



COLORADO

Department of Health Care
Policy & Financing

ACC Phase III Regional Healthy Colorado For All Plan

Instructions and Narrative Plan

RAE/MCO Name: Rocky Mountain Health Plans

RAE/MCO Region: PRIME MCO

RAE/MCO Contact Name: David Moklaizky

Plan Duration: July 1, 2025 - June 30, 2032

Date Submitted: 7/22/26

Contract Reference: 6.3.8.4.4.1.

Purpose

Regional Accountable Entities (RAEs) and Managed Care Organizations (MCOs) are responsible for comprehensively completing and submitting their Regional Healthy Colorado For All Plan using this Department-approved template. This plan focuses on how RAEs/MCOs address barriers to access and decrease unmet health needs for all members. A Healthy Colorado For All Plan Specification document will be provided to identify the inclusion and exclusion criteria for all measures.

Evaluation and Baseline Period

Calendar year baseline calculations are based on the 12-month period 2 years prior to the current calendar year (CY) performance period.

Priority Focus Areas

The Department has identified maternity and perinatal health, behavioral health and prevention as the priority Focus Areas for this deliverable. This includes consolidating insights on language access services, cultural competence, and disability competency.

Plan Instructions

Please address the following key points in your Healthy Colorado For All Plan. For each question please be sure to include strategy, timelines, resources, partnerships, incentives/pass-through plans, logistics, goals, and any other relevant information to achieve positive outcomes and goals for unmet health needs for all members. Please follow the CMS Core Measure which aligns with the CMS Measures Inventory Tool (CMIT) Number referenced.

Additional Notation

Entities should describe a strategy for each Focus Area to address the set of measures in each Focus Area (overall strategies must clearly demonstrate how each measure is addressed and by which efforts). For example, an immunization strategy should indicate which vaccination measures are targeted through the strategy. *Some of the Focus Areas and measures for version one of this deliverable do not include MCO plans.* Full claims data will be provided weekly. Member-level data specific to measures are provided at least quarterly (see Measures Reporting Tool Availability Table below). Limited data is available for certain demographic/social groups. The Department is aware of these limitations, and entities can clearly state that strategies to address unmet health needs for certain groups are not all-inclusive of all groups experiencing unmet health needs at the current time, until more data or information is available. Through data analysis, if RAEs/MCOs identify that significant unmet health needs do not exist or if the denominator of the population chosen is less than 30, RAEs/MCOs **must** identify additional areas of unmet health needs not outlined in the



Department's Healthy Colorado For All Plan Specification Document for the current Fiscal Year (section 5 below).

As a guideline, 1-2 pages of narrative text per Focus Area are appropriate. This must include strategy, timelines, resources, partnerships, incentive/pass-through plans, logistics, goals, and any other relevant information to identify and address unmet health needs.

Due Date

- MCOs - March 31, 2026 (Plan)
- RAEs - March 31, 2026 (Plan)

Performance Measures: RAE/MCO ACC Phase III Healthy Colorado For All Plan Indicators

Indicator	Description	Steward
Indicator 1A	Prenatal and Postpartum Care (CMIT 581) • <i>Timeliness of Prenatal Care</i>	NCQA
Indicator 1B	Prenatal and Postpartum Care (CMIT 581) • <i>Postpartum Care</i>	NCQA
Indicator 2	Follow-up after Emergency Department Visit for Mental Illness (CMIT 265)	NCQA
Indicator 3	Follow-up after Emergency Department Visit for Substance Use (CMIT 264)	NCQA
Indicator 4	Follow-up after Hospitalization for Mental Illness (CMIT 268)	NCQA
Indicator 5	Screening for Depression and Follow-up Plan (CMIT 672)	CMS
Indicator 6A	Childhood Immunization Status (CMIT 124)	NCQA
Indicator 6B	Childhood Immunization Status (CMIT 124) • <i>Select one vaccine within Combo 10</i>	NCQA
Indicator 7	Immunizations for Adolescents (CMIT 363)	NCQA
Indicator 8A	Glycemic Status Assessment for Patients with Diabetes (CMIT 1820) • <i>Glycemic Status <8.0%</i>	NCQA
Indicator 8B	Glycemic Status Assessment for Patients with Diabetes (<9) (CMIT 1820) • <i>Glycemic Status >9.0%</i>	NCQA
Indicator 9A	Well-child Visits in the first 30 months of life (CMIT 761) • <i>Well-Child Visits in the First 15 Months</i>	NCQA
Indicator 9B	Well-child Visits in the first 30 months of life (CMIT 761) • <i>Well-Child Visits for Age 15 Months-30 Months</i>	NCQA
Indicator 10	Child and Adolescent Well-care Visits (CMIT 123)	NCQA
Indicator 11	Dental and Oral Health: Oral Evaluation, Dental Services (CMIT 897)	DQA
Indicator 12	Breast Cancer Screening (CMIT 93)	NCQA



Indicator 13	Controlling High Blood Pressure (CMIT 167)	NCQA
Indicator 14	Colorectal Cancer Screening (CMIT 139)	NCQA
Indicator 15	Cervical Cancer Screening (CMIT 118)	NCQA
Indicator 16	Chlamydia Screening in Women (CMIT 128)	NCQA
Indicator 17	Developmental Screening in the First Three Years of Life (CMIT 1003)	NCQA

Measures Reporting Tool Data Availability Table

Performance Period	HCPF Availability	Measures Reporting Tool (Dates are approximate)	Are Healthy Colorado For All Data Available in MoveIT
Jan 1 - Dec 31	April 30	May 15	May 31
Apr 1 - Mar 31	July 31	Aug 15	Aug 31
Jul 1 - Jun 30	Oct 31	Nov 15	Nov 30
Oct 1 - Sept 30	Jan 31	Feb 15	Feb 28

Note: To partner and support the MCEs, HCPF will provide a rolling 12 months of data for each occurrence at which the Department shares data with the MCEs.

