



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: 1

RAE/MCO Contact Name: David Moklaizky

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

Date Submitted: 7/22/26

Contract Reference: 6.3.8.4.3.1.1.

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)	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 RAE Region 1. This approach builds on RMHP's NCQA Health Outcomes 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.



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 counties to improve access to preventive, maternal, 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, 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.

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

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 Region 1.

4. Strengthening Tribal Partnerships and Community 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 organizations supporting individuals with disabilities and LGBTQIA+ communities. These partnerships help improve understanding of community-specific needs, inform culturally responsive strategies, and ensure that 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. 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 RAE strategy addresses shared drivers of inequity across populations, including:

- Geographic isolation and transportation challenges in rural/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 Tribal partnerships and culturally responsive interventions, RMHP specifically addresses trust, engagement, and care alignment challenges within AI/AN communities.

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 (REL), disability, and other demographic data, as well as tools such as Violet, to guide health equity priorities and interventions.
- **Council for a Healthy Colorado:** Provides community-driven input on disparities, access challenges, and intervention design, including perspectives from rural, Tribal, disabled, LGBTQ, and BIPOC communities

Conclusion

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'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 Hispanic/Latino and Spanish-speaking populations, disability advocacy organizations, Tribal partners, and LGBTQIA+ community organizations, leveraging value-based payment strategies that incentivize equitable care delivery, and utilizing 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.

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	Conejos, Alamosa, and La Plata Counties (Rural)
#1B - Access to Postpartum Care	Yes	Yes	American Indian/Alaskan Native

- 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 has identified access to timely prenatal care and access to postpartum care as priority maternity and perinatal unmet health needs within RAE Region 1. Baseline data and regional analysis indicate disparities in the timeliness of prenatal care among Members residing in rural and frontier communities, particularly Conejos, Alamosa, and La Plata Counties, and disparities in postpartum care engagement among American Indian/Alaska Native (AI/AN) Members. RMHP's overall strategy combines early risk identification and engagement during pregnancy with culturally responsive, community-informed support throughout the postpartum period. This approach leverages existing maternity programs, care coordination, telehealth, Tribal and community partnerships, and member incentives to improve engagement across the full perinatal continuum.

To improve timely access to prenatal care among Members residing in rural and frontier communities, RMHP will prioritize early identification and engagement during pregnancy to facilitate prenatal care in the first trimester. Key strategies include leveraging claims, pharmacy, and referral data to identify pregnancy as early as possible; connecting newly identified Members to prenatal education and digital engagement resources; and expanding access through telehealth-enabled prenatal support and virtual care options, including CirrusMD, to help reduce geographic barriers to care.

RMHP will continue to leverage digital maternity engagement resources, including Babyscripts, to support early enrollment, remote monitoring, and prenatal education. High-risk maternity care coordination teams will provide individualized support for Members with complex needs by



facilitating access to prenatal care, transportation services, and health-related social needs resources that help reduce barriers to timely first-trimester care.

To address postpartum care engagement among American Indian/Alaska Native (AI/AN) Members, RMHP will continue to expand culturally responsive maternity support services. The care coordination team will explore opportunities to enhance collaboration with WSNARC, including the potential development of maternal-focused Community Health Worker (CHW) programs and increased use of doulas when available. In collaboration with RMHP's Tribal Liaison and WSNARC, RMHP will also explore culturally relevant, family-focused engagement strategies to support postpartum engagement and reduce loss to follow-up when aligned with community priorities and available resources.

RMHP will leverage existing maternity resources including Wellhop for Mom and Baby, Empower Health maternity support, and SimpliFed lactation and infant feeding support. 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 encourage completion of recommended prenatal and postpartum visits, RMHP will align member incentive strategies with maternity quality measures and offer eligible Members rewards through the Member Rewards Program for attending timely prenatal and postpartum appointments. RMHP will continue to look for opportunities to provide incentives that support prenatal and postpartum engagement. These interventions will build upon current strategies that have improved access to prenatal and postpartum care in rural communities and among AI/AN Members.

