

# Enhanced reimbursement criteria for July 1, 2026–June 30, 2027

Rocky Mountain Health Plans (RMHP) will increase the reimbursement for behavioral health value-based payments beginning July 1, 2026, to June 30, 2027.

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

The effective dates are summarized in the following table.

Criteria publication	Lookback period	Enhancement notification	Rate enhancement period
Oct. 1, 2024	Jan. 1, 2025–Dec. 31, 2025	April 1, 2026	July 1, 2026–June 30, 2027

## Geographic criteria

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

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

## Geographic criteria (cont.)

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

## Health care provider capability criteria

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

Section	Criteria	Points	Notes/comments
<b>Specialties</b>	Practice contains at least 1 health care provider from a prioritized specialty.	20	<p>Prioritized specialties include any health care provider who:</p> <ul style="list-style-type: none"> <li>• Has a provider type of child psychiatrist, autism service provider, or eating disorder (as established during the credentialing process)</li> <li>• Is enrolled in the Department of Justice’s Violence Prevention Network</li> <li>• Completes training specific to serving members with intellectual and developmental disabilities (minimum 40 hours)</li> </ul>

## Provider capability criteria (cont.)

<b>Violet enrollment</b>	At least 30% of health care providers in the practice are enrolled with Violet by Dec. 31, 2025.	20	To enroll, click <a href="#">here</a> .
<b>Violet practice designation</b>	Practice achieves Violet practice designation by Dec. 31, 2025.	40	<p>By Dec. 31, 2025, at least:</p> <ul style="list-style-type: none"> <li>• 30% of health care providers at a practice must complete their Violet profile</li> <li>• 40% of health care providers at a practice must achieve a Violet benchmark</li> </ul> <p>Any practice that achieves a Violet designation will also receive the 20 points for Violet enrollment, for a total of 60 points.</p>

## Criteria for serving prioritized populations

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

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

## Rate-enhancement ranges

Based on the total points achieved through the above criteria, health care providers will receive reimbursement for the rate-enhancement period (July 1, 2026–June 30, 2027).

Stars	Points achieved	Rate as a percentage of base fee schedule
0	0	100%
1	1–20	110%
2	21–40	120%
3	41–60	130%
4	61–80	140%
5	81–190	150%

## Frequently asked questions (FAQs)

### Where will RMHP get demographic data from?

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

### Is RMHP concerned about missing payments for members with incomplete demographic data?

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

### Can health care providers in the same practice have different rate enhancements?

No. RMHP contracts are established at the practice level, with each practice defined by its tax identification number (TIN). All health care providers within a practice will have the same rate enhancement. The base fee schedule includes different base rates for health care providers with a Ph.D. or Psy.D.



# Frequently asked questions (FAQs) (cont.)

## How do I enroll in Violet?

Violet and RMHP will be sending out invitations to all health care providers in the coming weeks. Learn more about the benchmarks and/or sign up for [Violet](#) now.

## Why are practices limited in their ability to earn points based on the number of members served?

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

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

Each April (starting in 2025), RMHP will publish for each practice the number of points achieved and their reimbursement rate for the upcoming state fiscal year. Practices may opt out of having their information posted by contacting [rmhprae\\_bh\\_pr@uhc.com](mailto:rmhprae_bh_pr@uhc.com).

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

Email us at [rmhprae\\_bh\\_pr@uhc.com](mailto:rmhprae_bh_pr@uhc.com).

## Where can I ask questions?

If you have any questions about the Medicaid behavioral health value-based payment criteria, please email us at [rmhprae\\_bh\\_pr@uhc.com](mailto:rmhprae_bh_pr@uhc.com).

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

Health care providers joining the network will be evaluated on their completed application, including a review of the reimbursement criteria. This evaluation will consider specialty type, populations served, areas of clinical expertise and geographic region served.