Regional Healthy Colorado For All Plan: 7-Year Action Plans and Strategies to Address unmet health needs

For the Overall Regional Healthy Colorado For All Strategy and each of the Focus Areas below, please explain your RAE/MCO's overall approach and strategy to address unmet health needs among Members. **For each section, identify at least 1 unmet health need, identifying a second unmet health need is optional but encouraged.** In section 4, explain your current and planned overall approach and strategy for addressing a Focus Area not identified above; provide your goals and activities that address your identified unmet health needs among members.

1. Overall Regional Healthy Colorado For All Strategy (expected length 1-2 Pages)

Rocky Mountain Health Plans (RMHP) will advance a comprehensive, population health-focused strategy under the Healthy Colorado for All (HCFA) 7-year plan (2025-2032) to reduce disparities, improve access, and address unmet health needs across the PRIME region. This approach builds on RMHP's NCQA Health Equity Accreditation framework and emphasizes region-wide equity improvement through coordinated, data-driven interventions. RMHP will continue to use race, ethnicity, language, disability, and other demographic information to better identify disparities, inform interventions, and support equitable access to care across diverse communities. While specific strategies within this plan may focus on populations where disparities have been identified through data analysis and community engagement, RMHP remains committed to improving access to care, member experience, and health outcomes for all Members across Region 1 through equitable, culturally responsive, and community-informed approaches. For PRIME populations, RMHP will place additional emphasis on addressing disparities identified among frontier communities, Hispanic/Latino



members, and Spanish-speaking members through targeted engagement, culturally responsive outreach, and partnerships with community organizations that serve these populations.

The RAE strategy prioritizes addressing disparities across key populations identified through baseline data, regional analysis, community engagement, and health equity assessments. Focus is placed on populations that experience persistent barriers to care, including:

- Rural and frontier communities
- American Indian/Alaska Native (AI/AN) members
- Hispanic/Latino and Spanish-speaking Members
- Black, Indigenous, and other People of Color (BIPOC) populations
- LGBTQIA+ individuals
- Members with disabilities, including Deaf and Hard of Hearing individuals
- Members experiencing health-related social needs, including housing instability, food insecurity, and transportation barriers
- Individuals with complex behavioral health needs, including serious mental illness and substance use disorders

a) Core Strategic Approach

1. Expanding Access to Care in Rural and Frontier Settings

RMHP addresses geographic disparities through expansion of telehealth and virtual care (e.g., CirrusMD), strengthened provider networks, and targeted engagement in high-need rural and frontier communities to improve access to preventive, maternal, behavioral health, and chronic care services.

2. Advancing Culturally Responsive and Equitable Care Delivery

RMHP leverages Violet and other health equity tools to assess and improve provider cultural responsiveness, utilizing benchmarking and education focused on BIPOC populations, LGBTQIA+ individuals, members with disabilities, Tribal communities, Hispanic/Latino populations, Spanish-speaking members, and rural/frontier populations. RMHP promotes culturally and linguistically appropriate services through provider education, language access resources, disability competency training, and strategies designed to improve inclusive care delivery.

RMHP will continue collaborating with community partners, including Mountain Pride and Love Beyond Understanding, to better understand and address the needs of LGBTQIA+ individuals and other historically underserved populations. RMHP will also continue partnering with the Colorado Cross-Disability Coalition to strengthen disability inclusion efforts, improve accessibility, and support equitable member experiences and outcomes across diverse communities. Through these partnerships, along with ongoing analysis of race, ethnicity, and language (REL) data, RMHP will work to identify disparities, inform culturally responsive strategies, and improve equitable access to care across diverse populations.

RMHP will also engage its Spanish-Speaking Member Advisory Council (MAC) and Latino-serving community organizations to better understand barriers to care, inform outreach and engagement strategies, and ensure services, communications, and interventions reflect the needs, preferences, and lived experiences of Hispanic/Latino and Spanish-speaking members.

3. Advancing Health Equity Through Value-Based Care and Provider Incentives

Improving health care equity, access and outcomes for the people we serve while
saving Coloradans money on health care and driving value for Colorado.
hcpf.colorado.gov



RMHP integrates health equity principles into its value-based payment (VBP) strategies to support more equitable access to care and improve outcomes among populations experiencing disparities. Through both primary care and behavioral health payment models, RMHP aligns financial incentives with activities that promote culturally responsive care, address health-related social needs, strengthen access in rural and frontier communities, and support providers serving historically underserved populations. RMHP's value-based care approach incorporates demographic and social risk factors, including race, ethnicity, language, and social determinants of health data, to help ensure resources are directed toward members and communities with the greatest needs. RMHP will continue to evolve its value-based payment strategies to encourage culturally responsive care delivery, strengthen provider capacity, improve access, and advance equitable health outcomes across the PRIME region. As part of RMHP's broader value-based care strategy, RMHP is updating the PRIME Global Pay methodology to further align provider reimbursement with health equity, whole-person care, and access needs across the PRIME population. Beginning in 2027, the updated model will continue to reimburse participating Primary Care Medical Providers (PCMPs) through a per-member-per-month payment while incorporating member-level enhancements tied to historically underserved populations and access barriers, including members who identify as Hispanic or non-White, members whose primary language is not English, members residing in rural counties or Counties with Extreme Access Considerations, and members with identified social determinants of health needs. The updated methodology also includes a Community Health Worker model, pediatric-specific payment design, practice-size enhancements, and eCQM-related incentives to support care coordination, preventive care, chronic disease management, and culturally responsive care delivery. These payment model updates reinforce RMHP's HCFA strategy by helping direct resources toward providers serving members and communities experiencing disparities, strengthening the connection between provider incentives, population health improvement, and equitable access to care.

