 14.5.7.1 is not found in the A7 contract amendment.	**RAE** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Results for Standard XI—EPSDT Services						
Total	Met	=	7	X	1.00	=	7
	Partially Met	=	0	X	.00	=	0
	Not Met	=	0	X	.00	=	0
	Not Applicable	=	0	X	NA	=	NA
Total Applicable		=	7	**Total Score**		=	7
Total Score ÷ Total Applicable				=	100%	

Table B-1 lists the participants in the FY 2021–2022 site review of **RMHP**.

Table B-1—HSAG Reviewers and RMHP and Department Participants

HSAG Review Team	Title
Sarah Lambie	Project Manager III
Sara Dixon	Project Manager II
Evarista Ogbon	Project Manager I
Lauren Gomez	Project Manager I
Crystal Brown	Project Coordinator III
RMHP Participants	**Title**
Alyssa Rose	Chief Compliance Officer
Billie Bemis	Director of Utilization Management
Braden Neptune	Director of Member Enrollment and Billing (MEB) & Program Reconciliation
Carlee Lindell	Care Management Operations Manager
Christy Hunt	Claims Production Manager
Cris Matoush	Crisis Systems Manager
Cynthia Mattingley	Quality Improvement Accreditation and Compliance Manager
Dale Renzi	Vice President of Network Strategies and Operations
David Mok-Lamme	Vice President of Data Analytics and Strategy, Health Information Technology and Data Director
Erin Nipper	Lead Credentialing Coordinator
Greg Coren	Senior Manager, Provider Networks
Jeremiah Fluke	Prime Contract Manager & Quality Analyst
Jill Bystol	Quality Assurance Compliance Coordinator
Kathryn Jantz	Accountable Health Communities Model Director
Kendra Peters	CHP+ Contract Manager & RAE Program Operation Support
Kim Herek	Director of Clinical Quality Improvement
Krista Cavataio	Contract Manager, Behavioral Health Administrative Services Organization
Krystal Ewing	Senior Compliance Analyst, UnitedHealthcare Audit Management

RMHP Participants	Title
Liz Mullin	Network Program Manager
Lisa Latts	Chief Medical Officer, Chief Clinical Officer
Marci O'Gara	Senior Director of Business Operations
Matt Swanson	Senior Compliance Analyst, UnitedHealthcare Audit Management
Maura Cameron	Director of Clinical Quality and Accreditation, Quality Improvement Director
Meg Taylor	Vice President Community Integration; RAE Program Officer
Melanie Maddocks	Leif Associates, Inc.
Melissa Keele	Director of Medicare Compliance
Monika Tuell	Chief Operations Officer
Nicole Konkoly	RAE Network Relations Manager
Patrick Gordon	Chief Executive Officer
Rhonda Michaelson	Supervisor, Appeals and Grievances
Rose Stauffer	Chief Financial Officer
Shawna Sayers	Appeals and Grievance Coordinator
Sheila Worth	Medical Strategic Initiatives Administrator
Sue Baker	Manager, Customer Service
Terry Todd	Director, Credentialing and Recredentialing, Facilities and Support Management
Tiffany Kikta	Manager, Utilization Management
Todd Lessley	Vice President Clinical Services
Zach Kareus	Clinical Pharmacist, Pharmacy Department
Zach Snyder	Digital Analyst, Information Technology
Vikki Watkins	Claims Supervisor
Violet Willett	Director, Care Management
Department Observers	**Title**
Amy Ryan	CHP+ Contracts and Program Administrator
Audrey Keenan	Health Programs Office (HPO) Program Administrator
Elizabeth Mattes	CHP+ Program Coordinator
Emily Kelley	Quality and Health Improvement (QHI) Specialist, Cost Control & Quality Improvement
Gina Robinson	Program Administrator
Jeff Helm	Program Design and Policy

Department Observers	Title
Jeff Jaskunas	CHP+ Program Manager
Lindsey Folkerth	Managed Care Specialist
Nancy Mace	Program Specialist
Russ Kennedy	Quality & Compliance Specialist
Tyller Kerrigan-Nichols	Managed Care Contract Specialist

If applicable, the health plan is required to submit a CAP to the Department for all elements within each standard scored as *Partially Met* or *Not Met*. The CAP must be submitted within 30 days of receipt of the final report. For each required action, the health plan should identify the planned interventions and complete the attached CAP template. Supporting documents should not be submitted and will not be considered until the CAP has been approved by the Department. Following Department approval, the health plan must submit documents based on the approved timeline.

Table C-1—Corrective Action Plan Process

Step	Action
Step 1	**Corrective action plans are submitted**
	If applicable, the health plan will submit a CAP to HSAG and the Department within 30 calendar days of receipt of the final compliance site review report via email or through the file transfer protocol (FTP) site, with an email notification to HSAG and the Department. The health plan must submit the CAP using the template provided.
	For each element receiving a score of *Partially Met* or *Not Met*, the CAP must describe interventions designed to achieve compliance with the specified requirements, the timelines associated with these activities, anticipated training and follow-up activities, and documents to be sent following the completion of the planned interventions.
Step 2	**Prior approval for timelines exceeding 30 days**
	If the health plan is unable to submit the CAP (plan only) within 30 calendar days following receipt of the final report, it must obtain prior approval from the Department in writing.
Step 3	**Department approval**
	Following review of the CAP, the Department and HSAG will:
	• Approve the planned interventions and instruct the health plan to proceed with implementation, or
	• Instruct the health plan to revise specific planned interventions and/or documents to be submitted as evidence of completion and <u>also</u> to proceed with implementation.
Step 4	**Documentation substantiating implementation**
	Once the health plan has received Department approval of the CAP, the health plan will have a time frame of 90 days (three months) to complete proposed actions and submit documents. The health plan will submit documents as evidence of completion one time only on or before the three-month deadline for all required actions in the CAP. (If necessary, the health plan will describe in the CAP document any revisions to the planned interventions that were required in the initial CAP approval document or determined by the health plan within the intervening time frame.) If the health plan is unable to submit documents of completion for any required action on or before the three-month deadline, it must obtain approval in writing from the Department to extend the deadline.

Step	Action
Step 5	**Technical Assistance**
	At the health plan's request, HSAG will schedule an interactive, verbal consultation and technical assistance session during the three-month time frame. The session may be scheduled at the health plan's discretion at any time the health plan determines would be most beneficial. HSAG will not document results of the verbal consultation in the CAP document.
Step 6	**Review and completion**
	Following a review of the CAP and all supporting documentation, the Department or HSAG will inform the health plan as to whether or not the documentation is sufficient to demonstrate completion of all required actions and compliance with the related contract requirements. Any documentation that is considered unsatisfactory to complete the CAP requirements at the three-month deadline will result in a continued corrective action with a new date for completion established by the Department. HSAG will continue to work with the health plan until all required actions are satisfactorily completed.

The CAP template follows.

Table C-2—FY 2021–2022 Corrective Action Plan for RMHP RAE and Prime

Standard V—Member Information Requirements		
Requirement	**Findings**	**Required Action**

4. The Contractor makes written information available in prevalent non-English languages in its service area and in alternative formats upon member request at no cost.
 	
• Written materials that are critical to obtaining services include, at a minimum, provider directories, member handbooks, appeal and grievance notices, and denial and termination notices.
 	
• All written materials for members must:
   – Use easily understood language and format.
   – Use a font size no smaller than 12-point.
   – Be available in alternative formats and through provision of auxiliary aids and service that take into consideration the special needs of members with disabilities or limited English proficiency.
   – Include taglines in large print (conspicuously-visible font size) and prevalent non-English languages describing how to request auxiliary aids and
	The *Preparation, Maintenance, and Distribution of RAE, Prime, and CHP+ Member Materials* policy described procedures for ensuring that member informational materials contain taglines that are consistent with the member information requirements. However, the *Getting Started Guide*, *Directory of Participating Providers*, formulary list, and all letter templates did not include all required components of a tagline.
	
	• The *Getting Started Guide,* Grievance and Explanation Resolution Letter, Upheld Denial Letter, Overturn Denial Medical Review, Overturn Denial No Medical Review, RAE Prime Denial Letter Adult, and RAE Prime Denial Letter Child templates did not include a tagline.
	
	• The *Directory of Participating Providers* included a large font tagline but did not contain all required details such as "available at no cost" and the full tagline was not translated in Spanish.
	
	• The Prime member handbook had a tagline; however, it was not in large print (conspicuously visible font size) and did not include that auxiliary aids and services, including written translation or oral interpretation, can be requested; the availability of materials in alternative
		RMHP must revise critical informational materials such as the *Getting Started Guide*, Prime member handbook, *Directory of Participating Providers*, formulary list, and member letter templates to include all required components of a tagline.

Standard V—Member Information Requirements		
Requirement	**Findings**	**Required Action**
services, including written translation or oral interpretation and the toll-free and TTY/TDD customer service numbers and availability of materials in alternative formats. − Be member tested. *42 CFR 438.10(d)(3) and (d)(6)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.2.7.3–9; 7.3.13.3 RAE Contract Amendment 7: Exhibit B6—7.2.7.3–9; 7.3.13.3	formats; and its availability at no cost to the member. • The formulary list included a tagline; however, it was not in large print (conspicuously visible font size) and did not include "at no cost."	

Planned Interventions:
Person(s)/Committee(s) Responsible and Anticipated Completion Date:
Training Required:
Monitoring and Follow-Up Planned:
Documents to Be Submitted as Evidence of Completion:

Standard V—Member Information Requirements		
Requirement	**Findings**	**Required Action**
HSAG Initial Review:		
Documents for Final Submission:		
Date of Final Evidence:		

Standard V—Member Information Requirements		
Requirement	**Findings**	**Required Action**
12. The Contractor makes a good faith effort to give written notice of termination of a contracted provider within 15 days after the receipt or issuance of the termination notice or 30 days prior to the effective date of the termination, whichever is later, to each member who received their primary care from, or was seen on a regular basis by, the terminated provider. *42 CFR 438.10(f)(1)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.10.1 RAE Contract Amendment 7: Exhibit B6—7.3.10.1	Although RMHP has a *Notification of Provider Terminations* policy stating that RMHP will send a written notice within 15 days of issuance of the termination notice, the federal language was updated in December 2020 to include, "or 30 days prior to the effective date of the termination." RMHP is required to update the timeline in accordance with federal regulations.	RMHP must update its policy to include the language, "or 30 days prior to the effective date of the termination."

Planned Interventions:

Person(s)/Committee(s) Responsible and Anticipated Completion Date:

Training Required:

Monitoring and Follow-Up Planned:

Documents to Be Submitted as Evidence of Completion:

Standard V—Member Information Requirements		
Requirement	Findings	Required Action
HSAG Initial Review:		
Documents for Final Submission:		
Date of Final Evidence:		

The following table describes the activities performed throughout the compliance monitoring process. The activities listed below are consistent with the CMS EQR *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, October 2019.

Table D-1—Compliance Monitoring Review Activities Performed

For this step,	HSAG completed the following activities:
Activity 1:	**Establish Compliance Thresholds**
	Before the review to assess compliance with federal managed care regulations and Department contract requirements:
	• HSAG and the Department participated in meetings and held teleconferences to determine the timing and scope of the reviews, as well as scoring strategies.
	• HSAG collaborated with the Department to develop monitoring tools, record review tools, report templates, agendas; and set review dates.
	• HSAG submitted all materials to the Department for review and approval.
	• HSAG conducted training for all reviewers to ensure consistency in scoring across health plans.
Activity 2:	**Perform Preliminary Review**
	• HSAG attended the Department's Integrated Quality Improvement Committee (IQuIC) meetings and provided health plans with proposed review dates, group technical assistance and training, as needed.
	• HSAG confirmed a primary health plan contact person for the review and assigned HSAG reviewers to participate in the review.
	• Sixty days prior to the scheduled date of the review, HSAG notified the health plan in writing of the request for desk review documents via email delivery of the desk review form, the compliance monitoring tool, and review agenda. The desk review request included instructions for organizing and preparing the documents related to the review of the four standards and review activities. Thirty days prior to the review, the health plan provided documentation for the desk review, as requested.
	• Documents submitted for the review consisted of the completed desk review form, the compliance monitoring tool with the health plan's section completed, policies and procedures, staff training materials, administrative records, reports, minutes of key committee meetings, and member and provider informational materials.
	• The HSAG review team reviewed all documentation submitted prior to the review and prepared a request for further documentation and an interview guide to use during the review.

For this step,	HSAG completed the following activities:
Activity 3:	**Conduct the Review**
	• During the review, HSAG met with groups of the health plan's key staff members to obtain a complete picture of the health plan's compliance with federal healthcare regulations and contract requirements, explore any issues not fully addressed in the documents, and increase overall understanding of the health plan's performance. • HSAG requested, collected, and reviewed additional documents as needed. • At the close of the review, HSAG provided health plan staff and Department personnel an overview of preliminary findings.
Activity 4:	**Compile and Analyze Findings**
	• HSAG used the FY 2021–2022 Department-approved Site Review Report template to compile the findings and incorporate information from the pre-review and review activities. • HSAG analyzed the findings and calculated final scores based on Department-approved scoring strategies. • HSAG determined opportunities for improvement, recommendations, and required actions based on the review findings.
Activity 5:	**Report Results to the Department**
	• HSAG populated the Department-approved report template. • HSAG submitted the draft Site Review Report to the health plan and the Department for review and comment. • HSAG incorporated the health plan and Department comments, as applicable, and finalized the report. • HSAG included a pre-populated CAP template in the final report for all elements determined to be out of compliance with managed care regulations. • HSAG distributed the final report to the health plan and the Department.

Appendix E:

Fiscal Year 2021–2022 Site Review Report

for

Rocky Mountain Health Plans Medicaid Prime

May 2022

Introduction

In accordance with its authority under Colorado Revised Statute 25.5-1-101 et seq. and pursuant to Request for Proposal 2017000265, the Department of Health Care Policy and Financing (the Department) executed contracts with the Regional Accountable Entities (RAEs) for the Accountable Care Collaborative (ACC) program, effective July 1, 2018. The RAEs are responsible for integrating the administration of physical and behavioral healthcare and managing networks of fee-for-service primary care providers and capitated behavioral health providers to ensure access to care for Medicaid members. Per the Code of Federal Regulations, Title 42 (42 CFR)—federal Medicaid managed care regulations published May 6, 2016—RAEs qualify as both Primary Care Case Management (PCCM) entities and Prepaid Inpatient Health Plans (PIHPs). In addition, the **Rocky Mountain Health Plans** (**RMHP**) Region 1 RAE contract incorporates into the RAE a limited managed care initiative for capitated physical health (PH) services (managed care organization [MCO]), applicable to a designated service area within the region. 42 CFR requires PCCMs, PIHPs, and MCOs to comply with specified provisions of 42 CFR §438—managed care regulations—and requires that states conduct a periodic evaluation of their PCCMs, PIHPs, and MCOs to determine compliance with federal Medicaid managed care regulations published May 6, 2016. Additional revisions were released in November 2020, with an effective date of December 2020. The Department has elected to complete this requirement by contracting with an external quality review organization (EQRO), Health Services Advisory Group, Inc. (HSAG).

