

Enhanced reimbursement criteria for July 1, 2028–June 30, 2029

Rocky Mountain Health Plans (RMHP) will increase the reimbursement for behavioral health value-based payments beginning July 1, 2028, to June 30, 2029. These increases will also apply for Medicaid Members enrolled in Region 2, operated by Northeast Health Partners (NHP).

For value-based program details, see the [Medicaid behavioral health value-based payment updates](#). Throughout this document, “members” is defined as Medicaid members enrolled with RMHP or NHP.

The effective dates are summarized in the following table.

Criteria publication	Lookback period	Enhancement notification	Rate enhancement period
Oct. 1, 2026	Jan. 1–Dec. 31, 2027	April 1, 2028	July 1, 2028–June 30, 2029

Geographic criteria

All practices may earn points based on geographic considerations. Practices may only earn points in 1 section, for a maximum of 70 points.

Section	Criteria	Points	Notes/comments
Counties with extreme access considerations (CEAC)	At least 50% of members served during the lookback period live in CEAC.	70	Eligible CEAC: Archuleta, Baca, Bent, Cheyenne, Conejos, Costilla, Crowley, Custer, Dolores, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral, Moffat, Phillips, Prowers, Rio Blanco, Routt, Saguache, San Juan, San Miguel, Sedgwick, Washington and Yuma
	At least 30% of members served during the lookback period live in CEAC.	30	
Rural counties	At least 50% of members served during the lookback period live in a rural county or CEAC.	30	Eligible rural counties: Alamosa, Chaffee, Delta, Elbert, Fremont, Lake, Logan, Montezuma, Montrose, Morgan, Otero, Ouray, Pitkin, Rio Grande and Summit



Geographic criteria (cont.)

Section	Criteria	Points	Notes/comments
Local practices	At least 50% of members served during the lookback period received care from a brick-and-mortar location within a local county that is a Colorado-based practice.	10	Eligible local counties: Alamosa, Archuleta, Bent, Chaffee, Cheyenne, Conejos, Costilla, Crowley, Custer, Delta, Dolores, Eagle, Elbert, Fremont, Garfield, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Kiowa, Kit Carson, La Plata, Lake, Larimer, Las Animas, Lincoln, Logan, Mesa, Mineral, Moffat, Montezuma, Montrose, Morgan, Otero, Ouray, Phillips, Pitkin, Prowers, Pueblo, Rio Blanco, Rio Grande, Routt, Saguache, San Juan, San Miguel, Sedgwick, Summit Baca, Washington, Weld and Yuma

Health care provider capability criteria

This section applies to practices that provided at least 20 visits for members during the lookback period. Practices may receive points from all sections.

Section	Criteria	Points	Notes/comments
Specialties	Practice contains at least 1 health care provider who completed training specific to serving members with intellectual and developmental disabilities.	20	Training must be specific to serving members with intellectual and developmental disabilities and total at least 20 hours.
Violet enrollment (base)	At least 40% of health care providers in the practice are enrolled with Violet by Dec. 31, 2027.	10	To enroll, click here . Note thresholds will be increased to 50% for the CY28 lookback period, impacting SFY30 rates.

Provider capability criteria (cont.)

Section	Criteria	Points	Notes/comments
Violet enrollment (enhanced)	At least 65% of health care providers in the practice are enrolled with Violet by Dec.31, 2027.	10	Note thresholds will be increased to 80% for the CY28 lookback period, impacting SFY30 rates.
Violet Verified Organization designation	By Dec. 31, 2027, at least: • 50% of health care providers at a practice must achieve a Violet benchmark (Badge)**	20	** Note Violet Benchmark (badges) thresholds will be increased to 60% for the CY28 lookback period, impacting SFY30 rates.
Violet Verified Organization designation (enhanced)	By Dec. 31, 2027, at least: • 75% of health care providers at a practice must achieve a Violet benchmark**	20	** Note Violet Benchmark (badges) thresholds will be increased to 90% for the CY28 lookback period, impacting SFY30 rates.