4. Strengthening Community Partnerships and Engagement

RMHP prioritizes meaningful engagement with Tribal communities through ongoing collaboration with its Tribal Liaison and partnerships with organizations such as the Western Slope Native American Resource Center (WSNARC). RMHP also values partnerships with community organizations that serve populations experiencing disparities, including Latino-serving organizations, disability advocacy groups, and organizations supporting LGBTQIA+ communities. These partnerships help improve understanding of community-specific needs, inform culturally responsive strategies, and ensure interventions are aligned with community priorities, ultimately strengthening trust, engagement, and equitable access to care.

5. Improving Engagement, Communication, and Trust

RMHP addresses engagement barriers through enhanced member communications, including expanded Spanish-language materials and culturally responsive outreach. The Member Letter Review Committee ensures communications are linguistically appropriate, culturally responsive, and accessible. RMHP will continue to engage its Spanish-Speaking MAC, Latino-serving community organizations, and other community partners to gather feedback on member communications, identify barriers to care, and inform outreach and engagement strategies that are responsive to the needs of Hispanic/Latino and Spanish-speaking populations. Input from community partners, including Tribal organizations, Mountain Pride, Love Beyond Understanding, and the Colorado Cross-Disability Coalition,



will help inform efforts to improve accessibility, inclusivity, and responsiveness to the needs of diverse member populations.

b) Addressing Underlying Drivers of Disparities

RMHP's strategy addresses shared drivers of inequity across populations, including:

- Geographic isolation and transportation challenges in rural and frontier communities
- Mistrust of the healthcare system among historically underserved populations
- Cultural disconnects between providers and communities served
- Language barriers and limited access to linguistically appropriate services
- Variations in health outcomes across racial, ethnic, and cultural groups
- Accessibility barriers experienced by individuals with disabilities and Deaf or Hard of Hearing members
- Health-related social needs, including food insecurity, housing instability, and transportation limitations
- Workforce shortages and limited availability of culturally responsive providers

Through community partnerships and culturally responsive interventions, RMHP seeks to address barriers related to trust, engagement, communication, access, and care alignment across diverse populations experiencing disparities.

c) Governance and Community Partnership

RMHP integrates both internal and external governance structures to ensure accountability:

Health Equity Action Team (HEAT): Aligns health equity initiatives, monitors disparities, and incorporates insights from race, ethnicity, language, disability, and other demographic data, as well as tools such as Violet, to guide health equity priorities and interventions.

Council for a Healthy Colorado and other member advisory councils (MAC), including the Spanish-Speaking MAC: Provide community-driven input on disparities, access challenges, member experience, and intervention design, including perspectives from rural, frontier, Hispanic/Latino, Spanish-speaking, Tribal, disability, LGBTQIA+, and BIPOC communities.

Conclusion

RMHP's strategy reflects a system-level, population health approach to reducing disparities. By improving access to care in rural and frontier communities, strengthening partnerships with Tribal communities, Hispanic/Latino and Spanish-speaking populations, disability advocacy organizations, and LGBTQIA+ community partners, and leveraging tools such as Violet and REL data to inform culturally responsive care, RMHP is positioned to drive meaningful and sustainable improvements in health equity across Region 1 and our PRIME counties.

2. Focus Area: Maternity and Perinatal Health



Maternity and Perinatal Health Need	Has your RAE/MCO identified an unmet health need in this Focus Area?	Have you identified a population to target for this unmet health need? (If yes, please identify 1 to 2 target populations)	Identified Target Population(s)
<i>Indicator Name</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i>Population 1; Population 2</i>
#1A - Access to Prenatal Care	Yes	Yes	Members who speak Spanish
#1B - Access to Postpartum Care	Yes	Yes	Members who speak Spanish

a) Describe your RAE/MCO's overall strategy for the maternity and perinatal unmet health needs. Strategies must include plans for indicators #1A and #1B, though interventions need not be specific to each indicator.

RMHP identified disparities in prenatal and postpartum care engagement among Spanish-speaking Members within the PRIME line of business and will continue to expand culturally and linguistically responsive maternity support services to address maternity indicators including Access to Prenatal Care and Access to Postpartum Care. RMHP's maternity strategy provides comprehensive, personalized care that empowers Members identified as pregnant with the resources, education, and support needed to make informed choices, promote positive birth experiences, and improve maternal and infant outcomes. This is accomplished through care coordination, digital tools, provider partnerships, community collaboration, and targeted member engagement designed to reduce barriers and improve access to care.

RMHP identifies pregnant Members through claims, diagnoses, prenatal vitamin prescriptions, eligibility data, and referrals. Members identified as pregnant receive individualized, maternity care coordination that includes person-centered resources and continuity of care throughout pregnancy, delivery, and the postpartum period. To strengthen early engagement among Spanish-speaking Members, RMHP will continue to distribute Intro to Maternity letters (available in English and Spanish) to increase awareness of available maternity resources and connect Members to prenatal support. Bilingual outreach and access to interpretation services help ensure Spanish-speaking Members can meaningfully engage with care coordination staff and understand available services during both the prenatal and postpartum periods.

Existing maternity resources will be leveraged to improve engagement during pregnancy and the postpartum period. Resources include Babyscripts, Wellhop, EmpowerHealth Maternity, SimpliFed, and high-risk maternity care coordination. These programs are offered in Spanish and help reduce barriers to access and strengthen engagement among Spanish-speaking Members throughout the PRIME region. RMHP will prioritize referrals to these programs through care coordination, provider engagement, and other referral pathways to ensure Members identified with prenatal, postpartum, lactation, infant feeding, or related support needs are connected to the most appropriate resources in a timely manner. Care coordinators and provider partners will help identify eligible Members, facilitate warm referrals when appropriate, and support follow-up to promote engagement and continuity of care.

