

Medicaid behavioral health value-based payment updates

May 31, 2024

Rocky Mountain Health Plans

Background

Rocky Mountain Health Plans (RMHP) uses value-based payment (VBP) to reimburse behavioral health providers within its Independent Provider Network (IPN) to sustain quality behavioral health services for Medicaid Members, recognize outcomes over volume and distribute financial resources more equitably. Since 2021, RMHP has increased reimbursement for providers who are bilingual, safe-space providers (for Members who identify as part of the LGBTQIA+ community) or physically located in frontier counties. RMHP also increased reimbursement for providers that provide high-intensity services or serve underserved populations, including Members who speak a non-English primary language, are Hispanic or are of a non-white race.



Continued innovation and financing opportunities

Continuing our commitment to create a more equitable health care system, RMHP is pleased to share updates to our IPN VBP program that will take effect July 1, 2024. RMHP is establishing an annual review process where we publish objective criteria, giving practices actionable steps they can take to earn increased reimbursement. We are also excited to announce a new partnership with Violet to expand access to culturally responsive care for underserved populations.

Violet partnership

RMHP is partnering with [Violet](#) to improve access to culturally responsive care for Black, Indigenous and People of Color (BIPOC); people who identify as Lesbian, Gay, Bisexual and Queer (LGBQ); and people who identify as Transgender and Gender Nonconforming (TGNC). Violet assesses provider cultural competence when delivering care to BIPOC, LGBQ and TGNC communities. This is essential to:

- Benchmark a provider's ability to deliver culturally competent care to BIPOC, LGBQ and TGNC communities
- Uncover inclusive care access gaps and build upon existing clinical skills with Violet's CE/CME-earning educational opportunities
- Ensure patients get to the right care faster by integrating inclusivity data into provider search and care coordination activities

Over the coming months, providers will receive outreach from Violet to join the platform. Violet's platform improves quality of care with cultural competence analytics and a training platform. RMHP and Violet are working together to centralize training and provider surveys in the Violet platform. As detailed in the sections below, practices that enroll with Violet by December of 2024 will receive increased reimbursement starting July 1, 2025. Violet is a payer agnostic tool, meaning that Violet Benchmarks and training may be used to satisfy diversity and equity requirements across different payers.

Annual review process timeline

Each calendar year, RMHP will complete a review of all practices within its IPN using a 5-Star scale to determine reimbursement increases for the upcoming state fiscal year. Since RMHP contracts at the practice level (meaning every provider within a practice receives the same reimbursement rate), annual reviews, Star ratings and accompanying rate enhancements will apply to all practitioners within a practice. Each fall, RMHP will publish VBP criteria with specific practice capabilities and their associated points, and a crosswalk outlining how points achieved will result in specific Star ratings and corresponding rate increases.

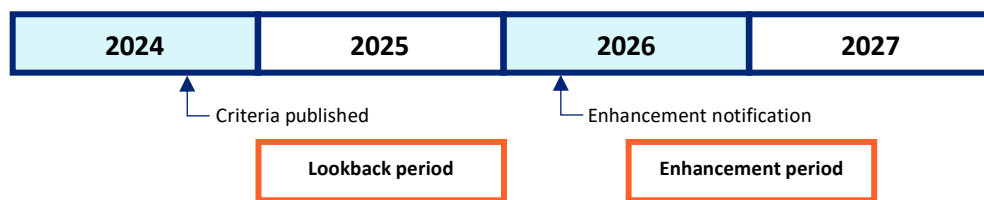
As summarized in the table below, each annual review process will include multiple steps:

- **Criteria publication:** date that VBP criteria are published and available to practices
- **Lookback period:** dates of service included in the annual criteria assessment
- **Practice enhancement notification:** date that practices are notified of their points and new rate
- **Rate enhancement period:** dates that rate increases are effective

