Dear Provider Partners,

Here are the highlights from this month's CQI NewsRoom.
For more information please visit our **CQI Newsroom Landing Page** or reach out to me **mary.beckner@uhc.com**.

ACC 3.0 Updates

Practices are fully in the “Doing the Work” phase for 2026. Expectations include completing selected QI activities, meeting twice per quarter with the Clinical Program Manager, ensuring the provider champion attends at least one meeting per quarter, reporting quarterly eCQM data, monitoring performance data, and continuing PDSA and workflow development.
HCPF Practice Assessment Tool.
This tool determines practice tier and impacts compensation. RMHP will send the 2026 assessment on March 1 and it is due March 31. A new assessment must be submitted within 30 days of significant operational changes, such as hiring a care coordinator, adding a behavioral health provider, switching EHRs, or receiving PCMH recognition.

eConsult Program Case Study

A case study showcased the value of RMHP’s eConsult platform. The service supported timely specialty input, prevented delays in care, reduced travel burden, avoided unnecessary testing, and strengthened provider confidence. It also improved system efficiency by helping specialty providers prioritize urgent cases.

Care Coordination and Transitions of Care

RMHP’s care coordination model includes internal care coordinators, Integrated Community Care Teams, behavioral health partners, hospitals, and community-based organizations. Teams support members with needs such as transportation, appointment scheduling, BH resources, housing and food supports, and transitions of care. Workflows rely on real-time ADT alerts and close collaboration with inpatient settings.
Referral contact: RMHPCareManagementReferrals@uhc.com

SDoH 2026 Screening Reimbursement Changes

Annual screening reimbursement remains available at $11.16 per screening with an additional $19.18 if a need is identified. Starting January 1, 2026, Contexture will only send positive screens automatically. Negative screens must now be submitted manually in order to receive reimbursement. Manual data is reported quarterly, and instructions will be emailed to practices.

Prescriber Tool APM – Program Year 3

HCPF will distribute the required PY3 survey via email from CORXAPM@mslc.com. Completion during January–February 2026 is necessary to maintain eligibility for shared savings tied to Preferred Drug List compliance. Practices should confirm NPI eligibility on the HCPF Prescriber Tool APM webpage.

Updated Quality Measure One-Pagers

New 2026 one-pagers are available on the ACC 3.0 Region 1 landing page. They include measure descriptions, denominator requirements, numerator criteria, documentation standards, and coding references for measures such as depression screening, diabetes control, and hypertension management. **We reviewed the Depression measure today in depth, we want**

to hear from you about that! Its a quick 2 question survey that takes less than 2 minutes: https://www.surveymonkey.com/r/6RYBCTX

eCQM Reporting Reminder

Quarter 4 2025 eCQM data is due January 31, 2026. Practices must report all required quarterly eCQM data to remain eligible for PMPM enhancements and eCQM payments. Point thresholds for eligibility depend on the practice's RAE tier alignment.

PRIME Year 12 (2026) Reinvestment Criteria

PRIME reinvestment is now determined on a measure-by-measure basis. Practices must report quarterly and meet or exceed Quarter 4 targets to receive reinvestment funds. Key measures include CMS 2 (Depression Screening), CMS 165 (Blood Pressure Control), prenatal and postpartum care gap closure, and glycemic status gap closure for diabetes.

Rookie Roadmap Training

RMHP hosts Rookie Roadmap on the second Tuesday of each month from 11:45 to 12:45 PM. This session provides an overview of RMHP value-based programs and is ideal for new staff or those needing a refresher. For more information please reach out to **Sara.Jordan@uhc.com**

HCPF Coding and Billing Updates January

HCPF's January updates include system changes for 2026 HCPCS codes that may temporarily delay claims, new drug testing documentation requirements effective February 1, 2026, and a $750 provider enrollment fee for 2026. RAEs will increase review of outpatient psychotherapy over 24 sessions, and ECT reimbursement rules change April 1, 2026. SUD length-of-stay requirements end March 1, 2026, and code H0006 sunsets December 31, 2025. Updated billing rules for CGMs and expanded DME prescribing take effect November 1, 2025, while outpatient hospital claims are being reprocessed to reflect updated rates. Starting January 1, 2026, medication abortion claims must include appropriate diagnosis codes, TOC codes 99495 and 99496 replace certain E/M visits for post-discharge care, and pharmacies will receive a new $73.21 enhanced dispensing fee for TPN claims.

Optum Health Education - Pulonary Hypertension & End State Heart Failure

Discover practical, evidence-based insights to strengthen your approach to pulmonary hypertension and end-stage heart failure in this February's AgeWise Snapshot. In just one hour, learn what to do when elevated pulmonary pressures appear on an echo, how to pinpoint underlying causes, and when to consider specialty referral or advanced care. Live sessions are offered on February 24 and 26, with CME/CEU credit available and on-demand access through the Central Library.