To ensure interventions are culturally responsive and reflective of Member needs, RMHP will engage the Spanish-speaking MAC and Latino-serving community organizations to gather feedback, identify barriers to prenatal and postpartum care, and inform outreach and engagement strategies. RMHP's Member Letter Review Committee follows a review process to ensure maternity communications are

accessible, linguistically appropriate, and culturally responsive. RMHP will also support culturally relevant, family-focused programming and peer support opportunities to strengthen postpartum engagement and reduce loss to follow-up among Spanish-speaking Members.

RMHP supports prenatal and postpartum care through provider engagement and incentive programs, including the Primary Care Practice Incentive (PCPi) program, that tracks prenatal and postpartum performance measures, rewards practices for closing care gaps, and provides OB and maternity providers with education on digital and community-based resources. To encourage completion of recommended prenatal and postpartum visits, RMHP aligns member incentive strategies with maternity measures and offers eligible Members rewards through the Member Rewards Program for attending timely prenatal and postpartum appointments. RMHP will continue to explore targeted approaches to promote prenatal and postpartum engagement.

Practice transformation activities and health equity resources further strengthen provider capacity to deliver culturally responsive maternity care. These interventions build upon current strategies that have successfully improved access to prenatal and postpartum care and position RMHP to reduce disparities in maternity outcomes among Spanish-speaking Members.

3. Focus Area: Behavioral Health

Behavioral Health Needs	Has your RAE/MCO identified an unmet health need in this Focus Area?	Have you identified a population to target for this unmet health need? (If yes, please identify 1 to 2 target populations)	Identified Target Population(s)
#2 Appointment follow up post-ED for mental health	Exempt	Exempt	Exempt
#3 Appointment follow up post-ED for SUD	Exempt	Exempt	Exempt
#4 Hospitalizations for mental health emergencies	Exempt	Exempt	Exempt
#5 Depression screenings and Follow Up Plan	Yes	Yes	American Indian/Alaska Native (AI/AN)

b) Describe your RAE/MCO's overall strategy for unmet behavioral health needs. Strategies must include plans for indicators #2 through #5, though interventions need not be specific to each indicator.

RMHP's Provider Cross Collaboration Committee (PCCC) is a multidisciplinary forum that brings together primary care and behavioral health provider organizations to advance quality improvement efforts and improve health outcomes across the region. The committee provides a collaborative space for providers to share best practices, discuss operational challenges, review performance measures, and learn from one another's successes in implementing evidence-based care processes. A key focus of the committee is supporting organizations participating in Behavioral Health Incentive Program (BHIP) measures through peer-to-peer learning, workflow optimization, and continuous quality improvement initiatives.



One of the PCCC's primary areas of focus is Depression Screening and Follow-Up, where participating organizations work together to improve screening rates, documentation accuracy, and timely follow-up care for individuals who screen positive for depression. Through regular discussions, providers exchange strategies for administering and documenting PHQ-9 screenings, leveraging electronic health record tools, strengthening follow-up workflows, and accurately capturing quality measure data. The committee also develops and shares resources, performance improvement guidance, and practical workflow solutions to help providers enhance care coordination and improve behavioral health outcomes.

As part of its ongoing commitment to health equity and quality improvement, the PCCC is placing additional emphasis on addressing the unique needs of American Indian/Alaska Native (AI/AN) populations. Planned activities include facilitated discussions focused on cultural humility, culturally responsive depression screening practices, and strategies to strengthen member engagement and follow-up care. These conversations will provide opportunities for providers to learn from one another, deepen their understanding of cultural factors that may influence behavioral health care delivery, and identify approaches that support equitable, person-centered care for AI/AN communities. By fostering shared learning and increasing awareness of culturally responsive practices, the committee seeks to reduce disparities in depression identification, treatment engagement, and follow-up care while promoting more meaningful and effective interactions between providers and AI/AN members.

In addition to the collaborative learning opportunities available through the PCCC, practices participating in the quality program receive individualized coaching and technical assistance from RMHP Clinical Program Managers. Through one-on-one support, data review, and quality improvement coaching, participating organizations can explore evidence-based practices for depression screening and follow-up while identifying approaches that are meaningful, sustainable, and effective within their unique care settings. Individualized coaching provides opportunities to review performance data, identify barriers to care, strengthen workflows, and implement improvement strategies that support timely screening, accurate documentation, referral processes, and appropriate follow-up activities.

RMHP believes that combining individualized coaching with the collaborative learning environment of the PCCC can strengthen depression screening and follow-up processes, improve care coordination, and reduce the likelihood that individuals experiencing depression go unidentified or do not receive appropriate follow-up care. Together, these efforts support RMHP's goal of reducing disparities in behavioral health outcomes and ensuring that depression screening and follow-up services are effective, culturally responsive, and accessible to all populations served. By integrating quality improvement strategies with culturally responsive and community-informed approaches to care, RMHP aims to support more equitable outcomes and strengthen the delivery of behavioral health services for AI/AN members and other underserved populations.

RMHP's targeted health equity strategy for American Indian/Alaska Native (AI/AN) members includes two coordinated approaches: strengthening culturally responsive outreach to increase member engagement in care and expanding provider education to support appropriate screening, evaluation, and treatment.

To support member engagement, RMHP will continue to build on its relationship with WSNARC and partner with a trusted, community-based team to lead outreach efforts. This partnership will help American Indian/Alaska Native (AI/AN) members better understand the value of annual wellness



visits, including opportunities for depression screening and identification of other behavioral health needs.

In parallel, RMHP is strengthening clinical capacity through targeted education and support for providers who serve tribal communities. RMHP provided scholarships for two medical directors—one serving the Ute Mountain Ute Tribe and one serving the Southern Ute Tribe—to participate in the Psychiatry for Primary Care Physicians Fellowship through the University of California, Irvine. This training better equips these trusted clinicians to identify behavioral health needs and provide timely, appropriate care for the members and communities they serve.