This report documents results of the fiscal year (FY) 2021–2022 site review activities for the Region 1 limited managed care initiative—**Rocky Mountain Health Plans Medicaid Prime** (**RMHP Prime**). For each of the four standard areas reviewed this year, this section contains summaries of strengths and findings as evidence of compliance, findings resulting in opportunities for improvement, and required actions. Section 2 describes the background and methodology used for the FY 2021–2022 compliance monitoring site review. Section 3 describes follow-up on the corrective actions required as a result of the FY 2020–2021 site review activities. Appendix E1 contains the compliance monitoring tool for the review of the MCO standards.

Summary of Compliance Results

Based on conclusions drawn from the review activities, HSAG assigned each requirement in the compliance monitoring tool a score of *Met*, *Partially Met*, *Not Met*, or *Not Applicable*. HSAG assigned required actions to any requirement receiving a score of *Partially Met* or *Not Met*. HSAG also identified opportunities for improvement with associated recommendations for some elements, regardless of the score.

Table 1-1 presents the scores for **RMHP Prime** for each of the standards. Findings for all requirements are summarized in this section. Details of the findings for each requirement receiving a score of *Partially Met* or *Not Met* follow in Appendix E1—Compliance Monitoring Tool.

Table 1-1—Summary of Scores for Standards

Standard	# of Elements	# of Applicable Elements	# Met	# Partially Met	# Not Met	# Not Applicable	Score* (% of Met Elements)
III. Coordination and Continuity of Care	10	10	10	0	0	0	100%
IV. Member Rights, Protections, and Confidentiality	6	6	6	0	0	0	100%
V. Member Information Requirements	18	18	16	2	0	0	89%
XI. Early and Periodic Screening, Diagnostic, and Treatment Services	7	7	7	0	0	0	100%
Totals	**41**	**41**	**39**	**2**	**0**	**0**	**95%**

*The overall score is calculated by adding the total number of *Met* elements and dividing by the total number of applicable elements from the standards in the compliance monitoring tool.

Standard III—Coordination and Continuity of Care

Summary of Strengths and Findings as Evidence of Compliance

RMHP Prime's *Care Coordination* policy and procedure demonstrated a comprehensive care management program that outlined procedures for timely coordination of care and promoted continuity of care for Prime members as well as met all federal and State requirements. The care management department is made up of diversified staff members to help better serve members including registered nurses, behavioral health specialists, social workers, and care coordinators. Care coordinators often accessed the language line with Prime members when trying to communicate in a non-English language. The care management department also included integrated care coordination teams (ICCTs) that provide and help facilitate care coordination services within communities across the region.

Prime members may join care coordination in various ways including admission, discharge, transfer (ADT) alerts for transition of care; community outreach; new member initial screenings; and referrals. Additionally, **RMHP Prime** conducted targeted outreach for care coordination toward Prime members that are high-risk prenatal and postnatal, members identified by the Colorado Overutilization Program (COUP), and members in the top 2.8 percent risk group during stratification. Starting on October 2021, **RMHP Prime** implemented Impact Pro (IPro), a predictive risk modeling program that is used to stratify Prime members based on over 1,000 data markers that classify complex members from non-complex members. The new IPro model supported **RMHP Prime**'s ability to target members with identified health risks who were not previously targeted and on a larger scale, including 9,000 newly identified complex RAE and Prime members.

RMHP Prime outlined a procedure for timely efforts to conduct new Prime member welcome calls within 60 days. The welcome calls introduced the member to **RMHP Prime**, provided information about care coordination services, identified any continuity of care needs for members, and included an initial health screening. **RMHP Prime** reported a success rate of 25 to 30 percent in completing the initial screening during the welcome call. **RMHP Prime** also received file transfers from the Department containing Prime member health needs surveys. Care coordinators received a daily list of members to outreach to based on the answers provided in the survey, and staff members reported that outreach is conducted within 48 hours. If no contact was made within two telephonic outreach attempts, **RMHP Prime** sent the member a "Sorry We Missed You" letter about services provided through Early and Periodic Screening, Diagnostic, and Treatment (EPSDT); selecting a primary care medical provider (PCMP); and **RMHP Prime**'s one-call center number. The one-call center number is one number that is able to assist the Prime member with a variety of topics instead of having the member call different numbers for each separate issue; this enhanced a seamless contact process for the member when trying to reach out to **RMHP Prime**.

After a Prime member is onboarded to care coordination, a care coordinator will contact the member to conduct additional comprehensive screenings, assessments, and provide the member their care coordinator's contact information. Care coordinators utilized various screenings to identify physical health, behavioral health, social determinants of health, and psychosocial needs. Based on the member's

answers from the screenings utilized, an appropriate care plan is developed that addresses the needed services. **RMHP Prime** will involve the appropriate staff members, such as registered nurses, for more complex health needs to establish targeted activities and appropriate interventions. Policies and procedures outlined that care plans are monitored regularly and reevaluated at least twice a year to establish the most appropriate care. **RMHP Prime**'s policies and procedures described the processes for providing assistance to the Prime member between settings of care, services received from another managed care plan, fee-for-service providers, and community entities.

Understanding and integrating each member's cultural and individual preferences and delivering culturally respective care was described by staff members as being an important aspect when providing care coordination services. Cultural sensitivity trainings were required for **RMHP Prime** staff members annually and additional trainings were deployed as needed; newsletters were provided to staff members explaining cultural differences; feedback was considered from members and staff members to provide trainings on emerging topics; and **RMHP Prime** developed the Ambassadors for Belonging, Inclusion, Diversity, and Equity (ABIDE) committee.

RMHP Prime regularly monitored PCMP attribution reports received from the Department and worked to correct inaccurate provider attribution for Prime members. **RMHP Prime** reported that common issues for a Prime member's incorrect attribute included providers obtaining a new national provider identifier (NPI), having an NPI associated with a different location, a member having a new complex health need and accessing an alternative provider, or the listed provider was simply inaccurate. Once an issue was identified, **RMHP Prime** worked with the Prime member and the Health First Colorado insurance broker to correctly reassign the member. The Prime member handbook informed members of the 90-day time frame for opting out of the MCO, and enrollment with the MCO occurs until the next open enrollment period unless the member chooses to disenroll.

All documentation related to member-specific care management was maintained in Essette, **RMHP Prime**'s care coordination system platform. Essette was in compliance with all requirements including collecting the member's age, race/ethnicity, care coordinator information, care coordination notes, and care plan information. **RMHP Prime** informed HSAG that there will be an update to Essette during 2022 that will re-locate the member's race/ethnicity data in a more prominent area near the member's language and gender data. Community mental health centers (CMHCs) also accessed and utilized Essette for referrals and care coordination activities. By sharing information through one platform, this allowed coordination and continuity of care across multiple entities involved in providing care to the Prime member and reduced duplication of efforts. **RMHP Prime** utilized the local health information exchange (HIE), Quality Health Network (QHN), to support coordination and continuity of care, increase collaboration with entities involved in the members' care, and reduce duplication of services. Additionally, when working with outside entities involved in the members' care, **RMHP Prime** would reach out to the entity, require it to sign a release of information, and only share member information through secure communication channels. The Physicians Medical Services Agreements and provider manual outlined the requirements and obligation providers have to maintain and share member records in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Summary of Findings Resulting in Opportunities for Improvement

RMHP Prime described the process for informing members of their assigned care coordinator and providing contact information through telephonic outreach calls. Though the outreach calls conveyed all general required information, HSAG recommends a follow-up letter detailing the information provided over the phone should the member want to reach out to their care coordinator.

Summary of Required Actions

HSAG identified no required actions for this standard.

Standard IV—Member Rights, Protections, and Confidentiality

Summary of Strengths and Findings as Evidence of Compliance

RMHP Prime provided the *Member Rights and Responsibilities* policy that outlined the rights of members as stated in 42 CFR §438.100. In addition to the policy, **RMHP Prime** delineated the rights of members through various channels such as the Prime member handbook, *Getting Started Guide*, provider manual, provider agreements and contracts, regular trainings, email reminders, provider and member newsletters, and **RMHP Prime**'s website. **RMHP Prime**'s staff members described that when there are changes to laws pertaining to member rights, **RMHP Prime** disseminates this information to its workforce through policy updates and trainings and to its provider network through newsletters.

RMHP Prime's policies, procedures, and staff member interviews outlined a comprehensive approach to ensure compliance with applicable federal, State, and local laws and regulations. **RMHP Prime** supported member feedback and complaints through the customer service phone line and emails. Staff members discussed that the Member Experience Advisory Council reviews grievance reports monthly, and **RMHP Prime**'s leadership receives and reviews these reports daily and is able to promptly address issues relating to member rights. The website and provider manual offered information on diversity and cultural training programs that foster respect and appreciation of differences in perspectives, beliefs, backgrounds, race, and sexual orientation.

RMHP Prime provided an array of documents that showed how the organization guards protected health information (PHI). The *Confidentiality and Retention of Member Records* policy stated that "employees of Rocky Mountain have a moral and legal obligation and responsibility to protect the privacy of our employees, members, physicians and other providers. All information obtained in an official capacity is confidential and will comply with Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulations." In addition, staff members stated that **RMHP Prime** reinforces confidentiality to its workforce, including subcontractors, through annual privacy trainings, and additional or specific privacy trainings are offered if a supervisor notices a violation.

Through **RMHP Prime**'s policies, procedures, website, and provider manual, members and staff members are educated on advance directives. Staff members discussed expectations for **RMHP Prime** providers and staff members regarding assisting members with obtaining information about advance directives.

Summary of Findings Resulting in Opportunities for Improvement

HSAG identified no opportunities for improvement for this standard.

Summary of Required Actions

HSAG identified no required actions for this standard.

Standard V—Member Information Requirements

Summary of Strengths and Findings as Evidence of Compliance

During the review, staff members described **RMHP Prime**'s processes and standards for developing effective communication materials for members. The *Preparation, Maintenance and Distribution of RAE, Prime, and CHP+ Member Materials* policy discussed **RMHP Prime**'s processes in ensuring the use of plain language, cultural and linguistic appropriateness, and a sixth-grade reading level to guide the development of member information materials. **RMHP Prime** had robust processes to ensure that specific documents available electronically on its website are machine readable and comply with Section 508 guidelines, Section 504 of the Rehabilitation Act, and the World Wide Web Consortium (W3C) Web Content Accessibility Guidelines. HSAG conducted an accessibility test on a few member-specific webpages using the WAVE Web Accessibility Evaluation Tool and found minimal to no errors. HSAG also ran an accessibility check on several Portable Document Format (PDF) documents available for download from the website, and the test results met Section 508 compliance requirements. During the interview, staff members responsible for these processes demonstrated working knowledge of structures in place to review and correct accessibility issues by discussing the *Directory of Participating Providers* PDF accessibility check (PAC) test.

The **RMHP Prime** member website contained information about the requirements and benefits of the plan. All core member materials submitted for the review were written in both English and Spanish. **RMHP Prime** maintained processes to ensure new Prime members receive a Prime identification card, a *Getting Started Guide*, and other resource materials, including information on how to obtain translation services. Staff members reported that identification card requests are received and distributed daily, and the *Getting Started Guide* is distributed monthly to newly enrolled members. The Prime member handbook, *Directory of Participating Providers*, link to the Department's website, and general functions of **RMHP Prime** were all available on the member website.

RMHP Prime stated in its policy that "RMHP will attempt to fulfill all member requests for documents within five (5) business days of the request." RMHP Prime provided additional evidence to demonstrate how the distribution of the *Getting Started Guide* is monitored to meet the timeline stated in the policy. RMHP Prime also submitted the *Handle Language Line Calls* and *Return Relay Colorado Call* documents, which discussed the process for customer service representatives to connect members with language interpretation/translation services, including American Sign Language, and/or auxiliary aids and services.

Staff members discussed that information about physician incentive plans is available to members upon request and, depending on the request, customer service will collaboratively work with provider relations to provide the information to the member.

Summary of Findings Resulting in Opportunities for Improvement

RMHP Prime is required to inform members that information provided electronically is available in paper form without charge, upon request, and is provided within five business days. While this is noted in the member handbook website, the statement did not include "within five business days." The Prime member handbook also did not include the time frame for the provision of the documents. HSAG recommends that RMHP Prime align the information across documents to ensure consistency in the information communicated to members and staff members. HSAG also recommends, as a best practice, the statement be placed in prominent locations on the website, particularly where critical documents are linked and/or downloadable.

The Prime member handbook, *Getting Started Guide*, and formulary list tested slightly above the sixth-grade reading level, even when excluding complex content such as phone numbers, websites, and benefit information that might be more clinical in nature. HSAG noted that there were instances where RMHP Prime copied either the federal regulation language or contract language verbatim into the member handbook, making it more difficult for the member to understand. HSAG recommends that RMHP Prime enhance its monitoring mechanisms to ensure that all required member informational materials may be easily understood (i.e., sixth-grade reading level), to the extent possible. HSAG recommends using simplified language next to any clinical terminology that RMHP Prime does not wish to alter.

Summary of Required Actions

The *Preparation, Maintenance, and Distribution of RAE, Prime, and CHP+ Member Materials* policy described procedures for ensuring that member informational materials contain taglines that are consistent with the member information requirements. However, the *Getting Started Guide*, *Prime member handbook*, *Directory of Participating Providers*, formulary list, Grievance and Explanation Resolution Letter template, Upheld Denial Letter template, Overturn Denial Medical Review template, Overturn Denial No Medical Review template, RAE Prime Denial Letter Adult template, and RAE Prime Denial Letter Child template did not include all the required components of a tagline. RMHP

Prime must revise critical informational materials such as the *Getting Started Guide*, Prime member handbook, *Directory of Participating Providers*, formulary list, and member letter templates to include all required components of a tagline.

Although **RMHP Prime** has a *Notification of Provider Terminations* policy stating that **RMHP Prime** will send a written notice within 15 days of issuance of the termination notice, the federal language was updated in December 2020 to include, "or 30 days prior to the effective date of the termination." **RMHP Prime** is required to update the timeline in accordance with federal regulations. **RMHP Prime** must update its policy to include the language, "or 30 days prior to the effective date of the termination."

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment Services

Summary of Strengths and Findings as Evidence of Compliance

RMHP Prime made efforts to provide members with information about EPSDT services within 60 days of enrollment, which included the Health First Colorado member handbook, the *Getting Started Guide*, welcome calls, and screening assessments. Throughout the year, **RMHP Prime** distributed additional reminders regarding EPSDT services such as educational fliers, annual EPSDT member notifications, care gap outreach in the form of letters and telephone calls, peripheral communications on social media platforms, and other age-specific materials. Screenings and assessments reiterated EPSDT service information. Throughout the materials, **RMHP Prime** included a definition of EPSDT benefits, referenced the American Academy of Pediatrics (AAP) Bright Futures periodicity schedule as a guide to screenings and immunizations, stated that these services are at no cost to the member, and offered assistance with transportation and scheduling appointments.

Quarterly EPSDT outreach reports documented a steady increase in outreach completion rates throughout calendar year 2021, and staff members described the implementation of care gap letters and calls that occurred in April 2021. For households with multiple EPSDT-eligible members, **RMHP Prime** conducted multiple outreach phone calls to ensure no member was missed in the process.