Program implementation will follow a phased timeline. In year 1 (SFY 2025-26), RMHP will finalize early-pregnancy identification workflows, confirm maternity program alignment, and establish baseline measurement for both indicators. In year 2 (SFY 2026-27), RMHP will operationalize CHW and doula engagement and align member incentives with maternity measures. In subsequent years, RMHP will monitor performance quarterly through available measure reporting, refine interventions based on results and community input, and sustain partnerships with WSNARC, Tribal leadership, and community providers. Progress will be reviewed through RMHP's Health Equity Action Team (HEAT) and relevant quality improvement committees to ensure accountability and continuous improvement. RMHP's goal for this focus area is to improve the timeliness of prenatal care among Members residing in rural and frontier communities and to improve postpartum care engagement among American Indian/Alaska Native Members, reducing disparities and strengthening engagement across the full perinatal continuum over the plan period.

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	N/A	N/A	N/A

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)
#3 Appointment follow up post-ED for SUD	N/A	N/A	N/A
#4 Hospitalizations for mental health emergencies	N/A	N/A	N/A
#5 Depression screenings and Follow Up Plan	Yes	Yes	American Indian/Alaskan Native

- a) 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 overall strategy for addressing the identified unmet behavioral health need focuses on improving depression screening and follow-up for American Indian and Alaska Native Members through provider collaboration, practice-level coaching, culturally responsive member engagement, and targeted provider education.

RMHP's Provider Cross Collaboration Committee (PCCC) brings together primary care and behavioral health organizations to support quality improvement, peer-to-peer learning, and improved health outcomes across the region. Through this multidisciplinary forum, providers share best practices, discuss operational challenges, review performance measures, and identify workflow improvements that support Behavioral Health Incentive Program (BHIP) measures and evidence-based care processes.

For Depression Screening and Follow-Up, the PCCC supports participating organizations in improving screening rates, documentation accuracy, and timely follow-up care for members who screen positive for depression. Providers exchange strategies for administering and documenting PHQ-9 screenings, using electronic health record tools, strengthening follow-up workflows, and accurately capturing quality measure data. The committee also shares resources, performance improvement guidance, and practical workflow solutions to strengthen 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 and 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, this strategy 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, the Ute Mountain Ute primary care clinics participate in the Colorado Department of Health Care Policy & Financing (HCPF) Quality Program for Primary Care Medical Providers (PCMPs) and receive individualized coaching and technical assistance from an RMHP Clinical Program Manager. Through one-on-one support, data review, and shared learning opportunities, clinic staff can explore evidence-based practices for depression screening and follow-up while identifying approaches that are meaningful, culturally responsive, and effective within their unique care setting. Individualized coaching provides an opportunity to review performance data, identify barriers to care, and implement workflow improvements that support timely screening, documentation, referral, and follow-up activities.

Together, the PCCC and individualized clinic coaching establish the provider-facing foundation of RMHP's Depression Screening and Follow-Up strategy. These efforts are designed to 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. To further support this work for Native American members, RMHP is also aligning provider support with community-informed outreach and targeted provider education. This approach addresses both sides of the depression screening and follow-up process: helping members better understand and engage in preventive and behavioral health care opportunities, while equipping trusted providers serving Tribal communities to identify behavioral health needs and connect members to timely, appropriate follow-up care.

RMHP's targeted health equity strategy for Native American members includes two coordinated approaches that build on the PCCC and clinic coaching model: 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 Native American 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 supports RMHP's broader Depression Screening and Follow-Up strategy by better equipping trusted clinicians to identify behavioral health needs, evaluate depression concerns in primary care settings, and support timely, appropriate follow-up for the Members and communities they serve. 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, individualized coaching, community-informed outreach, and targeted provider education, RMHP aims to strengthen the delivery of behavioral health services for AI/AN Members and other underserved populations while supporting more equitable identification, engagement, and follow-up for Members experiencing depression.