4. Focus Area: Prevention/Population Health

Prevention/ Population Health unmet health needs	Has your RAE/MCO identified an unmet health need in this Focus Area?	Have you identified a population to target for this unmet health need? (If yes, please identify 1 to 2 target populations)	Identified Target Population(s)
#6A Childhood immunization status	Exempt	Exempt	Exempt
#6B Additional Focus Requirement: Select one vaccine within Combo 10	Exempt	Exempt	Exempt
#7 Immunization for adolescents	Exempt	Exempt	Exempt
#8A Glycemic Status Assessment for Patients with Diabetes <i>Glycemic Status <8.0%</i>	Yes	Yes	Spanish language speakers
#8B Glycemic Status Assessment for Patients with Diabetes <i>Glycemic Status >9.0%</i>	Yes	Yes	Frontier
#9A Increase well child visits while reducing unmet health needs in visits among priority populations <i>Well-Child Visits in the First 15 Months</i>	No population greater than 30 with a gap	No population greater than 30 with a gap	See additional focus area



Prevention/ Population Health unmet health needs	Has your RAE/MCO identified an unmet health need in this Focus Area?	Have you identified a population to target for this unmet health need? (If yes, please identify 1 to 2 target populations)	Identified Target Population(s)
#9B Increase well child visits while reducing unmet health needs in visits among priority populations <i>Well-Child Visits for Age 15 Months-30 Months</i>	No population greater than 30 with a gap	No population greater than 30 with a gap	See additional focus area
#10 Increase child and adolescent well-care visits while reducing unmet health needs in visits among priority populations	Yes	Yes	Hispanic/Latino
#11 Dental and Oral Health for Children	Exempt	Exempt	Exempt
#12 Breast Cancer Screening	Yes	Yes	Gunnison and San Miguel counties (Rural)
#13 Controlling High Blood Pressure	Yes	Yes	Hispanic/Latino
#14 Colorectal Cancer Screening	Yes	Yes	Black/African American
#15 Cervical Cancer Screening	Yes	Yes	Frontier
Need #16 Chlamydia Screening in Women	Yes	Yes	Frontier
#17 Developmental Screenings in the First Three Years of Life	No populations greater than 30 with a gap	No populations greater than 30 with a gap	See additional focus area

a) Describe your RAE/MCO's overall strategy for unmet prevention/population health needs. Strategies must include plans for indicators #6A through #16, though interventions need not be specific to each indicator.

RMHP utilizes a data-informed, population health approach to address unmet prevention and population health needs within the PRIME line of business. Through routine analysis of quality performance, health equity data, and population-level trends, RMHP has identified opportunities to improve outcomes among members experiencing disparities, including Spanish language speakers, Hispanic/Latino members, Black/African American members, members residing in frontier and rural communities, and other populations with identified care gaps. RMHP supports participating providers through practice transformation and quality improvement activities that include performance reporting, data analysis, workflow assessment, quality improvement consultation, best practice



sharing, coding and documentation support, and technical assistance. These efforts are designed to help providers identify care gaps, implement evidence-based interventions, strengthen preventive care delivery, and improve performance on priority measures including Diabetes Glycemic Status Assessment, Child and Adolescent Well-Care Visits, Breast Cancer Screening, Controlling High Blood Pressure, Colorectal Cancer Screening, Cervical Cancer Screening, and Chlamydia Screening in Women.

RMHP Clinical Program Managers work directly with PRIME providers to review performance data, identify opportunities for improvement, assess workflows, and implement sustainable quality improvement strategies that support improved outcomes. In addition to individualized practice support, RMHP offers ongoing provider education and peer-learning opportunities through Clinical Quality Improvement (CQI) Newsroom sessions and other forums that share best practices, clinical guidance, health equity resources, population health strategies, and successful interventions.

As part of its PRIME strategy, RMHP is implementing a Community Health Worker (CHW) program designed to strengthen connections between members, providers, and community resources. The CHW model leverages trusted community-based staff to provide outreach, health education, care navigation, preventive screening support, resource coordination, and follow-up services that help address barriers to care and improve engagement in preventive health activities. RMHP will continue to evaluate opportunities for the CHW program to support populations experiencing disparities, including members residing in rural and frontier communities and members facing health-related social needs.

RMHP also promotes member engagement through incentive programs and targeted outreach designed to encourage completion of preventive services and closure of care gaps. Eligible members may receive incentives for completing recommended screenings, testing, and wellness visits associated with priority quality measures. Additionally, RMHP leverages programs such as Let's Get Checked to provide convenient at-home testing options for eligible members, helping reduce barriers related to transportation, access to care, and geographic isolation. These approaches support increased preventive service utilization, member engagement, and care gap closure among populations with identified unmet health needs.

To further improve access to preventive care services, RMHP encourages the use of telehealth and other innovative care delivery models that expand access to primary care, specialty care, chronic disease management, and preventive services. These strategies are particularly important for members residing in frontier and rural communities where transportation barriers and limited provider availability may impact care access. Through collaborative partnerships with providers, community organizations, and other stakeholders, RMHP seeks to reduce health disparities, strengthen provider capacity for quality improvement, improve preventive care performance, and advance equitable health outcomes across the PRIME population.

RMHP will continue collaborating with community-based organizations, Tribal communities, healthcare partners, local public health agencies, MACs, and other stakeholders to better understand and address the needs of populations experiencing disparities in health outcomes. Priority populations will include Spanish-speaking Members, Hispanic/Latino Members, American Indian/Alaska Native (AI/AN) Members, Black/African American Members, and Members residing in rural and frontier communities. Through community engagement, culturally responsive outreach, and ongoing partnerships, RMHP will work to ensure that health equity strategies reflect community priorities, cultural values, and local needs.



RMHP will continue strengthening relationships with Tribal communities, Tribal Councils, Tribal-serving organizations, and community partners through collaboration with RMHP's Tribal Liaison and organizations such as the Western Slope Native American Resource Center (WSNARC). These partnerships will help inform strategies designed to improve access to preventive services, chronic disease management, behavioral health supports, and other identified areas of disparity while ensuring interventions are guided by community input.