The provider manual outlined clear expectations to ensure screenings are performed by qualified providers, and accurately documented and billed. Provider relations staff members communicated about EPSDT trainings through provider newsletters and email notices every six months. **RMHP Prime** coordinated local experts to train staff members and providers about EPSDT, including a presentation from Family Voices Colorado. Additional training recordings and Microsoft PowerPoint slides were available on the website and covered topics such as an overview of EPSDT, billing and coding questions, and helpful tips to coordinate care. Staff members added that **RMHP Prime** is developing a training focused on members with co-occurring diagnoses and is hoping to launch it in May 2022.

RMHP Prime care coordinators were available to assist providers and members with referrals for services not covered by the plan, to out-of-network providers, to appropriate State agencies and

programs, to CMHCs, and for members with special health care needs. Care coordination staff procedural documents and staff member interviews described **RMHP Prime**'s ability to process and follow up on referrals within 24 to 48 hours in most circumstances. While working to connect members to EPSDT services and community resources, staff members noted attempts to connect members to available waiver programs, connect with other entities through Creative Solutions case conferences, the Momentum program, and leveraging the provider relations team to seek out additional providers locally whenever possible, and out of state if necessary. **RMHP Prime**'s *EPSDT* policy described referral procedures to the Office of Clinical Services within the Department.

RMHP Prime provided and arranged intensive case management services most commonly out of all EPSDT services, and noted ongoing challenges with residential care placements, including one local provider who closed during the coronavirus disease 2019 (COVID-19) pandemic. Staff members described ongoing work with the Department to access funding sources such as the American Rescue Plan Act (ARPA). Quality department staff members conducted medical record audits that included elements to monitor for EPSDT referrals, coordination of services, and overall documentation of assessments.

Summary of Findings Resulting in Opportunities for Improvement

HSAG recommends the following updates to **RMHP Prime**'s EPSDT documents:

- The annual EPSDT reminder letter was divided into two mailings: a mailing for minors and a mailing for adults. These two letter templates inadvertently used language that may suggest EPSDT services are for members ages 17 and under, or ages 18 to 20. HSAG recommends clarifying that EPSDT services are available, at no cost, for all members ages 20 and under.
- Within the Prime member handbook and the EPSDT flier, **RMHP Prime** stated that copays may apply to some services. HSAG recommends additional clarification that EPSDT services are at no cost to the member.
- The provider manual stated that medically necessary treatments "may under certain circumstances be covered by **RMHP**" and should further clarify that EPSDT services are at no cost to the member and, although some services are not within the **RMHP** benefit, the EPSDT services are covered under the Health First Colorado benefit.
- **RMHP Prime**'s EPSDT policy and associated provider trainings included the key concepts of medical necessity, however, should further clarify that medically necessary services are not at the convenience of the caretaker/parent/guardian*, provider, or the member*.

Although **RMHP Prime** described ongoing training of staff members and providers for awareness of State health agencies and programs, staff members were limited in desktop references and current resources with which to make referrals. HSAG suggests that **RMHP Prime** consolidate resource and referral information into a reference guide or similar type of material in order for staff members to access consistent and reliable information.

RMHP Prime submitted limited documentation to verify how EPSDT considerations are processed within the utilization management (UM) department. HSAG recommends expanding UM policies and procedures to better document how EPSDT considerations are included in the UM review process.

Summary of Required Actions

HSAG identified no required actions for this standard.

Overview of FY 2021–2022 Compliance Monitoring Activities

For the FY 2021–2022 site review process, the Department requested a review of four areas of performance. HSAG developed a review strategy and monitoring tools consisting of four standards for reviewing the performance areas chosen. The standards chosen were Standard III—Coordination and Continuity of Care, Standard IV—Member Rights, Protections, and Confidentiality, Standard V—Member Information Requirements, and Standard XI—Early and Periodic Screening, Diagnostic, and Treatment Services. Compliance with applicable federal managed care regulations and managed care contract requirements was evaluated through review of the four standards.

Compliance Monitoring Site Review Methodology

In developing the data collection tools and in reviewing documentation related to the four standards, HSAG used the health plan's contract requirements and regulations specified by the federal Medicaid managed care regulations published May 6, 2016. HSAG assigned each requirement in the compliance monitoring tool a score of *Met*, *Partially Met*, *Not Met*, or *Not Applicable.* The Department determined that the review period was January 1, 2021, through December 31, 2021. HSAG conducted a desk review of materials submitted prior to the site review activities; a review of documents and materials requested during the site review; and interviews of key health plan personnel to determine compliance with applicable federal managed care regulations and contract requirements. Documents submitted for the desk review and site review consisted of policies and procedures, staff training materials, reports, minutes of key committee meetings, member and provider informational materials. While the RAE and MCO managed care requirements were reviewed simultaneously, HSAG delineated results for each product line into individual separate reports. However, required corrective actions for the MCO are the responsibility of the RAE and are incorporated into Appendix C of the RAE Region 1 report.

The site review processes were consistent with the CMS EQR *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, October 2019. Appendix D of the RAE Region 1 report contains a detailed description of HSAG's site review activities consistent with those outlined in the CMS EQR protocol. The four standards chosen for the FY 2021–2022 site reviews represent a portion of the managed care requirements. The following standards will be reviewed in subsequent years: Standard I—Coverage and Authorization of Services, Standard II—Access and Availability, Standard VI—Grievance and Appeal Systems, Standard VII—Provider Participation and Program Integrity, Standard VIII—Credentialing and Recredentialing, Standard IX—Subcontractual Relationships and Delegation, and Standard X—Quality Assessment and Performance Improvement.

Objective of the Site Review

The objective of the site review was to provide meaningful information to the Department and the health plan regarding:

- The health plan's compliance with federal healthcare regulations and managed care contract requirements in the four areas selected for review.
- Strengths, opportunities for improvement, and actions required to bring the health plan into compliance with federal healthcare regulations and contract requirements in the standard areas reviewed.
- The quality and timeliness of, and access to, services furnished by the health plan, as assessed by the specific areas reviewed.
- Possible interventions recommended to improve the quality of the health plan's services related to the standard areas reviewed.

FY 2020–2021 Corrective Action Methodology

As a follow-up to the FY 2020–2021 site review, each health plan that received one or more *Partially Met* or *Not Met* scores was required to submit a CAP to the Department addressing those requirements found not to be fully compliant. If applicable, the health plan was required to describe planned interventions designed to achieve compliance with these requirements, anticipated training and follow-up activities, the timelines associated with the activities, and documents to be sent following completion of the planned interventions. HSAG reviewed the CAP and associated documents submitted by the health plan and determined whether it successfully completed each of the required actions. HSAG and the Department continued to work with **RMHP Prime** until it completed each of the required actions from the FY 2020–2021 compliance monitoring site review.

Summary of FY 2020–2021 Required Actions

For FY 2020–2021, HSAG reviewed Standard VII—Provider Participation and Program Integrity, Standard VIII—Credentialing and Recredentialing, Standard IX—Subcontractual Relationships and Delegation, and Standard X—Quality Assessment and Performance Improvement.

Related to Standard VII—Provider Participation and Program Integrity, **RMHP Prime** was required to update the member liability language in the provider manual to accurately address the various lines of business that may have variations in copay and liabilities.

Related to Standard IX—Subcontractual Relationships and Delegation, **RMHP Prime** was required to update the delegated credentialing agreements that did not include the detailed language specified in 42 CFR §438.230(c)(3) to meet this requirement.

RMHP Prime did not have any required actions for Standard VIII—Credentialing and Recredentialing and Standard X—Quality Assessment and Performance Improvement.

Summary of Corrective Action/Document Review

RMHP Prime submitted a proposed CAP in July 2021. HSAG and the Department reviewed and approved the proposed plan. Initial documents as evidence of completion were submitted in October 2021. **RMHP Prime** resubmitted final CAP documents in November 2021.

Summary of Continued Required Actions

RMHP Prime successfully completed the FY 2020–2021 CAP, resulting in no continued corrective actions.

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
1. A. The Contractor implements procedures to deliver care to and coordinate services for all members. B. *For all members*, the Contractor's care coordination activities place emphasis on acute, complex, and high-risk patients and ensure active management of high-cost and high-need patients. The Contractor ensures that care coordination: • Is accessible to members. • Is provided at the point of care whenever possible. • Addresses both short- and long-term health needs. • Is culturally responsive. • Respects member preferences. • Supports regular communication between care coordinators and the practitioners delivering services to members. • Reduces duplication and promotes continuity by collaborating with the member and the member's care team to identify a lead care coordinator for members receiving care coordination from multiple systems. • Is documented, for both medical and non-medical activities. • Addresses potential gaps in meeting the member's interrelated medical, social, developmental, behavioral, educational, informal support system, financial, and spiritual needs.	**Both RAE and Prime:** *III_1-2_3_4_5_7_8_9_10_CM 28 Care Coordination Policy and Procedure* This policy and procedure describes the Rocky Mountain Health Plans (RMHP) comprehensive, client and family centered integrated care coordination program. **Bullet 1:** Integrated Community Care Teams, 2nd paragraph on page 16 **Bullet 2:** Active Care Plan Maintenance on pages 22-23. **Bullet 3:** Care Plan Development & Care Planning on pages 21-23. **Bullet 4:** Found throughout the P&P **Bullet 5:** Found throughout the P&P **Bullet 6:** Care Plan Development & Care Planning on pages 21-23; Active Care Plan Maintenance and Follow-up on pages 27-29 **Bullet 7:** Care Coordinator on page 24; Care Plan Development & Care Planning on page 21-23. **Bullet 8:**	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
42 CFR 438.208(b) RMHP Prime Contract Amendment 7: Exhibit M-7—11.3.3, 11.3.7 RAE Contract Amendment 7: Exhibit B6—11.3.1, 11.3.7	Care Plan Development & Care Planning on page 21-23. **Bullet 9:** Care Plan Development & Care Planning on pages 21-23. *III_1_CM_Comprehensive Assessment* RMHP assesses the Member's health and health behavior risks, medical and nonmedical needs, and social determinants of health needs, including determining if a care plan exists. RMHP uses a comprehensive, client/family centered, integrated approach to assessment of members for care coordination needs. *III_1_CM_Complex Outreach Workflow* This workflow describes Outreach to Populations stratified as Complex and how they are outreached in a campaign. *III_1,6_CM_Health Needs Survey Date Entry Workflow* The Health Needs Survey is a voluntary survey completed by Members enrolling in a Medicaid program such as RAE or Prime. Members indicate when they need help managing their health conditions, are pregnant, would like help with resources or to receive an outreach call from a care	

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	coordinator. Survey data is transferred from HCPF to the RAE and helps prioritize Members who could benefit from care coordination. *III_1_CM_Top 40 Outreach Workflow* This workflow describes Outreach to the Top 40 Members from populations stratified as Complex and how they are outreached in a campaign. The documents listed below demonstrate procedures to deliver care to and coordinate services for all members. *III_1_CM_Care Plan Workflow v6* *III_1,10_CM_Essette Documentation Screen Shot* Additionally, this Essette Documentation Screen Shot contains a view of a Member's Care Plan in Essette. RMHP care coordination works collaboratively with the Member and caregivers (if applicable) to create an individualized care plan that includes documentation of the Member's desired health outcomes and identifies other providers of that member's care coordination team. **RAE specific: see above** **Prime specific: see above**	

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
2. The Contractor ensures that each member has an ongoing source of care appropriate to their needs and a person or entity formally designated as primarily responsible for coordinating the health care services accessed by the member. • The member must be provided information on how to contact their designated person or entity. *42 CFR 438.208(b)(1)* RMHP Prime Contract Amendment 7: Exhibit M-7—None RAE Contract Amendment 7: Exhibit B6—None	**Both RAE and Prime:** *III_1-2_3_4_5_7_8_9_10_CM 28 Care Coordination Policy and Procedure* Pages 16-18 describes Member access to care coordination team. Page 18 describes initial care coordination outreach and screening. *III_2,7_CS_Prime and RAE child welcome call script* *III_2,7_CS_Prime and RAE Adult Welcome call script* RMHP Customer Service representatives make outbound Welcome Calls to all new members. Whether the Member call is outgoing or incoming, the initial Member conversation introduces care coordination and screens the Member for social, medical and behavior heath needs. When a Member is reached and a screener is completed the information is housed in Essette. *III_2_CS_RAE sorry we missed you Eng_Spa* *III_2_CS_Prime sorry we missed you Eng_Spa* This letter is sent to all members who are not reached through the Welcome Call. Members are urged to call Customer Service if they need	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	assistance to access appropriate care and/or to connect with the community resources. **RAE specific: see above** **Prime specific:** *Prime Member Handbook_ENG-508* Page 11 explains How to Contact an RMHP Care Coordinator.	
3. The *MCO* receives and processes the Department's attribution and assignment list to ensure accurate member attribution and assignment. Members enrolled in the MCO have 90 days in which to opt out. Any member who does not opt out remains enrolled until the member's next open enrollment period, at which time the member shall receive an open enrollment notice. Subsequent enrollment will be for 12 months, and a member may not disenroll from the limited managed care capitation initiative (except as provided in the disenrollment terms). The *RAE* no less than quarterly compares the Department's attribution and assignment list with member claims activity to ensure accurate member attribution and assignment. The RAE conducts follow-up with members who are seeking care from primary care providers other than the attributed primary care medical provider (PCMP) to identify any barriers to accessing the PCMP and, if appropriate, to assist the member in changing the attributed PCMP.	**Both RAE and Prime:** **RAE specific:** *III_3_CM_RAE PCMP Change Process* This document describes the process for helping RAE Member's identify and change their Primary Care Medical Provider (PCMP). Care Coordinators (CC) offer a three-way call with Member, the CC and the Department's enrollment broker to assist the Member in choosing a different PCMP. *III_3_CI_Attribution Validation* This document describes attribution validation activity for this review period. **Prime specific:** *Prime Member Handbook_ENG-508*	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
RMHP Prime Contract Amendment 7: Exhibit M-7—6.7 RAE Contract Amendment 7: Exhibit B6—6.8.1	On pages 9-10, Members are advised of the circumstances and timeframe for leaving RMHP. They must call the number for Health First Colorado Enrollment to request disenrollment or to change plans. *Note regarding MCO opt out activity:* all MCO enrollment/disenrollment activity is performed by First Health Colorado Enrollment (the enrollment broker).	
4. The Contractor's care coordination activities will comprise: • A range of deliberate activities to organize and facilitate the appropriate delivery of health and social services that support member health and well-being. • Activities targeted to specific members who require more intense and extended assistance and include appropriate interventions. RMHP Prime Contract Amendment 7: Exhibit M-7—11.3.3 RAE Contract Amendment 7: Exhibit B6—11.3.3	**Both RAE and Prime:** **Bullet 1:** *III_1-2_3_4_5_7_8_9_10_CM 28 Care Coordination Policy and Procedure* Pages 6-7 Clinical Event Management, states that RMHP care coordinators will provide assistance during care transitions from hospitals or other care institutions to home or community-based settings or during other transitions, such as the transition from children's health services to adult health services or from hospital or home care to care in a nursing facility. *III_4_PT_Med Nghbrhd Initiative Summary* This document describes RMHP's work at developing a medical neighborhood, including work to improve communication and coordination	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	between providers and care team members via Practice Transformation Programs described in the document. *III_4_PT_2021 Provider and Staff Educational Offerings* This document provides examples of educational offerings to support the organization and facilitation of the delivery of health and social services for Members. *III_4_PT_Ignacio - lifestance health - Evergreen* *III_4_PT_River Valley - CMH BH - Evergreen* *III_4_PT_WCPA Fruita and GJ - Asthma and Allergy - Evergreen* Examples of care compacts between primary care and specialty practices. **Bullet 2:** *III_1-2_3_4_5_7_8_9_10_CM 28 Care Coordination Policy and Procedure* This requirement is addressed throughout this P&P mainly in the Care Plan Development & Care Planning section on pages 21-23. *III_4_CM People with SHCN Policy 2021* Addresses this requirement for people with special health care needs. On page 1, item 2 provides that	