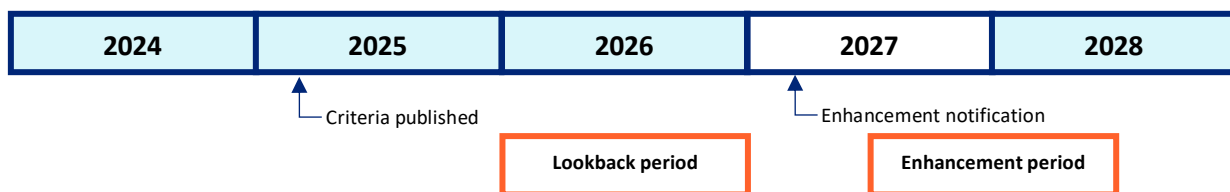
Table 1: Annual review process

Criteria publication	Lookback period	Enhancement notification	Rate enhancement period
May 31, 2024	January 1, 2024–December 31 2024	April 1, 2025	July 1, 2025–June 30, 2026
October 1, 2024	January 1, 2025–December 31 2025	April 1, 2026	July 1, 2026–June 30, 2027
October 1, 2025	January 1, 2026–December 31 2026	April 1, 2027	July 1, 2027–June 30, 2028
October 1, 2026	January 1, 2027–December 31 2027	April 1, 2028	July 1, 2028–June 30, 2029

The timeline below provides visualization of the table above for the July 1, 2026–June 30, 2027, rate-enhancement period.



The timeline below shows the timeline for the July 1, 2027–June 30, 2028, rate-enhancement period.



Criteria for the first rate-enhancement period (July 1, 2025–June 30, 2026) can be found in the “Behavioral Health Value Based Payment Criteria for July 2025–June 2026.pdf.”

Rate enhancement process

RMHP has published its [base fee schedule](#). Providers will be reimbursed at 100%, 110%, 120%, 130%, 140% or 150% of the published base fee schedule based on the number of Stars that the practice achieves (1 star = 110%, 2 stars = 120%, etc.). RMHP will update the base fee schedule periodically to include any new procedure codes that have been added to the Medicaid program and to make annual fee schedule changes.

Each April (starting in 2025), RMHP will publish for each provider the number of points achieved, Star rating and their reimbursement rate for the upcoming state fiscal year. Practices may opt out of having their information posted by contacting (rmhprae_bh_pr@uhc.com).

In June 2024, practices will receive contract amendments to formalize the changes above. In that amendment, each provider will be given their initial Star rating and accompanying rate percentage (100%–150%) of the base fee schedule.

Frequently asked questions (FAQs)

Q: With the new payment enhancements, will my practice experience offsetting or decreases in other payments?

A: Providers will maintain their same rate or a higher rate for dates of service July 2024–June 2025 (as they had previously). It is possible for a practice's reimbursement to decline in future years if they score fewer points in the annual review process than they did in a prior year.

Q: What do I need to do to participate in new payment enhancements?

A: RMHP will send each practice a unilateral contract amendment with the necessary information. Each practice will have 90 days to opt out of the new program and remain on their current contract.

Q: Is RMHP concerned about missing points for Members with incomplete demographic data?

A: RMHP works across multiple sources (state enrollment, care coordination and call center data) to establish the most accurate demographic data possible. However, we recognize that SDOH, language, race and ethnicity data are often incomplete. RMHP believes it is best to increase payment where we have good demographic information while we work to improve the accuracy of available demographic data.

Q: What criteria will RMHP use during annual review?

A: Criteria will change each year. Criteria for the calendar year 2024 lookback period can be found in the "Behavioral Health Value Based Payment Criteria for July 2025–June 2026.pdf."

Q: Can providers in the same practice have different rate enhancements?

A: No. RMHP contracts at the practice level (defined by an organization's Tax Identification Number). All providers within a practice will have the same rate. Note that the base fee schedule includes different base rates for providers with a Ph.D. or Psy.D.

Q: How do I enroll in Violet?

A: Violet and RMHP will be sending out invitations to all providers in the coming weeks. To learn more about the Violet Benchmarks for Providers or to sign up for Violet now, [click here](#).

Q: How much does Violet cost?

A: Violet is free to all providers and practices — and all Violet education allows clinicians to earn CE/CME credits across 15+ medical associations. RMHP pays a subscription fee that covers all Violet activities and resources.

Q: To help facilitate referrals, how do I see which Violet Benchmarks other practices have?

A: Providers and care coordinators will be given logins to a provider search database.

Q: How will my rates be determined if I am new to the network?

A: Providers joining the network will be evaluated on their completed application, including a review of the reimbursement criteria. This evaluation will consider the provider's specialty type, populations served, areas of clinical expertise and geographic region served.

Q: Where can I ask questions?

A: Email us rmhprae_bh_pr@uhc.com.