Criteria for patient access to behavioral health services

Includes practices that provided at least 20 visits for members during the lookback period. Practices may receive points from all sections. This section evaluates timely access to behavioral health services, including the time from first contact to initial service and the time from initial service to the next qualifying clinical service.

Access measure	Criteria	Points	Notes/comments
Time to Initial Clinical Visit	Average Time to First Clinical Visit is less than 14 days AND the Percent of Members with an Initial Clinical Service is at least 80%.	20	See Appendix A for Specification

Criteria for serving prioritized populations

Includes practices that provided at least 20 visits for members during the lookback period. Practices may receive points from 1 of the following percentage groups.

Percentage of members served by the practice in the lookback period who are a part of a prioritized population	Points	Notes/comments
15%–24%	10	Prioritized populations: Members who speak a non-English primary language, are Hispanic, identify as non-white race, members with a social determinant of health need, members who are or were previously involved in foster care, and members with intellectual or developmental disabilities
25%–34%	20	
35%–44%	30	
45%–100%	40	

Rate-enhancement ranges

Based on the total points achieved through the above criteria, health care providers will receive reimbursement for the rate-enhancement period (July 1, 2028–June 30, 2029).

Stars	Points achieved	Rate as a percentage of base fee schedule
0	0	100%
1	1–20	110%
2	31–60	120%
3	61–90	130%
4	91–130	140%
5	131–210	150%

Appendix A-Access to Behavioral Specification

Initial Service is the first outpatient service (covered by Colorado’s capitated behavioral health program¹) that a member has with a practice (within the past two years). Initial services will be identified through encounters processed by RMHP (as accepted or denied).

Initial Clinical Service is an outpatient service (covered by Colorado’s capitated behavioral health program, excluding 90791, 90792, H0001, and H002) at the practice that occurs on a date of service after (but not on) an Initial Service. Initial Clinical Services will be identified through encounters processed by RMHP (as accepted or denied).

Average time to First Clinical Visit is measured as the average number of days between Initial Service and Initial Clinical Service for any member with both an Initial Service and an Initial Clinical Service (within 90-days).

Percent of members with an Initial clinical Service is measured as the percent of members with an Initial Service who also had an Initial Clinical Service within 90 days at the same practice.



The following procedure codes, and any successor or replacement codes, may be included for purposes of this criterion: 90785, 96130, 99213, 99255, 99350, H0036+HA, H2024, 90791, 96131, 99214, 99281, 99366, H0037, H2025, 90792, 96132, 99215, 99282, 99367, H0037+HA, H2026, 90832, 96133, 99221, 99283, 99368, H0038, H2027, 90833, 96136, 99222, 99284, G0176, H0039, H2030, 90834, 96137, 99223, 99285, G0177, H0040, H2031, 90836, 96138, 99231, 99304, H0001, H0045, H2030, 90837, 96139, 99232, 99305, H0002, H0046, H2031, 90838, 96146, 99233, 99306, H0004, H2000, H2032, 90839, 96372, 99234, 99307, H0005, H2001, H2033, 90839+ET, 97535, 99235, 99308, H0015, H2011, S5150, 90840, 97537, 99236, 99310, H0016, H2011+ET, S5151, 90846, 98966, 99238, 99315, H0023, H2012, S9445, 90847, 98967, 99239, 99316, H0025, H2014, S9453, 90849, 98968, 99242, 99341, H0031, H2015, S9454, 90853, 99202, 99243, 99342, H0032, H2016, S9480, 90875, 99203, 99244, 99344, H0033, H2017, S9485, 90876, 99204, 99245, 99345, H0034, H2018, T1005, 90887, 99205, 99252, 99347, H0035, H2021, T1017, 96116, 99211, 99253, 99348, H0036, H2022

Questions?

Please email rmhprae_bh_pr@uhc.com with any questions about the Medicaid behavioral health value-based payment criteria.