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	RMHP coordinates health care services for children with Special Health Care Needs with other agencies or entities. **RAE specific: see above** **Prime specific: see above**	
5. The Contractor is fully integrated with the entirety of work outlined in the contract, thereby creating a seamless experience for members and providers. The Contractor implements procedures to coordinate services furnished to the member: • Between settings of care, including appropriate discharge planning for short-term and long-term hospital and institutional stays. • With the services the member receives from any other managed care plan. • With the services the member receives in fee-for-service (FFS) Medicaid. • With the services the member receives from community and social support providers. *42 CFR 438.208(b)(2)* RMHP Prime Contract Amendment 7: Exhibit M-7—10.3.2, 10.3.4, 11.3.5, 11.3.7.7, 11.3.10, 14.3, 11.3.10	**Both RAE and Prime:** *III_1-2_3_4_5_7_8_9_10_CM 28 Care Coordination Policy and Procedure* -Page 2, it is noted that RMHP utilizes a single care management platform, Essette, for all services that allows the many entities that may be providing care/services to a Member to coordinate and share information seamlessly. -Pages 6 & 7, RMHP Care Management staff will provide assistance during care transitions from hospitals or other care institutions to home or community-based settings or during other transitions, such as the transition from children's health services to adult health services or from hospital or home care to care in a nursing facility. -Pages 21-23, Care Plan Development & Care Planning, describe the procedures for coordinating services between settings of care, including appropriate discharge planning for short-term and long-term hospital and institutional stays..	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
RAE Contract Amendment 7: Exhibit B6—10.3.2, 10.3.4, 11.3.5, 11.3.7.7, 11.3.10, 14.3	-Integration with BH and PH is further addressed on pages 18-21 and in the Screener, Assessment and Care Planning & Care Plan Development & Care Planning sections on pages 21-23. -Page 21-23, "Care Plan Development & Care Planning, describe the procedures to coordinate services with the Member. *III_5_CS_Call Flow-One Call* The One-Call Center is at the core of RMHP's communication options for Members. One phone number is maintained, staffed, and published for Members to call regarding customer service or care coordination issues. The One-Call Center serves Members and providers. The call tree is streamlined and well organized, with careful attention paid to minimizing the number of options callers need to listen to, yet covering the primary topics of concern. *III_5,8_CM_ Referral Campaign Workflow* This document shows RMHP's referral workflow process. *III_5_PT_Sept 2021 Provider Insider Plus Newsletter* *III_5_PT_Sept 2021 VBCRC Office Hours Webinar* These documents demonstrate RMHP's communication with providers through Newsletters	

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	and Webinars to fully engage them in the work outlined in the contract for RAE and for Prime. The Webinars are presented monthly in the format of "Value Based Contracting Office Hours" where RMHP presents on relevant topics and providers have the opportunity to ask questions and to provide feedback. **RAE specific: see above** **Prime specific: see above**	
6. The Contractor uses the results of the health needs survey, provided by the Department, to inform member outreach and care coordination activities. The Contractor: • Processes a daily data transfer from the Department containing responses to member health needs surveys. • Reviews the member responses to the health needs survey on a regular basis to identify members who may benefit from timely contact and support from the member's PCMP and/or Contractor. *42 CFR 438.208(b)(3)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.5.2–3 RAE Contract Amendment 7: Exhibit B6—7.5.2–3	**Both RAE and Prime:** *III_6_CM_ Health Needs Survey Process* *III_1,6_CM_Health Needs Survey Date Entry Workflow* *III_6_CM_HNS 06-14-21_filtered- redacted* The Health Needs Survey is a voluntary survey completed by Members enrolling in a Medicaid program such as RAE or Prime. Members indicate when they need help managing their health conditions, are pregnant, would like help with resources or to receive an outreach call from a care coordinator. The policy describes how RMHP processes and stratifies the survey. The Workflow illustrates how RMHP receives, processes and reviews the data to inform member outreach and care coordination activities.	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	RAE specific: see above **Prime specific: see above**	
7. The Contractor has procedures to ensure: • Each member receives an individual intake and assessment appropriate for the level of care needed. • It uses the information gathered in the member's intake and assessment to build a service plan (MCO only: *in a timely manner*). • It provides continuity of care for members who are involved in multiple systems and experience service transitions from other Medicaid programs and delivery systems. *42 CFR 438.208(c)(2-3)* RMHP Prime Contract Amendment 7: Exhibit M-7—14.5.1 RAE Contract Amendment 7: Exhibit B6—14.7.1	**Both RAE and Prime:** *III_1-2_3_4_5_7_8_9_10_CM 28 Care Coordination Policy and Procedure* **Bullet 1:** Page 2 indicates that "All members identified by these activities receive outreach to attempt screening, assessment, coordination and care planning as needed." **Bullet 2:** CarePlan Development & Care Planning on pages 21-23. **Bullet 3:** Special Populations on pages 8-16 describes continuity of care activities for Members in transition and involved in multiple systems. *III_7_CM_Continuity & Coordination of Care in Transitions* Purpose on page 1 indicates that RMHP facilitates continuity and coordination of medical care across its delivery system.	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	III_2,7_CS_Prime and RAE child welcome call script *III_2,7_CS_Prime and RAE Adult Welcome call script* RMHP Customer Service representatives make outbound Welcome calls to all new members. Whether the Member call is outgoing or incoming, the initial Member conversation introduces care coordination and screens the member for social, medical and behavioral health needs. When a Member is reached and a Screener is completed, the information is housed in Essette. *III_7_CS_RAE and RAE Prime Welcome Call Stats* These statistics illustrate the attempts to reach and complete an initial intake Screener for RAE and Prime Members during the month of July-November, 2021. **RAE specific: see above** **Prime specific: see above**	

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
8. The Contractor shares with other entities serving the member the results of its identification and assessment of that member's needs to prevent duplication of those activities. *42 CFR 438.208(b)(4)* RMHP Prime Contract Amendment 7: Exhibit M-7—None RAE Contract Amendment 7: Exhibit B6—None	**Both RAE and Prime:** *III_1-2_3_4_5_7_8_9_10_CM 28 Care Coordination Policy and Procedure* -Page 2 explains that RMHP utilizes a care management system platform, Essette, to achieve distribution of all of the Members identified by stratification, ADT alerts, Special Populations and Referrals to RMHP or ICCT staff. Screening, assessment, care planning, and follow up are all managed through Essette. Community Mental Health Centers use the same system for referral and care coordination. This sharing and integration of Essette allows coordination of the many entities that may be providing care/services to a members resulting in better member outcomes and less duplication of care and services. -Page 25, Second paragraph, describes the activities that ensure, to the extent possible, that all communications and interventions have been established. The third bullet, describes activities of sharing assessments and identified needs of the Member with other providers serving the member in order to prevent duplication of activities. *III_5,8_CM_ Referral Campaign Workflow* This document shows RMHP's referral workflow process. **RAE specific: see above**	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	Prime specific: see above	
9. The Contractor ensures that each provider furnishing services to members maintains and shares, as appropriate, member health records, in accordance with professional standards and in the process of coordinating care, each member's privacy is protected in accordance with the privacy requirements in 45 CFR parts 160 and 164, subparts A and E (Health Insurance Portability and Accountability Act of 1996 [HIPAA]), to the extent that they are applicable. *42 CFR 438.208(b)(5) and (6)* RMHP Prime Contract Amendment 7: Exhibit M-7—15.1.1.5, 11.3.7.11 RAE Contract Amendment 7: Exhibit B6—11.3.7.10.6, 15.1.1.5	**Both RAE and Prime:** *III_6,9_PNM_2021 Provider Manual* -Page 112 describes all aspects of Medical Records and Release of Information and Transfer of Records including how each provider needs to make health service records available to the Member and to other participating providers and authorized individuals in accordance with HIPAA and the terms of the RMHP Provider Agreement. Member confidentiality is described in the 4th paragraph on page 113. -Page 113-115 includes detailed information to PCP's and Specialists about what office records should include. Providers are responsible for the maintenance of adequate medical records, which are to be secure, complete, legible, accurate, accessible, organized, and maintained in a format that facilitates retrieval of information. *III_9_PNM_Physician Medical Services Agreement RAE Prime* Page 8-9, Section L. Records: This section specifies medical records requirements in accordance with professional, state and law requirements, including paragraph 7 which requires physicians to share	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	medical records with other treating providers to facilitate continuity of care consistent with state and federal law.	
	III_1-2_3_4_5_7_8_9_10_CM 28 Care Coordination Policy and Procedure Page 26 of Care Plan Development provides that "any communication with a non-member representative will require the appropriate Appointment of Representative/HIPAA paperwork to be filled out."	
	III_CM_9_HIPAA Authorization to Release Information_English *III_CM_9_HIPAA Authorization to Release Information_Spanish* In the process of coordinating care, RMHP follows all HIPAA and 45 CFR requirements to assure member privacy is protected. RMHP uses this Authorization to Use or Disclose Specific Information (Consent Form) for RMHP to use/obtain or disclose specific personal health information.	
	III_9_CM 14 Confidentiality and Retention of Member Records Section I, page 1 states that employees of Rocky Mountain have a moral and legal obligation and responsibility to protect the privacy of our	

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	members. All information obtained in an official capacity is confidential and staff will comply with HIPAA Privacy Regulations. **RAE specific: see above** **Prime specific: see above**	
10. The Contractor possesses and maintains an electronic care coordination tool to support communication and coordination among members of the provider network and health neighborhood. The care coordination tool collects and aggregates, at a minimum: • Name and Medicaid ID of member for whom care coordination interventions were provided. • Age. • Gender identity. • Race/ethnicity. • Name of entity or entities providing care coordination, including the member's choice of lead care coordinator if there are multiple coordinators. • Care coordination notes, activities, and member needs. • Stratification level. • Information that can aid in the creation and monitoring of a care plan for the member—such as clinical history, medications, social supports, community resources, and member goals.	**Both RAE and Prime:** *III_1-2_3_4_5_7_8_9_10_CM 28 Care Coordination Policy and Procedure* Page 2 explains that RMHP utilizes a care management system platform, Essette, to support communication and coordination among the many entities (members of the provider network and health neighborhood) providing care/services to members. *III_1,10_CM_Essette Documentation Screen Shot* This document illustrates the data that is collected and aggregated in Essette, including the items listed in this element. -Page 1 provides an example of the following fields: Name, Age, Gender, Care Coordinator, Stratification Level [Acuity], Medicaid ID. -Page 2 provides an example of member's lead coordinator and other providers involved their care. -Page 3 provides member assessment information	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
RMHP Prime Contract Amendment 7: Exhibit M-7—15.2.1.1, 15.2.1.3-4 RAE Contract Amendment 7: Exhibit B6—15.2.1.1, 15.2.1.3-4	-Page 4 provides a sample care plan for the member -Page 5 provides care coordination notes -Pages 6-9 provides additional information that can aid in the creation and monitoring of the care plan for the member. **RAE specific: see above** **Prime specific: see above**	

Results for Standard III—Coordination and Continuity of Care								
Total	Met	=	10	X	1.00	=	10	
	Partially Met	=	0	X	.00	=	0	
	Not Met	=	0	X	.00	=	0	
	Not Applicable	=	0	X	NA	=	NA	
Total Applicable		=	10	**Total Score**		=	10	
Total Score ÷ Total Applicable					=	100%		

Standard IV—Member Rights, Protections, and Confidentiality		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
1. The Contractor has written policies regarding the member rights specified in this standard. *42 CFR 438.100(a)(1)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.7.1 RAE Contract Amendment 7: Exhibit B6—7.3.7.1–2	**Both RAE and Prime:** *IV_1,3,4_CS_Medicaid Prime and CHP+ Member Rights and Responsibilities* This Policy and Procedure documents RMHP"S written policy regarding a Prime, RAE, or CHP+ Member's Rights and Responsibilities. **RAE specific: see above** **Prime specific: see above**	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable
2. The Contractor complies with any applicable federal and State laws that pertain to member rights (e.g., non-discrimination, Americans with Disabilities Act) and ensures that its employees and contracted providers observe and protect those rights. *42 CFR 438.100(a)(2) and (d)* RMHP Prime Contract Amendment 7: Exhibit M-7—5.2.4 RAE Contract Amendment 7: Exhibit B6—17.10.7.2	**Both RAE and Prime:** *IV_2,4,6_PNM_ 2021 Provider Manual* Page 117-119 of the Provider Manual describes Prime, RAE and CHP+ Member rights to network providers. Page 106-107 informs providers of the values and tenets of the RMHP Compliance Plan/Code of conduct which demonstrate compliance with Federal and State laws that pertain to Member rights. *IV_2,4_PNM_LawExhibit to Provider Agreements* See Page 8-9, Section 5: Medicaid Recipient Rights and Section 6: Medicaid and CHP+ Contracts Statutes and Regulations lists the federal and State laws with which RMHP, providers and subcontractors shall comply with. *IV_2_CI_Screen Shot_Federal and State Laws*	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard IV—Member Rights, Protections, and Confidentiality		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	Information about federal and State laws that pertain to Member rights is posted on the RMHP.org website. It is also posted in prominent locations in RMHP physical office locations. *IV_2_Law Exhibit_Non-Prov_Ind Contractor* This Law Exhibit is attached to all non-provider contracts that are executed with RMHP. It includes requirements for compliance with all applicable federal and state law that pertain to member rights. *IV_2,5_CM_Confidentiality and Retention of Member Records* Page 1, Purpose statement identifies that RMHP complies will all federal and state regulations that pertain to member activity and confidentiality. *IV_2_PM&A_COMBINED_1557Notice_MLIS_01312020 (Medicaid CHP+)_Eng* This document demonstrates that RMHP complies with applicable federal and state laws that pertain to member rights. *IV_2,5_CM_HIPAA Authorization to Release Information English* *IV_2,5_CM_HIPAA Authorization to Release Information Spanish*	