Recognizing the importance of language and culture in healthcare engagement, RMHP will continue efforts to improve communication and outreach to Members who prefer languages other than English through culturally and linguistically appropriate materials, interpretation resources, community-based partnerships, and engagement with the Spanish-speaking MAC. Feedback gathered through this council and other community partners will help inform outreach approaches, member communications, and strategies designed to improve access to care and preventive services for priority populations.

RMHP will also focus on addressing challenges experienced by Members living in rural and frontier communities across our PRIME region. Through community partnerships, care management, and resource navigation, RMHP will support efforts to reduce barriers related to transportation, geographic distance, provider shortages, and access to services. These activities aim to improve healthcare access, strengthen connections to available resources, and support equitable health outcomes across the region.

To support ongoing health equity efforts, RMHP will leverage population health, care management, and REL data to better understand disparities, guide interventions, monitor progress, and help ensure resources are directed toward populations with the greatest unmet needs. RMHP will also continue to engage community councils, MACs, community partners, and other stakeholders as thought partners in the development and evaluation of strategies designed to advance equitable health outcomes across the PRIME population.

5. Additional Unmet Health Need Focus Areas (required only if Focus Areas had no identified Unmet Health Need, including for reasons of denominators <30)

RAEs and MCOs are encouraged to identify additional unmet health need Focus Areas. If your RAE/MCO has identified any additional Focus Areas, please detail them below:

Additional unmet health need Focus Areas	Has your RAE/MCO identified an unmet health need in this Focus Area?	Have you identified a population to target for this unmet health need? (If yes, please identify 1 to 2 target populations)	Identified Target Population(s)
Additional Focus Area #1 Eye exam for patients with diabetes	Yes	Yes	Frontier
Additional Focus Area #2 Blood pressure control for patients with Diabetes	Yes	Yes	Frontier
Additional Focus Area #3 Kidney Health	Yes	Yes	American Indian/Alaska Native (AI/AN)

Additional unmet health need Focus Areas	Has your RAE/MCO identified an unmet health need in this Focus Area?	Have you identified a population to target for this unmet health need? (If yes, please identify 1 to 2 target populations)	Identified Target Population(s)
Evaluation for Patients with Diabetes			

b) Describe your RAE/MCO's overall strategy for each identified additional unmet health need Focus Area. If additional Focus Areas have been identified, strategies in this section must include plans for each additional Focus Area individually.

Through data analysis, RMHP identified three additional diabetes-related unmet health needs within the PRIME line of business where meaningful care gaps exist among populations with denominators of 30 or greater: eye exams for patients with diabetes (Frontier), blood pressure control for patients with diabetes (Frontier), and kidney health evaluation for patients with diabetes (American Indian/Alaska Native [AI/AN]). Because each of these measures reflects a complication of diabetes among members already engaged in diabetes care, RMHP will address them through its existing diabetes and population health infrastructure—including Clinical Program Manager (CPM) practice coaching, provider education, member incentives, the Community Health Worker (CHW) program, telehealth, and community partnerships—while tailoring outreach and engagement to the specific populations identified for each measure.

Additional Focus Area #1 - Eye Exam for Patients with Diabetes (Frontier). To improve completion of diabetic retinal eye exams among members residing in frontier communities, RMHP will focus on reducing geographic and access barriers that make in-person ophthalmology and optometry visits difficult in remote areas. RMHP will support providers in identifying members with diabetes who are due for a retinal exam and will promote access to point-of-care retinal imaging and store-and-forward teleretinal screening where available, allowing exams to be completed in the primary care setting without requiring travel to a specialist. CPMs will work with frontier practices to strengthen workflows for identifying gaps, tracking completed exams, and documenting results, while the Member Rewards Program and CHW outreach will encourage members to complete recommended screenings and connect them to available resources, including transportation support when needed.

Additional Focus Area #2 - Blood Pressure Control for Patients with Diabetes (Frontier). To improve blood pressure control among frontier members with diabetes, RMHP will pair provider-facing quality improvement support with member engagement strategies that address the challenges of managing hypertension in remote settings. CPMs will work with frontier practices to review performance data, strengthen workflows for accurate blood pressure measurement and documentation, promote evidence-based hypertension management, and support timely follow-up for members with uncontrolled readings. RMHP will promote the use of telehealth and remote patient monitoring, including home blood pressure monitoring where available, to support ongoing management between visits and reduce travel burden. CHW outreach and member education will reinforce medication adherence, self-monitoring, and lifestyle supports, while care management will help connect members with health-related social needs to appropriate resources.

Additional Focus Area #3 - Kidney Health Evaluation for Patients with Diabetes (American Indian/Alaska Native). To improve completion of kidney health evaluations (eGFR and urine albumin-creatinine ratio testing) among American Indian/Alaska Native (AI/AN) members with diabetes, RMHP will combine provider quality improvement support with culturally responsive, community-informed



outreach. CPMs will support practices serving AI/AN communities—including Primary Care Medical Providers serving Tribal populations—in identifying members due for kidney health testing, strengthening lab ordering and follow-up workflows, and closing documentation gaps. RMHP will continue to build on its relationship with the Western Slope Native American Resource Center (WSNARC) and collaborate with its Tribal Liaison to support trusted, culturally relevant outreach that helps AI/AN members understand the importance of kidney health testing as part of diabetes care. At-home testing options and the Member Rewards Program will be leveraged where applicable to reduce barriers and encourage completion of recommended testing.

Across all three additional Focus Areas, RMHP's goal is to improve diabetes complication management—retinal eye exam completion and blood pressure control among frontier members, and kidney health evaluation among AI/AN members—thereby reducing the risk of avoidable diabetes-related complications among populations experiencing disparities. RMHP will monitor performance through available measure reporting, refine interventions based on results and community input, and leverage its existing diabetes and population health infrastructure to sustain improvement over the plan period.