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	American Indian/Alaskan Native
#8B Glycemic Status Assessment for Patients with Diabetes <i>Glycemic Status >9.0%</i>	Yes	Yes	American Indian/Alaskan Native
#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>	Yes	Yes	American Indian/Alaskan Native
#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>	Yes	Yes	American Indian/Alaskan Native



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)
#10 Increase child and adolescent well-care visits while reducing unmet health needs in visits among priority populations	Yes	Yes	14 rural counties (rural)
#11 Dental and Oral Health for Children	Exempt	Exempt	exempt
#12 Breast Cancer Screening	Yes	Yes	American Indian/Alaskan Native
#13 Controlling High Blood Pressure	Yes	Yes	Rural
#14 Colorectal Cancer Screening	Yes	Yes	American Indian/Alaskan Native
#15 Cervical Cancer Screening	Yes	Yes	American Indian/Alaskan Native
#16 Chlamydia Screening in Women	Yes	Yes	American Indian/Alaskan Native
#17 Developmental Screenings in the First Three Years of Life	yes	Yes	American Indian/Alaskan Native

- a) Describe your RAE/MCO's overall strategy for unmet prevention/population health needs. Strategies must include plans for indicators #6A through #17, though interventions need not be specific to each indicator.

RMHP utilizes a data-informed quality improvement approach to address unmet prevention and population health needs across RAE Region 1. A key component of this strategy is practice transformation and quality improvement coaching, with targeted support provided to primary care practices through performance reporting, data analysis, workflow assessment, quality improvement consultation, best practice sharing, and technical assistance. These efforts are designed to help practices identify opportunities for improvement, implement evidence-based interventions, and build sustainable processes that improve quality performance and Member outcomes. RMHP will continue these activities as part of its broader strategy to address prevention and population health needs among American Indian and Alaska Native (AI/AN) Members, Members residing in rural and frontier communities, and other populations experiencing health disparities. This includes ongoing collaboration with Primary Care Medical Providers (PCMPs) serving Tribal communities and reservation areas, Tribal leadership and councils, and organizations such as the Western Slope Native

American Resource Center (WSNARC) to support culturally relevant outreach, education, prevention initiatives, and population health improvement efforts.

RMHP supports providers through ongoing education, peer learning opportunities, and dissemination of tools and resources that assist practices in closing preventive care gaps and improving performance on priority quality measures. Through individualized coaching and practice transformation support, RMHP helps providers improve performance on measures including Diabetes Glycemic Status Assessment, Well-Child Visits in the First 30 Months of Life, Child and Adolescent Well-Care Visits, Breast Cancer Screening, Controlling High Blood Pressure, Colorectal Cancer Screening, Cervical Cancer Screening, Chlamydia Screening, and Developmental Screening in the First Three Years of Life. RMHP Clinical Program Managers (CPMs) work directly with practices to review performance data, identify opportunities for improvement, assess workflows, address documentation and coding opportunities, implement evidence-based interventions, and support sustainable quality improvement efforts. CPMs will continue proactive outreach and support to PCMPs serving Members with identified unmet prevention and population health needs.

In addition to one-on-one coaching, RMHP provides education and collaborative learning opportunities through its monthly Clinical Quality Improvement (CQI) Newsroom sessions. These sessions include discussions on priority quality measures, emerging best practices, population health management strategies, state and payer requirements, health equity considerations, and successful practice interventions. When applicable, CQI Newsroom content incorporates targeted education and resources related to prevention and population health needs impacting rural, frontier, and Tribal communities.

RMHP also implements member engagement and incentive strategies designed to encourage completion of preventive services and closure of care gaps. In 2026, RMHP's Member Rewards Program includes incentives tied to several priority prevention and population health measures, including Diabetes Glycemic Status Assessment, Child and Adolescent Well-Care Visits, Breast Cancer Screening, and Colorectal Cancer Screening. Through this program, eligible Members receive incentives for completing recommended screenings, testing, and wellness visits, supporting increased Member engagement and preventive care compliance.

To further support preventive care and reduce barriers to screening completion, RMHP participates in the Let's Get Checked (LGC) program, which provides convenient at-home testing options for eligible Members. The program helps address barriers such as transportation challenges, limited access to care, and geographic isolation. For Diabetes Glycemic Status Assessment and Colorectal Cancer Screening, eligible Members may receive testing kits delivered directly to their homes, allowing Members to complete screening activities without the need for an in-person visit. This approach expands access to preventive services, supports care gap closure, increases Member engagement, and provides an additional avenue for improving quality measure performance among populations with unmet health needs.