Standard IV—Member Rights, Protections, and Confidentiality		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	In the process of coordinating care, RMHP follows all HIPAA and 45 CFR guidelines to assure member privacy is protected. RMHP uses this Authorization to Use or Disclose Specific Information (Consent Form) for RMHP to use/obtain or disclose specific personal health information. **RAE specific: see above** **Prime specific:** *Prime Member Handbook_ENG-508* Page 44 informs Members of the RMHP Equal Opportunity Policy.	
3. The Contractor's policies and procedures ensure that each member is guaranteed the right to: • Receive information in accordance with information requirements (42 CFR 438.10). • Be treated with respect and with due consideration for their dignity and privacy. • Receive information on available treatment options and alternatives, presented in a manner appropriate to the member's condition and ability to understand. • Participate in decisions regarding their health care, including the right to refuse treatment.	**Both RAE and Prime:** *IV_1,3,4_CS_Medicaid Prime and CHP+ Member Rights and Responsibilities* Page 2, Section 6 Member rights as specified in state and federal regulation *Getting Started Guide-RAE-Prime_ENG-508* Members are directed how to find information online to learn more about their Member rights and responsibilities in these Getting Started Guides that are sent to all new members.	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard IV—Member Rights, Protections, and Confidentiality		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
• Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation. • Request and receive a copy of their medical records and request that they be amended or corrected. • Be furnished health care services in accordance with requirements for timely access and medically necessary coordinated care (42 CFR 438.206 through 42 CFR 438.210). *42 CFR 438.100(b)(2) and (3)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.7.2 RAE Contract Amendment 7: Exhibit B6—7.3.7.2.1–6	**RAE specific:** *IV_3_CM89-Member Annual Notice-RAE only- 2021* These Member Annual Notices advise Members how to find information online to learn more about their Member rights and responsibilities. **Prime specific:** *IV_3_CM89-Member Annual Notice-Prime -2021* These Member Annual Notices advise Members how to find information online to learn more about their Member rights and responsibilities.	
4. The Contractor ensures that each member is free to exercise their rights and that the exercise of those rights does not adversely affect the way the Contractor, its network providers, or the State Medicaid agency treats the member. *42 CFR 438.100(c)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.7.2.7 RAE Contract Amendment 7: Exhibit B6—7.3.7.2.7	**Both RAE and Prime:** *IV_2,4,6_PNM_ 2021 Provider Manual* Page 118 includes the Members right to freely exercise their rights without being treated differently *IV_2,4_PNM_LawExhibit to Provider Agreements* Page 8, Section 5: Medicaid Recipient Rights, paragraph C states that "Contractor shall ensure that Medicaid Recipients have the rights set forth in 42 C.F.R. section 438.100(b)(2), including but not limited to the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, consistent with 42 C.F.R., section 438.100.(b)(2)(v)."	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard IV—Member Rights, Protections, and Confidentiality		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	IV_1,3,4_CS_Medicaid Prime and CHP+ Member Rights and Responsibilities Page 2, bullet #8 indicates that the member is able to exercise their rights without being treated differently. **RAE specific: see above** **Prime specific:** *Prime Member Handbook_ENG-508* Page 38, bullet #8 indicates to Members that they are able to exercise their rights without being treated differently.	
5. For medical records and any other health and enrollment information that identifies a particular member, the Contractor uses and discloses individually identifiable health information in accordance with the privacy requirements in 45 CFR parts 160 and 164, subparts A and E (HIPAA), to the extent that these requirements are applicable. *42 CFR 438.224* RMHP Prime Contract Amendment 7: Exhibit B—11.3.7.11, 15.1.1.5 RAE Contract Amendment 7: Exhibit B—11.3.7.10.6, 15.1.1.5	**Both RAE and Prime:** *IV_CM_5_HIPAA Authorization to Release Information English* *IV_CM_5_HIPAA Authorization to Release Information_Spanish* In the process of coordinating care, RMHP follows all HIPAA and 45 CFR guidelines to assure member privacy is protected. RMHP uses this Authorization to Use or Disclose Specific Information (Consent Form) for RMHP to use/obtain or disclose specific personal health information. *IV_2,5_CM_Confidentiality and Retention of Member Records* Page 1, Section I states that employees of Rocky Mountain have a moral and legal obligation and	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard IV—Member Rights, Protections, and Confidentiality		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	responsibility to protect the privacy of our Members. All information obtained in an official capacity is confidential and will comply with HIPAA Privacy Regulations. Section II describes how RMHP protects the confidentiality of all Member records. **RAE specific: see above** **Prime specific: see above**	
6. The Contractor maintains written policies and procedures and provides written information to individuals concerning advance directives with respect to all adult individuals receiving care by or through the Contractor. Advance directives policies and procedures include: • Notice that members have the right to request and obtain information about advance directives at least once per year. • A clear statement of limitation if the Contractor cannot implement an advance directive as a matter of conscience. – The difference between institution-wide conscientious objections and those raised by individual physicians. – Identification of the State legal authority permitting such objection.	**Both RAE and Prime:** *IV_2,4,6_PNM_2021 Provider Manual* Pages 102-103 provides written information to providers about advance directives. It also explains practitioner responsibilities around advance directives, including the policies they must have in place to provide information to Members about their rights under state law to create an advance directive, and the policies of their organization to respect implementation of those rights (including any limitations because of conscientious objections). **Bullet 1:** *IV_6_CM_Medicare Medicaid Advance Directives_PP* Section 3.0 Policy demonstrates that members can request information regarding Advance Directives at least once per year. **Bullet 2:**	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard IV—Member Rights, Protections, and Confidentiality		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**

− Description of the range of medical conditions or procedures affected by the conscientious objection.
• Provisions:
    − For providing information regarding advance directives to the member's family or surrogate if the member is incapacitated at the time of initial enrollment due to an incapacitating condition or mental disorder and is unable to receive information.
    − For providing advance directive information to the incapacitated member once he or she is no longer incapacitated.
    − To document in a prominent part of the member's medical record whether the member has executed an advance directive.
    − That care to a member is not conditioned on whether the member has executed an advance directive, and provision that members are not discriminated against based on whether they have executed an advance directive.
    − To ensure compliance with State laws regarding advance directives.
    − To inform individuals that complaints concerning noncompliance with advance directive requirements may be filed with the Colorado Department of Public Health and Environment.
	RMHP does not impose any limitations with respect to implementing advance directives as a matter of conscience, therefore no statement to this effect is included in written information to individuals.
	
	Bullet 2, 1st, 2nd and 3rd dashes:
	IV_6_CM_Medicare Medicaid Advance Directives _PP
	This policy implements advance directives. Page 3, item 6.1, specifies that the provider's obligations with respect to advance directions must comply with 42 CFR 489, Subpart I and, at a minimum, do the following.
	-Clarify any differences between institution-wide conscientious objections and those that may be raised by individual physicians.
	-Identify the state legal authority permitting such objection.
	-Describe the range of medical conditions or procedures affected by the conscientious objection.
	
	3rd bullet, 1st dash:
	IV_6_CM_Medicare Medicaid Advance Directives _PP
	-Page 1-2 under "Policy," Section 3 provide that Members rights include that advance directive information is given to the Member's family if he or she is incapacitated at the time of enrollment. Once the Member is no longer incapacitated, the information is given to the individual directly.	

Standard IV—Member Rights, Protections, and Confidentiality		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**

− To inform members of changes in State laws regarding advance directives no later than 90 days following the changes in the law.
   − To educate of staff concerning its policies and procedures on advance directives.
   − The components for community education regarding advance directives that include:
     ▪ What constitutes an advance directive.
     ▪ Emphasis that an advance directive is designed to enhance an incapacitated individual's control over medical treatment.
     ▪ Description of applicable State law concerning advance directives.
 	
The MCO must be able to document its community education efforts.
 	
42 CFR 438.3(j)
42 CFR 422.128
 	
RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.11.3-6
RAE Contract Amendment 7: Exhibit B6—7.3.11.2, 7.3.11.3.3
	-Page 3, under "Procedure," Section 6 requires providers to have and comply with written policies and procedures for advance directives, including requirements in 42 CFR 489.102. Subsection (e) of this regulation sets forth the timing of the provision of advance directive information when the Member is incapacitated.
	
	3rd bullet, 2nd dash:
	IV_6_PNM-007 Advance Directives
	Page 2, 3.1.d, practitioners must provide advance directive information to incapacitated Members once they are no longer incapacitated.
	
	3rd bullet, 3rd dash:
	IV_6_CM_Medicare Medicaid Advance Directives _PP
	Page 2. Section 3.4 and Page 4 Section 6.3.b sets forth the Member's right to have an advance directive recorded in the medical record. Page 4, Section 6.4 provides that when chart audits occur they will include a review for the presence or absence of advance directives in the medical record.
	IV_6_PNM-007 Advance Directives
	Page 2 Section 3.4 and Section 6.3.b, a practitioner is required to include a Member's advance directive in the medical record.
	
	IV_2,4,6_PNM_2021 Provider Manual	

Standard IV—Member Rights, Protections, and Confidentiality		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	Page 94 provides that a practitioner must include a Member's advance directive in the medical record. **3rd bullet, 4th dash:** *IV_6_PNM-007 Advance Directives* On page 4, Section 6.5.b of the policy, providers are prohibited from discriminating against Members based on whether the Member has executed an advance directive. *IV_2,4,6_PNM_2021 Provider Manual* Page 94 provides that a practitioner may not condition the provision of health or medical care based on whether or not the Member has signed an advance directive. **3rd bullet, 7th dash:** *IV_6_CM_Medicare Medicaid Advance Directives _PP* Page 2, item 3.1.b. provides that Members will be informed of changes in state law concerning advance directives no later than 90 days following the change in law. 3rd bullet, 8th dash: *IV_6_CM_Medicare Medicaid Advance Directives _PP* Page 4, item 6.5.c. provides that RMHP will train staff on policies and procedures on advance directives. RMHP employees are educated about advance directives by utilization of the following documents: *IV_6_CS_P&P Advanced Health Care Directive*	

Standard IV—Member Rights, Protections, and Confidentiality		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	IV_6_CS_Obtain or report issues on an Advance Directive *IV_6_CS_Advanced Directive form* **3rd bullet, 9th dash:** *IV_6_CM_Medicare Medicaid Advance Directives _PP* Page 4, item 6.5.d. provides that RMHP will provide community education on advance directives, including issues that the education will address. *IV_6_CI_Webpage screen shot Advance Directives Information* This document demonstrates public information on RMHP.org for community education regarding advance directives. **RAE specific: see above** **Prime specific:** *Prime Member Handbook_ENG-508* Pages 45-58 provides written information to Members about advance directives. **3rd bullet, 4th dash:** *Prime Member Handbook_ENG-508* Page 50, Know the Law, informs Members that they will not be denied services, treatment or admission to a health	

Standard IV—Member Rights, Protections, and Confidentiality		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	care facility if the Member does not sign an advance directive. **3rd bullet, 5th and 6th dash:** *Prime Member Handbook_ENG-508* Page 46, "Know the Law" section provides members information regarding State laws and advance directives. Page 47, "How do I complain if my advance directive is not followed?" provides information to Members about how to complain if an advance directive is not followed.	

Results for Standard IV—Member Rights, Protections, and Confidentiality							
Total	Met	=	6	X	1.00	=	6
	Partially Met	=	0	X	.00	=	0
	Not Met	=	0	X	.00	=	0
	Not Applicable	=	0	X	NA	=	NA
Total Applicable		=	6	**Total Score**		=	6
Total Score ÷ Total Applicable					=	100%	

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
1. The Contractor provides all required member information to members in a manner and format that may be easily understood and is readily accessible by enrollees. • The Contractor ensures that all member materials (for large-scale member communications) have been member tested. *Note: Readily accessible means electronic information which complies with Section 508 guidelines, Section 504 of the Rehabilitation Act, and W3C's Web Content Accessibility Guidelines.* *42 CFR 438.10(c)(1)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.2.5, 7.2.7.9 RAE Contract Amendment 7: Exhibit B6—7.2.5, 7.3.6.1	**Both RAE and Prime:** *V_CI_PrepMaintainDistribute_ Medicaid_CHP+_Member Materials_PP_Final* This Policy and Procedure is written to assure that all materials intended for distribution to RMHP Medicaid and CHP+ Members are reviewed and edited to promote ease of use for RMHP enrollees, and to assure that they are readily accessible. Page 2, bullet 1, also indicates that RMHP will accommodate Members with vision or other impairments by providing Member materials in alternative formats. Page 2, bullet 3 indicates written materials that are critical to obtaining services are member tested through the RMHP's Member Advisory Council. *Prime Member Handbook_ ENG-508* *Getting Started Guide-RAE-Prime_ENG-508* *V_1,4,14,15_PNM_Prime_2021_Directory* *V_1,4,14,15_PNM_RAE 2021 ENG_Directory* *V_1_2_4_CS_RAE_Prime Sorry We Missed You Eng_Span* *V_PH_Prime-CHP+_Formulary 10.1.2021_508_Eng_Span* Health-First-Colorado-Member-Handbook_2021 The documents listed above are examples of materials demonstrating that member information is provided in a manner and format that is easily understood. *Getting Started Guide-RAE-Prime_ENG-508_PAC Rpt* *Prime Member Handbook_Eng-508_PAC Rpt* *V_PH_Prime-CHP+_Formulary 10.1.2021_508 RPT_Eng_Span*	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	The Accessibility Reports listed above show that these required member documents have passed 508 remediation. *V_PRIME2021_Directory_PAC_UA_Report* *V_RAE 2021 ENG_Directory_PAC_UA_Report* These accessibility reports show that these documents did not pass 508 remediation testing due font issues. We will remediate and provide new accessibility reports showing these documents have passed 508 remediation testing at the virtual site review. **RAE specific: see above** **Prime specific: see above**	
2. The Contractor has in place a mechanism to help members understand the requirements and benefits of the plan. *42 CFR 438.10(c)(7)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.8.1 RAE Contract Amendment 7: Exhibit B6—7.38.1	**Both RAE and Prime:** *Getting Started Guide-RAE-Prime_ENG-508* This document includes important information to help Member understand the requirements and benefits of the RAE and Prime plans. It also includes information about how to access valuable information on the RMHP website. It is mailed to new Members upon enrollment. *V_2_CS_Prime and RAE adult welcome call script* *V_2_CS_Prime and RAE child welcome call script* *V_1_2_4_CS_RAE_Prime Sorry We Missed You Eng_Span* The documents listed above illustrate other mechanisms (e.g., telephone calls, follow-up letter) we use to assist members to understand the requirements and benefits of the plan.	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	V_2_CI_Screenshot About the RAE This screen shot provides information about Understanding the Regional Organization. **RAE specific:** *Health-First-Colorado-Member-Handbook_2021* The Department distributes the Health First Colorado Member Handbook. RMHP sends the Health First Colorado Handbook to Members upon request. **Prime specific:** *Prime Member Handbook_ ENG-508* The Prime Member Handbook includes information to help Members understand the requirements and benefits of the plan. The RMHP Customer service number is listed in the footer of the handbook.	
3. For consistency in the information provided to members, the Contractor uses the following as developed by the State, when applicable and when available: • Definitions for managed care terminology, including: appeal, co-payment, durable medical equipment, emergency medical condition, emergency medical transportation, emergency room care, emergency services, excluded services,	**Both RAE and Prime:** *V_CI_PrepMaintainDistribute_ Medicaid_CHP+_Member Materials_PP_Final* Page 2, bullet 7, states that RMHP will use the definitions for managed care terminology developed by the Department as soon as they are made available to RMHP. *Medicaid_Notice_of_Adverse_Benefit_Determination_Final_10_28*	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
grievance, habilitation services and devices, health insurance, home health care, hospice services, hospitalization, hospital outpatient care, medically necessary, network, non-participating provider, participating provider, physician services, plan, preauthorization, premium, prescription drug coverage, prescription drugs, primary care physician, primary care provider, provider, rehabilitation services and devices, skilled nursing care, specialist, and urgent care. • Model member handbooks and member notices. *42 CFR 438.10(c)(4)* RMHP Prime Contract Amendment 7: Exhibit M-7—3.6 RAE Contract Amendment 7: Exhibit B6—3.6, 7.3.4	This is the model notice of adverse benefit determination that was provided by the Department to use when mailing these notices to RAE/Prime Members. *V_ RAE Prime Denial Letter Adult 9.28.2021* *V_RAE Prime Denial Letter Child.9.28.2021* These are the sample RMHP notices that are modeled after the Department's approved template. **RAE specific:** *Health-First-Colorado-Member-Handbook_2021* The Department distributes the Health First Colorado Member Handbook. *V_3_CI_Screenot Link to Health First Colorado Handbook* RMHP provides a link to the Health First Colorado Member Handbook located on the Health First Colorado website. **Prime specific:** *Prime Member Handbook_ ENG-508* The Prime Member Handbook includes a glossary section for the definitions as identified in the contract with the Department.	