6. Focus Area: Cultural Responsiveness

Description: Cultural Responsiveness involves understanding and appropriately addressing the robust needs of all members represented across the state.

Instructions: To the extent not already addressed in the above section(s), what steps will be taken to embed culturally responsive practices across the RAE/MCO (reference the strategies, plans, and activities above, as appropriate)?

Note: *Entities are encouraged to have a plan that includes holding listening sessions with members (e.g., Member Advisory Committees) to identify culturally responsive practices that bring meaning to each population and report findings to the Department annually.*

a) Cultural Responsiveness Strategy

RMHP is committed to embedding culturally responsive practices throughout its operations, member engagement activities, care coordination programs, quality improvement efforts, provider partnerships, and community collaborations. RMHP recognizes that advancing equitable health outcomes requires ongoing efforts to understand, respect, and respond to the diverse cultural, linguistic, geographic, accessibility, and social needs of the populations served across PRIME region. To support this work, RMHP utilizes a variety of organizational structures, partnerships, and continuous improvement processes designed to integrate cultural responsiveness into day-to-day operations and decision-making.

Health Equity Action Team (HEAT): RMHP maintains a cross-functional Health Equity Action Team that guides organizational health equity priorities, reviews disparities data, identifies opportunities for improvement, and supports the integration of culturally responsive practices across departments and programs. HEAT incorporates insights from race, ethnicity, and language (REL) data, community feedback, and health equity initiatives to inform organizational strategies and interventions.

NCQA Health Equity Accreditation: RMHP's NCQA Health Equity Accreditation framework serves as a foundation for embedding culturally responsive practices across the organization. Through ongoing assessment of disparities, stratification of quality and utilization data, implementation of targeted interventions, and continuous monitoring of outcomes, RMHP works to identify inequities and



improve access, quality, and member experience among populations experiencing disparities. This framework supports accountability, continuous improvement, and the integration of health equity principles throughout organizational operations.

Community Voice and Engagement: RMHP values ongoing engagement with members, providers, community-based organizations, advocacy groups, and other stakeholders to better understand community needs and perspectives. Through structures such as MACs, the Council for a Healthy Colorado, and other community engagement opportunities, RMHP seeks input that informs program development, quality improvement efforts, member communications, and health equity initiatives. RMHP will continue to bring Healthy Colorado for All strategies, priorities, and proposed interventions to its community councils and advisory groups for feedback and discussion, utilizing these groups as thought partners in the development, refinement, and implementation of culturally responsive approaches. RMHP will continue to incorporate community feedback into organizational planning and explore opportunities to strengthen member and stakeholder engagement across diverse populations.

Provider Cultural Responsiveness Support: RMHP utilizes Violet and other health equity tools to assess and strengthen provider competencies related to culturally responsive and inclusive care. These efforts support increased awareness of health equity, cultural humility, accessibility, and inclusive practices while helping providers better meet the needs of diverse member populations. RMHP will also strategize with Violet Services to identify education, training, and learning opportunities that align with identified care gaps and priority populations and will explore opportunities to either assign relevant trainings to participating providers or call attention to them through provider engagement, quality improvement, and practice support activities. RMHP also collaborates with community partners, including Mountain Pride, Love Beyond Understanding, and the Colorado Cross-Disability Coalition, to help inform culturally responsive approaches and improve understanding of community-specific needs.

Linguistically Appropriate and Accessible Services: RMHP promotes access to interpretation and translation services, culturally appropriate member communications, and accessible materials designed to support member understanding and engagement. Efforts focus on reducing language, communication, and accessibility barriers and ensuring members can effectively navigate available healthcare services and supports.

Partnerships and Community Collaboration: RMHP works alongside Tribal partners, its Tribal Liaison, the Western Slope Native American Resource Center (WSNARC), disability advocacy organizations, LGBTQIA+ community partners, providers, and community-based organizations to strengthen understanding of the communities it serves. These partnerships help inform culturally responsive strategies, improve trust and engagement, and ensure organizational efforts reflect community priorities and lived experiences.

Workforce Development and Continuous Improvement: RMHP supports ongoing workforce development related to cultural humility, implicit bias, trauma-informed care, person-centered engagement, accessibility, and health equity. Findings from member feedback, community engagement activities, disparity analyses, and quality improvement initiatives are used to continuously strengthen culturally responsive practices across the organization. Through these efforts, RMHP seeks to foster a healthcare system that is respectful, inclusive, accessible, and responsive to the diverse needs of all members while advancing equitable access, experiences, and health outcomes across our PRIME region.



b) Language Assistance Services

- 1. Provide an overview of your RAE/MCO's strategic approach to Language Assistance Services. Concisely describe the plan to continue developing Language Assistance Services and expand access to these services. Include how providers are incentivized in gaining or furthering their cultural competency training/knowledge. (Expected length 3 paragraphs in total).**

RMHP's strategic approach to Language Assistance Services is centered on ensuring equitable access to care, information, and care management services for Members with Limited English Proficiency (LEP), disabilities, and diverse communication needs. RMHP provides language assistance services at no cost to Members through bilingual staff, certified interpreter services, written translation, American Sign Language (ASL), and auxiliary aids and services. Language assistance is available across all points of contact, including Customer Service, Care Coordination, Care Management, Claims, Appeals, and Utilization Management, and is supported through contracted language service vendors that assess interpreter competency and maintain quality assurance processes.

To continue developing and expanding Language Assistance Services, RMHP routinely evaluates Member language needs, utilization trends, and Member feedback to identify opportunities for improvement and emerging populations requiring support. For example, one assessment found language requests across numerous languages and highlighted Member preference for communicating with bilingual staff whenever possible. In response, RMHP focused efforts around enhancing translation and interpretation resources, improving awareness of available services, expanded culturally and linguistically appropriate communications, and incorporated Member feedback into ongoing service improvements.

