

Enhanced reimbursement criteria for July 1, 2025–June 30, 2026

The criteria below apply to enhanced reimbursement criteria for July 1, 2025 to June 30, 2026 – dates are summarized in the table below. For program details see “Behavioral Health Value Based Payment Update.pdf.” Throughout this document, “Members” is defined as Medicaid members enrolled with RMHP.

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

Geographic criteria: All practices may earn points based on geographic considerations. Practices may only earn points in one 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 a 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 a CEAC.	30	
Rural counties	At least 50% of Members served during the lookback period live in a rural county.	30	Eligible rural counties: Alamosa, Chaffee, Delta, Elbert, Fremont, Lake, Logan, Montezuma, Montrose, Morgan, Otero, Ouray, Pitkin, Rio Grande and Summit
Local practices	At least 50% of Members served during the lookback period received care from a brick-and-mortar location within a local county and are 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

Provider capability criteria: Practices that provided at least 20 visits for Members during the lookback period. Practices may receive points from all sections below.

Section	Criteria	Points	Notes/comments
Bilingual providers	At least 75% of Members served during the lookback period received services from a bilingual provider.	20	Note: This criteria will be sunset. In future, criteria and credit will be given exclusively to organizations with Violet designations.
Safe-space providers	At least 75% of Members served during the lookback period received services from a safe-space provider.	20	Note: This criteria will be sunset. In future, criteria and credit will be given exclusively to organizations with Violet designations. Safe-space providers will be defined using provider surveys completed prior to May 31, 2024.
Provider specialties	Practice contains at least 1 provider from a prioritized specialty.	20	Prioritized specialties include any provider who: <ul style="list-style-type: none"> • Has a provider type of child psychiatrist, autism service provider, or eating disorder (as established during the credentialing process) • Is enrolled in the Department of Justice's Violence Prevention Network • Completes training specific to serving Members with intellectual and developmental disabilities (minimum 40 hours).
Violet enrollment	At least 30% of providers in the practice are enrolled with Violet by December 31, 2024.	10	To enroll, click here .
Violet practice designation	Practice achieves Violet practice designation by December 31, 2024	30	Alongside 30% of providers at a given practice having completed their Violet profile, at least 40% of those providers earn a Violet benchmark by December 31, 2024. Note that any practice that achieves a Violet designation will also receive the 10 points for Violet enrollment, for a total of 40 points.

Criteria for serving prioritized populations: Practices that provided at least 20 visits for Members during the lookback period. Practices may receive points from all sections below.

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 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, providers will receive reimbursement for the rate-enhancement period (July 1, 2025–June 30, 2026) based on the table below.

Stars	Points achieved	Rate as a percentage of base fee schedule
0	0	100%
1	1–20	110%
2	21–40	120%
3	41–60	130%
4	61–80	140%
5	81–210	150%

Frequently asked questions (FAQs):

Q: Where will RMHP get demographic data from?

A: RMHP maintains multiple data feeds (including enrollment data, health information exchange, data from Member interactions such as phone calls and assessments).

Q: Is RMHP concerned about missing payments 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 social determinants of health, language, race and ethnicity data are often incomplete. RMHP believes it is best to enhance payment where we have good demographic information while we work to improve the accuracy of available demographic data.

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 enhancement. 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 and/or to sign-up for Violet now, [click here](#).

Q: Why are practices limited in their ability to earn points based on the number of Members served?

A: There are a few reasons for the 20-visit criteria. First, most criteria include a percentage of Members who meet a specific criterion (such as receiving care from a bilingual provider); therefore, we need a minimum number of Members served to create a credible percentage. Secondly, RMHP's value-based payment program is designed to focus financial resources to providers that are actively increasing access to care for Medicaid Members.

Q: How will I know how my practice performed during the lookback period?

A: Each April (starting in 2025), RMHP will publish for each practice the number of points achieved 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).



Frequently asked questions (FAQs), continued:

Q: What if I have questions and I think my practice's points published are wrong?

A: Contact us at (rmhprae_bh_pr@uhc.com).

Q: Where can I ask questions?

A: If you have any questions about the Medicaid behavioral health value-based payment criteria, please email us at rmhprae_bh_pr@uhc.com.

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.