Recognizing the unique challenges faced by rural and frontier communities across RAE Region 1, RMHP promotes and supports the use of telehealth to expand access to primary care, specialty care, behavioral health services, and preventive care. These strategies help reduce transportation barriers, improve access to specialty expertise, strengthen care coordination, support chronic disease management, and increase utilization of recommended preventive services. Telehealth and other innovative care delivery approaches remain important tools for improving access and outcomes among geographically isolated and underserved populations.



- RMHP's Care Management Department serves as an important component of the Population Health Management strategy by addressing health disparities through culturally responsive care coordination, community partnerships, data-driven outreach, and targeted interventions. Consistent with RMHP's commitment to advancing health equity, care management activities focus on reducing barriers to care experienced by rural and frontier populations and AI/AN Members, including transportation challenges, limited access to specialty services, provider shortages, and historical mistrust of the healthcare system. RMHP continues to strengthen partnerships with Tribal communities and organizations, including the Western Slope Native American Resource Center (WSNARC), to ensure interventions are community-informed and aligned with Member needs.

RMHP will continue to strengthen relationships with Tribal communities, Tribal Councils, Tribal-serving organizations, community-based organizations, healthcare providers, and other stakeholders to better understand and address the needs of American Indian/Alaska Native (AI/AN) Members and other populations experiencing disparities. Through ongoing engagement with Tribal leadership, collaboration with RMHP's Tribal Liaison, partnership with WSNARC, and culturally responsive outreach efforts, RMHP will work to strengthen trust, improve communication, and promote meaningful community involvement in the development and implementation of health equity strategies.

RMHP's Care Management team, Tribal Liaison, and community partnership efforts will focus on identifying and addressing barriers that contribute to disparities in preventive care, chronic disease management, maternal health, developmental services, and behavioral healthcare. Through collaboration with Tribal Councils, WSNARC, providers, and other community partners, RMHP will support the development and implementation of culturally appropriate strategies that reflect community priorities, cultural values, and local needs. These efforts may include strengthening care coordination, improving healthcare navigation through CHW supported navigation, enhancing Member engagement, connecting Members to healthcare and community resources, developing culturally responsive Member education and outreach materials tailored to Native American communities, and exploring opportunities to design or expand programs and services that address identified disparities and unmet community needs. RMHP will work collaboratively with Tribal partners and community stakeholders to ensure that strategies are informed by community input and aligned with the priorities of the populations served.

RMHP will also focus on addressing the unique challenges experienced by Members living in rural and frontier communities across Region 1. Through care management, community partnerships, and data-informed outreach, RMHP will work to identify barriers to care, connect Members to available healthcare and community resources, and support engagement in preventive, maternal, behavioral health, and chronic disease services. Efforts will focus on strengthening healthcare navigation, improving access to care and supports, and reducing barriers that contribute to disparities among rural and frontier populations.

To support ongoing health equity efforts, RMHP will leverage care management and population health data to identify Members who may benefit from additional outreach, care coordination, or support services. Data-informed approaches will help RMHP better understand community needs, monitor disparities, and guide interventions designed to improve health outcomes while ensuring resources are directed toward populations with the greatest unmet needs.

RMHP will also continue efforts to improve awareness of and access to behavioral health services through culturally responsive and community-centered approaches. By working collaboratively with



providers, Tribal partners, community organizations, and other partners, RMHP aims to reduce barriers to care, strengthen care coordination, and promote timely access to services that support the overall wellbeing of Members and communities across Region 1.

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			
Additional Focus Area #2			

- a) 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.

N/A

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 Region 1.

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 Outcomes Accreditation: RMHP's NCQA Health Outcomes 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 Member Advisory Councils (MAC), 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.

Provider Incentives and Accountability for Culturally Responsive Care: RMHP will also embed cultural responsiveness into provider incentive and tiering structures through its value-based payment programs, including the behavioral health 5-Star program and the RMHP Tier 3 Plus designation for primary care practices. These programs link enhanced reimbursement and provider recognition to objective criteria that support equitable, high-quality care, including culturally responsive care capabilities, Violet participation, provider training, quality improvement, care coordination, and service to rural, frontier, and historically underserved populations. By connecting cultural responsiveness expectations to payment and tiering, RMHP reinforces provider accountability and strengthens the network's ability to deliver inclusive, accessible, and member-centered care.

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 Region 1.

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