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**

4. The Contractor makes written information available in prevalent non-English languages in its service area and in alternative formats upon member request at no cost.
 	
• Written materials that are critical to obtaining services include, at a minimum, provider directories, member handbooks, appeal and grievance notices, and denial and termination notices.
 	
• All written materials for members must:
  – Use easily understood language and format.
  – Use a font size no smaller than 12-point.
  – Be available in alternative formats and through provision of auxiliary aids and service that take into consideration the special needs of members with disabilities or limited English proficiency.
  – Include taglines in large print (conspicuously-visible font size) and prevalent non-English languages describing how to request auxiliary aids and services, including written translation or oral interpretation and the toll-free and TTY/TDD customer
	Both RAE and Prime:
	Bullet 1:
	Written materials that are critical to obtaining services include: provider directories, member handbooks, appeal and grievance notices, and denial and termination notices.
	Prime Member Handbook_ENG-508
	Prime Member Handbook_SPA-508
	Getting Started Guide-RAE-Prime_SPA-508
	Getting Started Guide-RAE-Prime_ENG-508
	V_COMBINED_1557Notice_01312020 (Medicaid CHP+) (Spanish)
	V_COMBINED_1557Notice_MLIS_01312020 (Medicaid CHP+)_Eng
	V_1,4,14,15_PNM_PRIME 2021 SP_Directory
	V_1,4,14,15_PNM_RAE 2021 SP_Directory
	V_4_CS_RAE Prime Sorry we missed you Eng_Span
	Note: These various documents below are sent to translation when we note a Member's preferred language is Spanish.
	V_4_CS_MD - Grievance and Explanation Resolution
	V_4_CS_MD.CHP - Overturn Denial Med Review
	V_4_CS_MD.CHP - Overturn Denial No Med Review
	V_4_CS_MD - Uphold Denial Med Review
	V_4_CS_MD - Uphold Denial No Med Review
	All the documents listed above are examples of member materials that are available to Members in Spanish. Spanish is the prevalent non-English language in the RMHP Prime and RAE service-area.
		Prime
		☐ Met
		☒ Partially Met
		☐ Not Met
		☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
service numbers and availability of materials in alternative formats. – Be member tested. *42 CFR 438.10(d)(3) and (d)(6)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.2.7.3–9; 7.3.13.3 RAE Contract Amendment 7: Exhibit B6—7.2.7.3–9; 7.3.13.3	The following documents are examples of adverse benefit decision letters written in English and translated into Spanish. *V_RAE Prime Denial Letter Adult 9.28.2021* *V_RAE Prime Denial Letter Child 9.28.2021* *V_4_PNM_Path to RAE and Prime PDF Provider Directories* Screen shots of rmhp.org with the path to the PDF versions of the RAE and Prime Provider Directories in English and Spanish. *V_1,4,14,15_PNM_PRIME2021_Directory* *V_1,4,14,15_PNM_PRIME 2021 SP_Directory* *V_1,4,14,15_PNM_RAE 2021 SP_Directory* *V_1,4,14,15_PNM_RAE 2021 ENG_Directory* **Bullet 2:** *V_4_CS_Request a document in large print* *V_4_CS_Request or send a document in an alternate language* These Customer Service processes explain RMHP's process for making written information available in other formats and alternate languages. *Prime Member Handbook_ENG-508* Pages 76-77, in the "Notice of Nondiscrimination" of the Prime Member Handbook tells Members how to access the information in alternative formats. **Bullet 2, dash 4:** *V_COMBINED_1557Notice_01312020 (Medicaid CHP+)_Eng*	

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	This document indicates in 17 different languages that language assistance services are available to Members free of charge. This notice is inserted in all written materials that are critical to obtaining services. **Bullet 2, dash 1:** *V_CI_Prep_Maintain_ Distribute_ Medicaid_CHP+ _Member Materials_PP_Final* Pages 1-2 under Section 4.0 "Procedure," indicate that RMHP will create Member material that is easy to use and understand, and that RMHP will make materials available in non-English languages and alternative formats without charge. **Bullet 2, dash 2, 3, 4, 5:** *V_CI_Prep_Maintain_ Distribute_ Medicaid_CHP+ _Member Materials_PP_Final* Page 1-2, Procedure, explains that RMHP will include in large print (18 point font) (1) taglines in non-English languages indicating the availability of language services for individuals who are limited English proficient, and (2) information about how to request auxiliary aids and services. This information will be sent with all Member materials that are considered critical to obtaining services. This document also states that RMHP will use font size no smaller than 12 point. **RAE specific: see above** **Prime specific: see above**	

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**

Findings:

The *Preparation, Maintenance, and Distribution of RAE, Prime, and CHP+ Member Materials* policy described procedures for ensuring that member informational materials contain taglines that are consistent with the member information requirements. However, the *Getting Started Guide*, Prime member handbook, *Directory of Participating Providers*, formulary list, and all letter templates did not include all required components of a tagline.

- The *Getting Started Guide,* Grievance and Explanation Resolution Letter, Upheld Denial Letter, Overturn Denial Medical Review, Overturn Denial No Medical Review, RAE Prime Denial Letter Adult, and RAE Prime Denial Letter Child templates did not include a tagline.
- The *Directory of Participating Providers* included a large font tagline but did not contain all required details such as "available at no cost" and the full tagline was not translated in Spanish.
- The Prime member handbook had a tagline; however, it was not in large print (conspicuously visible font size) and did not include that auxiliary aids and services, including written translation or oral interpretation, can be requested; the availability of materials in alternative formats; and its availability at no cost to the member.
- The formulary list included a tagline; however, it was not in large print (conspicuously visible font size) and did not include "at no cost."

Required Actions:

RMHP must revise critical informational materials such as the *Getting Started Guide*, Prime member handbook, *Directory of Participating Providers*, formulary list, and member letter templates to include all required components of a tagline.

5. *If the Contractor makes information available electronically:* Information provided electronically must meet the following requirements: - The format is readily accessible (see definition of "readily accessible" above). - The information is placed in a website location that is prominent and readily accessible.	**Both RAE and Prime:** **Bullet 1:** *V_PH_Prime-CHP+_Formulary 10.1.2021_508 RPT_Eng_Span* *Getting Started Guide-RAE-Prime_ENG-508_PAC Rpt* *Prime Member Handbook_Eng-508_PAC Rpt* The Accessibility Reports listed above show that these required member documents posted on rmhp.org have passed 508 remediation.	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
• The information can be electronically retained and printed. • The information complies with content and language requirements. • The member is informed that the information is available in paper form without charge upon request and is provided within five business days. • Provide a link to the Department's website on the Contractor's website for standardized information such as member rights and handbooks. *42 CFR 438.10(c)(6)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.14.1, 7.3.9.2 RAE Contract Amendment 7: Exhibit B6—7.3.14.1, 7.3.9.2	*V_PRIME2021_Directory_PAC_UA_Report* *V_RAE 2021 ENG_Directory_PAC_UA_Report* These accessibility reports show that these documents did not pass 508 remediation testing due font issues. We will remediate and provide new accessibility reports showing these documents have passed 508 remediation testing at the virtual site review. *V_Dig_Message Confirming 508 Compliance of RMHP.org Medicaid-Prime Sections* This message from RMHP IT staff verifies that the Medicaid/Prime sections on the rmhp.org website are 508 compliant *V_Dig_Message Confirming 508 Compliance of rmhp.org* This message from RMHP Digital Department confirms that the website at www.rmhp.org is 508 compliant with no errors, according to the WAVE web accessibility evaluation tool recommended by the GSA. *V_5_Dig_HealthSparqWebApp-VPAT2.4-Feb22-2021-FINAL* The searchable, online provider directory is accessible. HealthSparq (online directory vendor) provided this Compliance Testing Report with affirmation that the web pages meet 508 compliance mandates. Note: The report shown in documents submitted is from Feb. 2021. IF an updated report becomes available, this will be provided for review at the virtual site review. **Bullets 2 & 3:**	

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	V_5,6_CI_Screenshot of Member materials and formulary information on RMHP Website These documents demonstrate these Member materials can be electronically printed and retained are readily accessible. **Bullet 4 & 5:** *V_CI_Prep_Maintain_ Distribute_ Medicaid_CHP+ _Member Materials_PP_Final* Page 1, Section 4.0, "Procedure" of this P&P describes the process that RMHP uses to prepare Member materials that comply with content and language requirements, and on page 2, bullet 5, states that RMHP will make information available to an enrollee in paper form and without charge within 5 days of request. **RAE specific: see above** **Prime specific:** *Prime Member Handbook_ ENG-508* Page iv explains to Members that they can get a new Prime Member Handbook each year or any time they want it – they can ask RMHP to mail it or it is accessible online at rmhp.org.	
6. The Contractor makes available to members in electronic or paper form information about its formulary: • Which medications are covered (both generic and name brand).	**Both RAE and Prime:** *V_5,6_CI_Screenshot of Member materials and formulary information on RMHP Website*	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
• What tier each medication is on. • Formulary drug list must be available on the Contractor's website in a machine-readable file and format. *42 CFR 438.10(i)* RMHP Prime Contract Amendment 7: Exhibit M-7—14.2.1.6.2.1.2 Contract Amendment 7: Exhibit B6—None	This screenshot demonstrates that Members can electronically obtain the formulary electronically or in paper form, with details about the pharmacy coverage. *Getting Started Guide-RAE-Prime_ENG-508* Page 3 explains how to access the formulary online and how to request a paper copy at no charge. **RAE specific: see above** **Prime specific:** *Prime Member Handbook_ENG-508* Page 19 explains how to access the formulary online. *V_PH_Prime-CHP+_Formulary 10.1.2021_508 RPT_Eng_Span* This accessibility report confirms that Optum RX (used for Prime) is 508 compliant.	
7. The Contractor makes interpretation services (for all non-English languages) and use of auxiliary aids such as TTY/TDD and American Sign Language available free of charge, notifies members that oral interpretation is available for any language and written translation is available in prevalent languages, and informs about how to access those services.	**Both RAE and Prime:** *V_7_CS_Accomodations for Members with Special Needs* This P&P describes how RMHP accommodates Members with communication barriers. Customer Service provides the following services: -Members who are hearing impaired can access TTY; 711 or use Live Chat or email. -For non-English speaking Members, CS utilizes Language Line Solutions for interpreters.	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
42 CFR 438.10 (d)(4) and (d)(5) RMHP Prime Contract Amendment 7: Exhibit M-7—7.2.6.2–4 RAE Contract Amendment 7: Exhibit B6—7.2.6.2–4	-Auxiliary aids and services (e.g., large print, braille, non-English written materials are available. -These services are provided at no cost to the Member. *V_CI_PrepMaintainDistribute_ Medicaid_CHP+_Member Materials_PP_Final* Page 1, Procedure, bullet 4, indicate that RMHP will translate documents into prevalent non-English languages. *V_COMBINED_1557Notice_01312020 (Medicaid CHP+)_Eng* This document indicates in 17 different languages that language assistance services are available to Members free of charge. This notice is inserted in all written materials that are critical to obtaining services. The Notice of Nondiscrimination indicates that RMHP provides: -Free auxiliary aids and services to people with disabilities such as qualified sign language interpreters (remote interpreting service or on-site appearance), and written information in other formats (large print, audio, accessible electronic formats, other formats) -Free language assistance services to people whose primary language is not English, such as qualified interpreters and information written in other languages. This document is inserted in all member material that is considered critical to the Member receiving services. It is found in the Prime Member Handbook on page 76. Members are told that they may access these services by calling RMHP. *V_7,8_CS Handle Language Line Calls*	

