



Message from the CEO

At Rocky Mountain Health Network, our strength as a network is rooted in the voices of our members. Meaningful partnership is built on listening, learning, and continuously improving together—and your feedback plays a critical role in that process.

In February, RMHN will be launching a Member Engagement Survey to better understand your experience, priorities, and perspectives. *The survey will be distributed via SurveyMonkey to all members beginning **February 11** and will remain open through **February 26**.*

We value your time and have designed the survey to be efficient, focused, and impactful. Responses will be reviewed in aggregate and used to identify opportunities to enhance communication, engagement, and the overall value RMHN delivers across the network.

I strongly encourage each of you to participate. Your feedback directly influences how we grow, adapt, and continue building a strong, responsive network—one that supports providers and improves care for the communities we serve.

Thank you for your continued partnership and for taking the time to share your perspective. Together, we can strengthen and advance care across our region.

Warm Regards,

Darik Croft, MBA
President/CEO
Rocky Mountain Health Network

VALUE-BASED CARE

2026 Medicare Advantage Quality Program Updates

As 2025 quality reporting comes to a close, Medicare Advantage plans are rolling out updated guidelines and requirements for 2026.

RMHN remains committed to supporting care teams as they navigate these programs, with the shared goal of improving patient outcomes. The Centers for Medicare & Medicaid Services (CMS) uses the Star Ratings Program and HEDIS measures to align Medicare Advantage plans with key domains of care

for Medicare beneficiaries. A major focus of Star Ratings is ensuring patients receive the right care at the right time—particularly preventive and chronic care services. Participating providers may be eligible for incentives when quality targets are achieved.

If your practice participates in Medicare Advantage plans through RMHN, please ensure you have processes and resources in place to support quality data reporting. Multiple submission methods are available depending on the payer.

For questions or assistance with quality reporting, please contact:

Darik Croft – dcroft@rmhn.org

Lacey Wattles – lwattles@rmhn.org

RMHN BUSINESS SERVICES

Creating Balance Across Your Revenue Cycle

While you focus on patient care, Rocky Mountain Health Network's Healthcare Business Services helps bring harmony to your revenue cycle through expert billing, coding, and collections support. Practices partnering with RMHN benefit from improved cash flow, reduced denials, stronger payer performance, and key benchmarks like Insurance AR under 15%, DRO around 30 days, and denial rates below 3%.

Learn more about RMHN Business Services by contacting

Christy O'Connor at (406) 237-5849 or visiting www.RMHN.org.

QUICK TIP

Submitting an Appeal

✓ **Prepare First**

- Review claims for errors (codes, modifiers, patient info, dx codes).
- Identify the denial reason (medical necessity, authorization, credentialing, etc.).
- For credentialing/contracting issues, send the insurance card, claim image, and EOB to **RMHN** for review.
- Gather supporting documentation and draft a clear, factual appeal letter.

✓ **Submit Correctly**

- Check the payer's provider website for required forms and submission methods.
- Use the payer's **online portal whenever possible** (calls are not considered official appeals).
- Include all supporting documentation and submit within required deadlines.

✓ Escalate When Needed

- If denied again, follow the payer's instructions for an external review.
- If all steps have been followed and the claim should be paid, contact RMHN for escalation support.

RMHN Escalation Contact

Mollie Brandal, Provider Relations Specialist

mbrandal@rmhn.org | (406) 238-6073 | www.RMHN.org

PRACTICE RESOURCES

[2026 Medicare Fee Schedule](#)

[2026 VA Fee Schedule](#)

EDUCATION

[Behavioral Health Coding](#)

Thursday, February 5th, 12pm-1:30pm

This webinar will cover behavioral health coding and will include services such as psychiatric diagnostic coding, psychotherapy, coding for Ketamine, TMS services and much more. Get into compliance and gain an insight into both the private payer and Medicare requirements.

[Register Now](#)

[Behavioral Health Coding for FQHC, RHC, & CAH](#)

Thursday, February 12th, 12pm-1:30pm

Focusing specifically on Rural Health Clinics, Federally Qualified Health Center/Clinics, and Critical Access Hospitals, this webinar will cover behavioral health coding and will include services such as psychiatric diagnostic coding, psychotherapy, coding for Ketamine, TMS services and much more. Get into compliance and gain an insight into both the private payer and Medicare requirements.

[Register Now](#)

[Humana Risk Adjustment 2026 monthly Learning Series CME and CEU Sessions for February](#)

(If you would like the full list of classes for the year, please send us an email using the email button below.)

Class Registration Links:

[Cardiomyopathy & Heart Failure - Feb 11, 12pm](#)

Cardiomyopathy & Heart Failure - Feb 12, 3pm

Annual Wellness Visit - Feb 25, 3pm

Annual Wellness Visit - Feb 26, 12pm

Optum 2026 National Documentation and Coding Education Calendar for February

(If you would like the full list of classes for the year, please send us an email using the email button below.)

Class Registration Links:

Heart failure, angina and arrhythmias - Feb 17, 11am

Cardiovascular Disease - Feb 17, 1pm

Fiscal Year 2025 ICD-10-CM coding updates - Feb 18, 8am

Cardiovascular Disease - Feb 18, 10am

Heart failure, angina and arrhythmias - Feb 19, 9am

Fundamental E&M for office or other outpatient services- Feb 19, 12pm

Rocky Mountain Health Network

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406-238-6066

Contact Us by Email

Find More Info On Our Website

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