RMHP also promotes culturally responsive care across its provider network through cultural competency education, provider resources, and tools that help providers identify and respond to Members' language, communication, accessibility, and cultural needs. Providers are encouraged to document spoken languages, interpreter availability, accessibility accommodations, and cultural competency information within provider directories and have access to training and resources that support culturally and linguistically appropriate service delivery. RMHP also supports provider engagement in cultural competency training through its value-based care and tiering strategies, including planned use of Violet within the Tier 3+ program. Through Violet, participating providers can access culturally responsive care training, benchmarking, and progress-tracking tools that help practices identify opportunities to strengthen inclusive care delivery. Incorporating Violet participation into provider tiering creates an incentive for practices to gain or further cultural competency knowledge while supporting RMHP's broader goals of improving communication, strengthening Member engagement, and reducing barriers to care.

- 2. For all language assistance modalities (TTY/TTD, Large Print, Braille, American Sign Language (ASL), Language Line, Translation Services (in-person and via telecommunications)), how are members informed of their right to access, in their preferred language, oral interpretation, written translation (in prevalent languages), and auxiliary aids and services for those with a disability? Include how members are supported in accessing these services (Expected length 1 paragraph, this need not describe each modality individually).**



RMHP informs Members of their right to receive oral interpretation, written translation, and auxiliary aids and services at no cost and in their preferred language or communication format through multiple communication channels, including Member materials, customer service interactions, care management activities, appeals and grievance processes, provider interactions, and public-facing communications. Language assistance notifications are incorporated into Member communications, and materials are regularly audited to ensure appropriate language assistance offers and translation requirements are met. Members are supported in accessing these services through trained RMHP staff and contracted language assistance vendors that provide oral interpretation, written translation, American Sign Language (ASL), Communication Access Realtime Translation (CART), and other auxiliary aids and services. Language assistance is available across Member touchpoints, including Customer Service, Care Coordination, Utilization Management, Claims, and Appeals, and may be provided in person, by telephone, or through virtual platforms. RMHP also monitors language assistance utilization and Member needs through ongoing quality assurance and cultural and linguistic assessments to support timely access and continuous improvement.

- 3. Describe 1) How you track cultural and linguistic capabilities of network providers, 2) How you track the number of providers who have completed cultural competency training, and 3) How members are informed of providers' cultural competency training status (provide a webpage link if applicable) (Expected length 2 paragraphs in total).**

RMHP tracks network providers' cultural and linguistic capabilities through quarterly provider directory attestations required under Consolidated Appropriations Act (CAA) standards. Providers attest to the accuracy of directory information, including language capabilities, accessibility accommodations, cultural competencies, specialties, and other information Members may use when selecting care. Providers who do not complete the required attestation are removed from the online provider directory until compliance is achieved, supporting accurate and current information for Members.

RMHP tracks cultural and disability competency training completion through provider attestations collected through the HCPF Practice Assessment Tool, RMHP-sponsored training participation records, and completion data from Violet. The Practice Assessment Tool requires practices to attest that designated staff complete annual cultural and disability competency training, and Violet allows participating practices and RMHP to monitor training engagement, completion, and progress. Members are informed of providers' cultural, linguistic, and accessibility-related capabilities through the RMHP provider directory, which is available online, updated weekly, downloadable as a PDF, available in print upon request through Member Services, and supported by Member Services staff who can help Members identify in-network providers that align with their language preferences, accessibility needs, and cultural considerations.

- 4. Describe how you ensure that all your written materials for distribution to Members are culturally and linguistically appropriate, and how you deliver language assistance services in a timely manner (Expected length 1 paragraph).**

RMHP ensures written materials distributed to Members are culturally and linguistically appropriate through an ongoing assessment of Member language needs, cultural and linguistic demographics, interpreter utilization data, Member feedback, and health equity analyses. Member communications are translated into prevalent languages, regularly reviewed for accuracy, and audited to ensure language assistance notifications and translation requirements are consistently included. RMHP also incorporates Member feedback and emerging community needs into the development and refinement



of culturally responsive materials. Language assistance services are delivered in a timely manner through trained RMHP staff and contracted language assistance vendors that provide interpretation, translation, ASL, CART, and auxiliary aids across Member touchpoints, including Customer Service, Care Coordination, Utilization Management, Claims, and Appeals.

- 5. Describe how your RAE is holding network providers accountable to ensure they are providing disability and cultural competency training to staff. Reference practice assessment tool to further expand upon the mechanism of offering and holding practices accountable for annual cultural and disability competency training (*Expected length 1 paragraph*).**

RMHP holds network providers accountable for annual cultural and disability competency training through the HCPF Practice Assessment Tool, which includes a Must Pass criterion (4.3.2) requiring practices to attest that they provide or attend RAE-supported annual cultural and disability competence training for staff. The criterion requires, at a minimum, that the Administrative Champion and Provider Champion complete training to support culturally responsive and disability-inclusive care. RMHP supports compliance by offering cultural and disability competency training opportunities, and educational resources, including disability competency training focused on communication strategies, disability sensitivity, adaptive equipment, and legal and ethical considerations. Additionally, RMHP has incorporated Violet, a provider-focused health equity platform that offers cultural competency training, benchmarking, and assessment tools designed to help organizations identify and address gaps in culturally responsive care. RMHP plans to include Violet participation as part of Tier 3+ program expectations. Participating PCMPs can use the Violet dashboard to monitor training completion, benchmark performance, identify areas for improvement, and strengthen their ability to deliver culturally responsive care. Accountability is maintained through annual attestation, internal trainings and the HCPF Practice Assessment Tool.

- 7. Please share any challenges, barriers or opportunities for collaboration with The Department.**

N/A