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	V_7,8_CS_Return Relay Colorado call These documents describe the process that Customer Service Representatives follow to handle Language Line and Relay Colorado phone calls with Members. **RAE specific: see above** **Prime specific:** *Prime Member Handbook_ENG-508* Page 3 & 14 indicates that for callers who do not speak English or Spanish, RMHP uses Language Line Services. RMHP provides interpretation services at no cost to Members. Members are advised to tell RMHP if they need interpreter services or help in other languages.	
8. The Contractor ensures that: - Language assistance is provided at all points of contact, in a timely manner and during all hours of operation. - Customer service telephone functions easily access interpreter or bilingual services. RMHP Prime Contract Amendment 7: Exhibit M-7—7.2.6.1, 7.2.6.5 RAE Contract Amendment 7: Exhibit B6—7.2.6.1, 7.2.6.5	**Both RAE and Prime:** *V_COMBINED_1557Notice_01312020 (Medicaid CHP+)_Eng* The Notice of Nondiscrimination indicates that RMHP provides: -Free auxiliary aids and services to people with disabilities such as qualified sign language interpreters (remote interpreting service or on-site appearance), and written information in other formats (large print, audio, accessible electronic formats, other formats) -This document is inserted in all member material that is considered critical to the Member receiving services. It is found in the Prime Member Handbook on pages 63-66. Members are told that they may access these services by calling RMHP. *V_7,8_CS Handle Language Line Calls*	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	V_7,8_CS_Return Relay Colorado call These documents describe the process that Customer Service Representatives follow to handle Language Line and Relay Colorado phone calls with Members. **RAE specific: see above** **Prime specific:** *Prime Member Handbook_ENG-508* Page i-ii of the Prime Member Handbook explains how members can access materials in other languages and formats. Hours of operation for customer service are specified.	
9. The Contractor provides each member with a member handbook within a reasonable time after receiving notification of the member's enrollment. *42 CFR 438.10(g)(1)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.8.1 RAE Contract Amendment 7: Exhibit B6—7.3.8.1	**Both RAE and Prime:** *V_CI_PrepMaintainDistribute_ Medicaid_CHP+_Member Materials_PP_Final* Page 3, Sections "RMHP RAE/Prime," of the P&P explains how the new member packet is mailed within a reasonable timeframe after notification of the Member's enrollment. RMHP strives to send these materials within the first 30 days of a Member's initial enrollment. Information is included in the Getting Started Guide on how Members can obtain a Prime Member Handbook online as well as a print copy upon request at no charge. It also directs members where they can print a copy of the Health First Colorado Member Handbook. *Getting Started Guide-RAE-Prime_ENG-508*	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	Explains that RMHP sends the Getting Started Guide to tell RAE and Prime members how to access material on the website or how to request paper copies. **RAE specific: see above** **Prime specific: see above** *Instructions: Unless the MCO/RAE has its own handbook or supplement, score this Not Applicable.*	
10. The Contractor gives members written notice of any significant change (as defined by the State) in the information required at 438.10(g) at least 30 days before the intended effective date of the change. *42 CFR 438.10(g)(4)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.8.2 RAE Contract Amendment 7: Exhibit B6—7.3.8.2	**Both RAE and Prime:** *V_CI_PrepMaintainDistribute_ Medicaid_CHP+_Member Materials_PP_Final* Page 2, Bullet #6, indicates that RMHP will provide enrollees at least a 30-day notice of any change in the information that the State defines as significant. Note: No significant changes were necessary to communicate to Members in 2021. **RAE specific: see above** **Prime specific: see above** *Instructions: If the MCO/RAE does not produce a handbook or supplement, score Not Applicable.*	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
11. For any Contractor member handbook or supplement to the member handbook provided to members, the Contractor ensures that information is consistent with federal requirements in 42 CFR 438.10(g). • The Contractor ensures that its member handbook or supplement includes a link to the online Health First Colorado member handbook. *42 CFR 438.10* RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.8.1 RAE Contract Amendment 7: Exhibit B6—7.3.8.1	**Both RAE and Prime:** *V_CI_PrepMaintainDistribute_ Medicaid_CHP+_Member Materials_PP_Final* Pages 1-2 indicate how RMHP prepares member materials so that all information is consistent with federal requirements. *Getting Started Guide-RAE-Prime_ENG-508* Section 4, Understand Your Resources, informs Members that they can find their Health First Colorado Member handbook at healthfirstcolorado.com or co.gov/peak. *V_5,6,11_CI_Screenshot of Member materials and formulary information on RMHP Website* This screen shot shows the link to the Health First Colorado Handbook that is on the RMHP website. RMHP also sends the Health First Colorado Handbook to Members upon request. **RAE specific: see above** **Prime specific: see above** *Instructions: If the Contractor does not produce a handbook or supplement, score Not Applicable. If the Contractor produces its own handbook or supplemental handbook—(a) review for accuracy of any applicable elements and (b) must reference the Department's handbook.*	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
12. The Contractor makes a good faith effort to give written notice of termination of a contracted provider within 15 days after the receipt or issuance of the termination notice or 30 days prior to the effective date of the termination, whichever is later, to each member who received their primary care from, or was seen on a regular basis by, the terminated provider. *42 CFR 438.10(f)(1)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.10.1 RAE Contract Amendment 7: Exhibit B6—7.3.10.1	**Both RAE and Prime:** *V_12_PNM_CM-CS-PNM 01 Notification of Provider Termination P&P* This P&P's purpose is to ensure that all Members assigned to a Primary Care Physician (PCP) with at least one visit with a PCP within the previous twelve months, are notified when the PCP is no longer contracted with RMHP. This document outlines, at a high level, the cross departmental workflow of the PCP termination process. *V_12_PNM_PCP Term to Mbr Notification MD* *V_12_PNM_Spec Term to PCP Notification MD* *V-12_PNM_Facility Term to PCP Notification MD* Provider termination notice templates are used to provide written notice of the termination of a participating PCP, Specialist or Facility. **RAE specific: see above** **Prime specific:** *V_12_PH_Pharmacy Term* These provider termination notice template are used when RMHP provides written notice of the termination of a participating PCP, specialist or pharmacy.	**Prime** ☐ Met ☒ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
Findings: Although RMHP has a *Notification of Provider Terminations* policy stating that RMHP will send a written notice within 15 days of issuance of the termination notice, the federal language was updated in December 2020 to include, "or 30 days prior to the effective date of the termination." RMHP is required to update the timeline in accordance with federal regulations.		
Required Actions: RMHP must update its policy to include the language, "or 30 days prior to the effective date of the termination."		
13. The Contractor shall develop and maintain a customized and comprehensive website that includes: • The Contractor's contact information. • Member rights and handbooks. • Grievance and appeal procedures and rights. • General functions of the Contractor. • Trainings. • Provider directory. • Access to care standards. • Health First Colorado Nurse Advice Line. • Colorado Crisis Services information. • A link to the Department's website for standardized information such as member rights and handbooks. RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.9 RAE Contract Amendment 7: Exhibit B6—7.3.9.1.1–5; 7.3.9.1.9–11; 7.3.9.2	**Both RAE and Prime:** *V_13_CI_Member information on Website* This document shows the location on the website of each of these requirements. **RAE specific: see above** **Prime specific: see above**	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
14. The Contractor makes available to members in paper or electronic form the following information about contracted network physicians (including specialists), hospitals, pharmacies, (*and for RAE, behavioral health providers and long-term services and supports (LTSS) providers*): • The provider's name and group affiliation, street address(es), telephone number(s), website URL, specialty (as appropriate), and whether the provider will accept new enrollees. • The provider's cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or provider's office. • Whether the provider's office has accommodations for people with physical disabilities, including offices, exam rooms, and equipment. *Note: Information included in a paper provider directory must be updated at least monthly if the Contractor does not have a mobile-enabled, electronic directory; or quarterly if the Contractor has a mobile-enabled, electronic provider directory; and electronic provider directories must be updated no later than 30 calendar days after the contractor receives updated provider information.*	**Both RAE and Prime:** *V_1,4,14,15_PNM_PRIME2021_Directory* *V_1,4,14,15_PNM_RAE 2021 ENG_Directory* The RAE and Prime Provider Directories are available on the RMHP website in both electronic and paper form. The paper directories include the provider's name, group affiliation, street address, telephone and fax numbers, gender, and specialty. In addition, the paper provider directory indicates languages offered, if the provider accepts established patients only through use of an icon showing a circle with strike mark, PCPs through use of an icon showing the letter "P" within a circle, handicap accessibility through use of a wheelchair icon and accommodations for people with physical disabilities in the office and exam rooms. (Provider website URLs are not available at this time). Page 4 in the Prime Provider Directory, Jeffrey Fegan, is an example of a provider who has completed RMHP's Disability Competent Care Training Program and Cultural Competency Training. An example in the RAE Provider Directory is on page 4, Casey Aguirre. Information about the electronic provider directory can be found at www.rmhp.org. It indicates that practitioners and hospitals may self-report, or update upon RMHP's request, the demographic information displayed in the directory, including name, address, phone number, gender, languages spoken, medical group affiliation, hospital affiliation, and accepting current patients. This data is updated weekly to maintain accuracy. The Online Directory	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
42 CFR 438.10(h)(1-3) RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.9.1.6-7 RAE Contract Amendment 7: Exhibit B6—7.3.9.1.6-7	is current as of Wednesday of each week. (Provider website URLs are not available at this time). *V_14_PNM-002 Physician and Hospital Directory Updates P&P* P&P policy for including requirements and guidelines for validating the accuracy of information in provider directories, as well as how often directories are updated. **RAE specific: see above** **Prime specific: see above**	
15. Provider directories are made available on the Contractor's website in a machine-readable file and format. *42 CFR 438.10(h)(4)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.9.1.8 RAE Contract Amendment 7: Exhibit B6—7.3.9.1.8	**Both RAE and Prime:** *V_4,15_PNM_Path to RAE and Prime PDF Provider Directories* Shows where Members can download a copy of the Provider Directory from the website. *V_1,4,14,15_PNM_PRIME 2021 SP_Directory* *V_1,4,14,15_PNM_PRIME2021_Directory* *V_1,4,14,15_PNM_RAE 2021 SP_Directory* *V_1,4,14,15_PNM_RAE 2021 ENG_Directory* Provider directories are available for download and are in a machine readable file and format. *V_PRIME2021_Directory_PAC_UA_Report* *V_RAE 2021 ENG_Directory_PAC_UA_Report* These accessibility reports show that these documents did not pass 508 remediation testing due font issues. We will remediate and	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	provide new accessibility reports showing these documents have passed 508 remediation testing at the audit interview. **RAE specific: see above** **Prime specific: see above**	
16. The Contractor shall develop electronic and written materials for distribution to newly enrolled and existing members that include all of the following: • The Contractor's single toll-free customer service phone number. • The Contractor's email address. • The Contractor's website address. • State relay information. • The basic features of the Contractor's managed care functions as a primary care case management (PCCM) entity and prepaid inpatient health plan (PIHP). • The service area covered by the Contractor. • Medicaid benefits, including State Plan benefits and those in the limited managed care capitation initiative. – *And for the RAE, those in the Capitated Behavioral Health Benefit.*	**Both RAE and Prime:** *V_16_CI_Crosswalk to documents 2021* This document provides a crosswalk for each requirement, and the document source and page number. This information is available in electronic and written form. The documents include: *Getting Started Guide_RAE_Prime_ENG_508* *V_16_CI Electronic Member Material on website Screen Shot* *Health-First-Colorado-Member-Handbook_2021* *Prime Member Handbook_ENG-508* *V_1,4,14,15_PNM_PRIME2021_Directory* **RAE specific: see above** **Prime specific: see above**	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
- Any restrictions on the member's freedom of choice among network providers. - The requirement for the Contractor to provide adequate access to behavioral health services included in the Capitated Behavioral Health Benefit, including the network adequacy standards (*RAE only*). - The Contractor's responsibilities for coordination of member care. - Information about where and how to obtain counseling and referral services that the Contractor does not cover because of moral or religious objections. - To the extent possible, quality and performance indicators for the Contractor, including member satisfaction. *For the RAE only, which populations are subject to mandatory enrollment into the Accountable Care Collaborative.* RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.6.1 RAE Contract Amendment 7: Exhibit B6—7.3.6.1		

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
17. The Contractor provides member information by either: • Mailing a printed copy of the information to the member's mailing address. • Providing the information by email after obtaining the member's agreement to receive the information by email. • Posting the information on the website of the Contractor and advising the member in paper or electronic form that the information is available on the Internet and includes the applicable Internet address, provided that members with disabilities who cannot access this information online are provided auxiliary aids and services upon request at no cost. • Providing the information by any other method that can reasonably be expected to result in the member receiving that information. *42 CFR 438.10(g)(3)* RMHP Prime Contract Amendment 7: Exhibit M-7—None RAE Contract Amendment 7: Exhibit B6—None	**Both RAE and Prime:** **Bullets 1 & 2:** *V_CI_Prep_Maintain_ Distribute_ Medicaid_CHP+ _Member Materials_PP_Final* Page 2, Bullet 5, states that RMHP will make materials available to a Member in paper form via U.S. mail and without charge within 5 days of request. Page 4, Section-"Sending Member Materials upon Request," describes the process for sending member materials upon request by mail or by e-mail, including the timeframe for response to the request. Customer Service Reps will document if the Member agrees to receive the information by e-mail. **Bullet 4:** *Getting Started Guide-RAE-Prime_ENG-508* Informs Members that they can request a copy of the Prime Member Handbook is available online at RMHP.org and they can additionally get a printed copy, free of charge. **RAE specific: see above** **Prime specific:** **Bullet 3:** *Prime Member Handbook_ENG-508* Page 3, informs Members that they can get a Prime Member Handbook at any time, and that they can ask RMHP to mail a copy or they can access it online.	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Member Information Requirements		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	Page iii, lists the RMHP website URL under Important Websites, and informs Members that they can go to the website for information about providers, for a copy of the Prime Member Handbook and more. Page iv, tells Members that the Prime Member Handbook and Provider Directory are at rmhp.org where they can view or print these documents. They can also ask Rocky Mountain Health Plans Customer Service to mail a copy at any time at no cost. Page 19, tells Members that the most up-to-date list of prescription medications covered under the Prime plan is on RMHP's website at www.rmhp.org. A paper copy is available by calling RMHP Customer Service or by downloading from website.	
18. The Contractor must make available to members, upon request, any physician incentive plans in place. *42 CFR 438.10(f)(3)* RMHP Prime Contract Amendment 7: Exhibit M-7—None RAE Contract Amendment 7: Exhibit B6—None	**Both RAE and Prime:** *V_18_CS_Assist Member with request for provider incentives* Process created to obtain information Member is requesting on provider incentives **RAE specific: see above** **Prime specific:** *Prime Member Handbook_ENG-508* Page 43, "Additional Information - How RMHP Works" states that Members can ask Customer Service to receive information on RMHP's physician incentive plans.	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Results for Standard V—Member Information Requirements							
Total	Met	=	16	X	1.00	=	16
	Partially Met	=	2	X	.00	=	0
	Not Met	=	0	X	.00	=	0
	Not Applicable	=	0	X	NA	=	NA
Total Applicable		=	18	**Total Score**		=	16
		Total Score ÷ Total Applicable			=		89%

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
1. The Contractor onboards and informs members and their families regarding the services provided by Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). This includes: • Informing the member about the EPSDT program generally within 60 days of the member's initial Medicaid eligibility determination, or after a member regains eligibility following a greater than 12-month period of ineligibility, or within 60 days of identification of the member being pregnant. • At least one time annually, the Contractor outreaches members who have not utilized EPSDT services in the previous 12 months in accordance with the American Association of Pediatrics (AAP) "Bright Futures Guidelines" and "Recommendations for Preventive Pediatric Health Care." • Information about benefits of preventive health care, including the American Association of Pediatrics Bright Futures Guidelines, services available under EPSDT, where services are available, how to obtain services, that services are without cost to the member, and how to request transportation. RMHP Prime Contract Amendment 7: Exhibit M-7—7.3.12.1, 7.6.2 RAE Contract Amendment 7: Exhibit B6—7.3.12.1, 7.6.2	**Both RAE and Prime:** *Getting Started Guide-RAE-Prime_ENG-508* Page 2 section 2 Get Care, Know Your Options, explains how members can receive EPSDT benefits through their PCP. *XI_1,2_QI_Annual EPSDT Member Notification Process* This document describes RMHP's annual process for notifying eligible members and their caregivers, in clear and nontechnical language, of EPSDT benefits. *XI_1,2_QI_EPSDT_0-17ENG_2021* *XI_1,2_QI_EPSDT_0-17SPANISH_2021* *XI_1,2_QI_EPSDT_18-20ENG_2021* *XI_1,2_QI_EPSDT_18-20SPANISH_2021* *XI_1,2_QI_EPSDT_ENGFlyer_2021* *XI_1,2_QI_EPSDT_SPANISHFlyer2021* These annual letters and flyers were sent in 2021 to caregivers and Members 0-20 to inform about the EPSDT program, including the services available to them without cost. *XI_1,2_QI_Hold Scripts 2021* *XI_1,2_QI_Social Media 2021* These documents show the on-hold scripts and social media outreach in 2021 used to educate Members. *XI_1,2_QI_Pfizer_CO_Postcard_MissedDose* -Postcard and IVR	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	XI_1,2_QI_Pfizer_CO_Postcard_WellVisit -Postcard and IVR *XI_1,2_QI_UHC_CO_Postcard_16_17YO* -Postcard These materials were used in an outreach campaign in 2021. The campaign included monthly postcard mailings to the target population of children who missed an immunization between six months and 18 months of age, children identified as due for a 12-month well child visit, and adolescents who missed an immunization between 16-18 years of age. *XI_1,2,3,4,5,6_CM_RMHP EPSDT Policy and Process* Pages 5 and 6 of the P&P describes outreach and methods of contact, including the process for informing Members within 60 days, gap analysis, outreach, and preventative care. **RAE specific: see above** **Prime specific:** *Prime Member Handbook_ENG-508* Page 28-30, Section: Keeping Your Child Healthy describes the EPSDT benefit to Members. Child Well-Care Reminders: *XI_1,2_QI_QI95C_Prime_NB Packet_Congrats_2021* *XI_1,2_QI_QI108C_Prime_16MonthImm_2021* *XI_1,2_QI_QI112C_Prime_NB_Packet_WCC_Schedule_2021*	

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	XI_1,2_QI_QI126C_Prime_TeenWellness_2021 *XI_1,2_QI_QI133C_Prime_PreteenWellness_2021* *XI_1,2_QI_QI149C_Prime_3-6 Wellness_2021* *XI_1,2_QI_QI150C_Prime_7-9 Wellness_2021* *XI_1,2_QI_QI151C_Prime_Pre-Teen IMA_2021* *XI_1,2_QI_QI192C_Prime_NB_Rec Imm_2021* *XI_1,2_QI_QI196C_Child's First Bday Prime_2021* *XI_1,2,_QI_QI142C_Prime_HealthYoungAdult 18-21_2021* Educational flyers are sent to Prime members throughout the year. Examples of these brochures and Member materials are included and referenced above.	
2. The EPSDT informational materials use a combination of oral and written approaches to outreach EPSDT eligible members to ensure members receive regularly scheduled examinations, including physical and mental health services: • Mailed letters, brochures, or pamphlets • Face-to-face interactions • Telephone or automated calls • Video conferencing • Email, text/SMS messages RMHP Prime Contract Amendment 7: Exhibit M-7—7.6.6 Contract Amendment 7: Exhibit B6—7.6.3.2	**Both RAE and Prime:** *XI_1,2_QI_Annual EPSDT Member Notification Process* This document describes RMHP's annual process for notifying eligible members and their caregivers, in clear and nontechnical language, of EPSDT benefits. *XI_1,2_QI_EPSDT_0-17ENG_2021* *XI_1,2_QI_EPSDT_0-17SPANISH_2021* *XI_1,2_QI_EPSDT_18-20ENG_2021* *XI_1,2_QI_EPSDT_18-20SPANISH_2021* *XI_1,2_QI_EPSDT_ENGFlyer_2021* *XI_1,2_QI_EPSDT_SPANISHFlyer2021* These annual letters and flyers were sent in 2021 to caregivers and Members 0-20 to inform about the EPSDT program, including the services available to them without cost.	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	XI_1,2_QI_Hold Scripts 2021 *XI_1,2_QI_Social Media 2021* These documents show the on-hold scripts and social media outreach in 2021 used to educate Members. *XI_1,2_QI_Pfizer_CO_Postcard_MissedDose* -Postcard and IVR *XI_1,2_QI_Pfizer_CO_Postcard_WellVisit* -Postcard and IVR *XI_1,2_QI_UHC_CO_Postcard_16_17YO* -Postcard These materials were used in an outreach campaign in 2021. The campaign included monthly postcard mailings to the target population of children who missed an immunization between six months and 18 months of age, children identified as due for a 12-month well child visit, and adolescents who missed an immunization between 16-18 years of age. *XI_1,2,3,4,5,6_CM_RMHP EPSDT Policy and Process* Paged 5, 1-12 of the P&P describe methods of contact and member messaging content. **RAE specific: see above** **Prime specific:** Child Well-Care Reminders:	

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	XI_1,2_QI_QI95C_Prime_NB Packet_Congrats_2021 *XI_1,2_QI_QI108C_Prime_16MonthImm_2021* *XI_1,2_QI_QI112C_Prime_NB Packet_WCC_Schedule_2021* *XI_1,2_QI_QI126C_Prime_TeenWellness_2021* *XI_1,2_QI_QI133C_Prime_PreteenWellness_2021* *XI_1,2_QI_QI149C_Prime_3-6 Wellness_2021* *XI_1,2_QI_QI150C_Prime_7-9 Wellness_2021* *XI_1,2_QI_QI151C_Prime_Pre-Teen IMA_2021* *XI_1,2_QI_QI192C_Prime_NB_Rec Imm_2021* *XI_1,2_QI_QI196C_Child's First Bday Prime_2021* *XI_1,2,_QI_QI142C_Prime_HealthYoungAdult 18-21_2021* Educational flyers are sent to Prime members throughout the year. Examples of these brochures and Member materials are included and referenced above.	
3. The Contractor makes network providers aware of the Colorado Medicaid EPSDT program information by: • Using Department materials to inform network providers about the benefits of well-child care and EPSDT. • Ensuring that trainings and updates on EPSDT are made available to network providers every six months. RMHP Prime Contract Amendment 7: Exhibit M-7—12.8.3.4, 12.9.2.5	**Both RAE and Prime:** *XI_1,2,3,4,5,6_CM_RMHP EPSDT Policy and Process* Page 10, "Provider Engagement," Describes provider engagement activities and trainings related to the benefits of EPSDT. *XI_3_PNM_Provider Insider Plus_August 2021* Page 5 makes providers aware of the Colorado Medicaid EPSDT program and informs network providers about the benefits of well-child care and EPSDT. *XI_3,4,5_PNM_2021 Provider Manual*	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
RAE Contract Amendment 7: Exhibit B6—7.6.2.3, 12.8.3.4; 12.9.3.4	Pages 72-74 describe the Colorado Medicaid EPSDT program and includes references to the Health First Colorado website and how to access EPSDT materials. The manual also includes Healthy Communities contact information. For assistance with additional diagnosis and treatment needs, a referral should be made to a different practitioner or to Healthy Communities, specifically their Outreach and Case Management Office. The manual also provides information on public health programs such as the Vaccines for Children Program (page 74). *XI_3_CI_EPSDT Provider Guidebook_2021* This annual publication is shared with providers to make them aware of the Colorado Medicaid EPSDT program The following documents are examples of notifications, training materials and roster of providers who were invited and/or attended webinars regarding EPSDT benefits in 2021- *XI_3_CI-CQI_EPSDT RAE Presentation 4-30-21* *XI_3_CI-CQI_EPSDT Provider notification of webinar training_11.8.21* *XI_3_CI-CQI_EPSDT Provider Training VBC Office Hours 12-13-21* *XI_3_CI-CQI_EPSDT Training 12.13.2021 External Attendee Roster* *XI_3_CI_Screenshot_EPSDT Trainings&Info* This section of the website provides links to the training webinars on key EPSDT topics requested by providers.	

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	RAE specific: see above **Prime specific: see above**	
4. For children under the age of 21, the Contractor provides or arranges for the provision of all medically necessary covered services in accordance with 42 CFR Sections 441.50 to 441.62 and 10 CCR 2505-10 8.280 (EPSDT program). The Contractor: • Has written policies and procedures for providing EPSDT services to members ages 20 and under. • Ensures provision of all appropriate mental/behavioral health developmental screenings to EPSDT beneficiaries who request it. • Ensures screenings are performed by a provider qualified to furnish mental health services. • Ensures screenings are age appropriate and performed in a culturally and linguistically sensitive manner. • Ensures results of screenings and examinations are recorded in the child's medical record and include, at a minimum,	**Both RAE and Prime:** *XI_4_PNM_CRED_Credentialing Criteria and Process* RMHP ensures providers rendering mental health screenings are qualified to do so through its credentialing process. *XI_3,4,5_PNM_2021 Provider Manual* Page 74, first paragraph states that: - Providers qualified to furnish primary medical and/or mental health services should perform screenings. - Instructs providers that screenings should be performed in a culturally and linguistically sensitive manner. - Instructs providers to record the results of screenings and examinations in the child's medical record. - Diagnostic services in addition to treatment of mental illnesses or conditions discovered by any screening or diagnostic procedure are covered. Pages 115-116, Cultural Competence section communicates to providers RMHP's expectation that services are provided in a culturally competent manner. RMHP advocates for continued education and diversity training.	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
identified problems, negative findings, and further diagnostic studies and/or treatments needed and the date ordered. • Provides diagnostic services in addition to treatment of mental illnesses or conditions discovered by any screening or diagnostic procedure. *42 CFR 441.55; 441.56(c)* RMHP Prime Contract Amendment 7: Exhibit M-7—7.7.5 RAE Contract Amendment 7: Exhibit B6—14.5.3 10 CCR 2505-10 8.280.8.A, 8.280.4.A (3)(d), 8.280.4.A (4), 8.280.4.A (5), 8.280.4.C (1–3)	*XI_4_QI_EPSDT 2021 Analysis Report* RMHP conducts an annual audit of a small sample of provider medical records in QHN to verify EPSDT screenings and examinations are documented in the medical record. This report summarizes the results of this longitudinal audit of QHN records. *XI_1,2,3,4,5,6_CM_RMHP EPSDT Policy and Process* This written Policy and Procedure describes RMHP's process for providing EPSDT services to members ages 20 and under. This policy describes the methods RMHP employs to assure that appropriate preventive care and screening, to include mental/behavioral health developmental screenings, are provided to members. Pages 8-9 Treatment States that RMHP provides care coordination that is committed to promoting culturally competent care that is delivered in a linguistically sensitive manner. Pages 7- 8, "Members with Special Health Care Needs – Assessment and Needs Identification," Provides that RMHP Care Management will arrange or refer members to access diagnostic and treatment services for all physical or mental illnesses or conditions discovered by any screening or diagnostic procedure – even if the service is not covered by the health plan.	

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
	XI_5_CI_EPSDT Webinar_ Comprehensive Benefit and PARs Slides 6-7 emphasizes that the benefit includes any medically necessary services needed to diagnose and treat potential physical, intellectual or emotional delays and covers treatments necessary to address them. **RAE specific: see above** **Prime specific: see above**	
5. The Contractor: • Provides referral assistance for treatment not covered by the plan but found to be needed as a result of conditions disclosed during screening and diagnosis. • Provides assistance with transportation and assistance scheduling appointments for services if requested by the member/family. • Makes use of appropriate State health agencies and programs including: vocational rehabilitation; maternal and child health; public health, mental health, and education programs; Head Start; social services programs; and Women, Infants and Children (WIC) supplemental food program. *42 CFR 441.61–62* RMHP Prime Contract Amendment 7: Exhibit M-7—7.7.5	**Both RAE and Prime:** *Prime Member Handbook_ENG-508* Pages 28-30 provide information to members about when and how to contact RMHP for EPSDT services. Pages ii, 6, and 23-25 explain how to get help to arrange transportation. *XI_3,4,5_PNM_2021 Provider Manual* Pages 74, second and third paragraphs state that medically necessary treatments for conditions discovered by any screening or diagnostic procedure — even if they are not covered by First Health Colorado — may be covered by RMHP under the EPSDT program. The manual goes on to explain how a request for an EPSDT exception may be submitted. Contact information for the RMHP Care Management department is also provided on page 13 of the manual.	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
RAE Contract Amendment 7: Exhibit B6—14.5.3 10 CCR 2505-10 8.280.4.C	*XI_1,2,3,4,5,6_CM_RMHP EPSDT Policy and Process* Page 8, "Treatment," Describes how RMHP provides referral assistance for treatment not covered by the plan, but found to be needed as a result of conditions disclosed during screening and diagnosis. This section also demonstrates that RMHP care coordination offers assistance with transportation and scheduling appointments. Additionally this section describes that RMHP care coordination will coordinate with outside agencies. *XI_5_CI_EPSDT Screenshot of Member Info* "Under Getting Help, Learn about Benefits, What is EPSDT?" describes EPSDT services to include immunizations, diagnostics, and treatment. Explains how individuals can receive help through the RMHP with: • Arranging (through referral) for corrective treatment as determined by child health screenings • Referring for transportation assistance Additionally, a link to additional information on the Health First Colorado website is provided. **RAE specific: see above** **Prime specific: see above**	

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
6. The Contractor defines medical necessity for EPSDT services as a program, good, or service that: • Will or is reasonably expected to prevent, diagnose, cure, correct, reduce, or ameliorate the pain and suffering, or the physical, mental, cognitive, or developmental effects of an illness, condition, injury, or disability. This may include a course of treatment that includes mere observation or no treatment at all. • Assists the member to achieve or maintain maximum functional capacity. • Is provided in accordance with generally accepted professional standards for health care in the United States. • Is clinically appropriate in terms of type, frequency, extent, site, and duration. • Is not primarily for the economic benefit of the provider or primarily for the convenience of the client, caretaker, or provider. • Is delivered in the most appropriate setting(s) required by the client's condition. • Provides a safe environment or situation for the child. • Is not experimental or investigational. • Is not more costly than other equally effective treatment options.	**Both RAE and Prime:** *XI_1,2,3,4,5,6_CM_RMHP EPSDT Policy and Process* Page 2, "Definitions," Describes RMHP's definition of medical necessity for EPSDT services, which comports with the definition set forth in regulation and in the contract. **RAE specific: see above** **Prime specific: see above**	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Standard XI—Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services		
Requirement	**Evidence as Submitted by the Health Plan**	**Score**
RMHP Prime Contract Amendment 7: Exhibit M-7—7.7.5 RAE Contract Amendment 7: Exhibit B6—14.5.3 10 CCR 2505-10 8.076.8; 8.076.8.1; 8.280.4.E		
7. The Contractor provides or arranges for the following for children/youth from ages 0 to 21: vocational services, intensive case management, prevention/early intervention activities, clubhouse and drop-in centers, residential care, assertive community treatment (ACT), recovery services, respite services. *Note: All EPSDT services are included in the State Plan or in Non-State Plan 1915(b)(3) Waiver Services (respite and vocational rehabilitation).* RMHP Prime Contract Amendment 7: Exhibit M-7—14.5.7.1, 2.1.1 RAE Contract Amendment 7: Exhibit B6—14.5.7.1, 2.1.1	**Both RAE and Prime:** *XI_7_CI_1915(b)(3) Services by CMHCs* CMHCs within RAE Region 1 provide or arrange 1915(b)(3) services for children from ages 0 to 21. This document includes these 1915(b)(3) services. The CMHCs in RAE Region 1 are Axis, Center for Mental Health, Summit Stone and Mind Springs. **RAE specific: see above** **Prime specific: see above** Note: The Prime Contract Amendment 7: Exhibit M-7. The citation, 14.5.7.1 is not found in the A7 contract amendment.	**Prime** ☒ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable

Results for Standard XI—EPSDT Services						
Total	Met	=	7	X	1.00	=	7
	Partially Met	=	0	X	.00	=	0
	Not Met	=	0	X	.00	=	0
	Not Applicable	=	0	X	NA	=	NA
Total Applicable		=	7	**Total Score**	=	7
Total Score ÷ Total Applicable			=	100%		