ACC Network Adequacy Report

RAE Name: <u>Rocky Mountain Health Plans</u>   Region #<u>1</u>

Period Covered <u>July-September 2019</u> SFY <u>2019-2020, Q1</u>

Please indicate below any areas within the region where the network does not meet the choice of 2 providers within contracted time and distance standards.

1. Physical Health:

Physical Health Partner is someone who can bill for services or prescribe medications.

ISSUES WITH OBGYN PROVIDERS							
ZIP, COUNTY, CITY	***Members Impacted***	*Count of Providers within Access Range*	*ACCESS STANDARD*	*Percent with Drive Access*	*Percent without Drive Access*	*Percent with Time Access*	*Percent without Time Access*
81121, Archuleta, Chromo	■	■	Rural - 2 Providers within 60 miles/60 minutes	■	■	■	■
81147, Archuleta, Pagosa Springs	■	■	Rural - 2 Providers within 60 miles/60 minutes	■	■	■	■
80536, Larimer, Livermore	■	■	Rural - 2 Providers within 60 miles/60 minutes	■	■	■	■
81610, Moffat, Dinosaur	219	0	Rural - 2 Providers within 60 miles/60 minutes	0.00%	100.00%	2.74%	97.26%
81640, Moffat, Maybell	■	■	Rural - 2 Providers within 60 miles/60 minutes	■	■	■	■
81411, Montrose, Bedrock	58	0	Rural - 2 Providers within 60 miles/60 minutes	6.45%	93.55%	100.00%	0.00%
81429, Montrose, Paradox	68	0	Rural - 2 Providers within 60 miles/60 minutes	9.33%	90.67%	100.00%	0.00%
81648, Rio Blanco, Rangely	611	0	Rural - 2 Providers within 60 miles/60 minutes	0.33%	99.67%	0.82%	99.18%

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Department of Health Care Policy & Financing

81650, Rio Blanco, Rifle	■	■	Rural - 2 Providers within 60 miles/60 minutes	████	████	████	████

2. Behavioral Health

Licensed Behavioral Clinician means a provider who is clinical social worker licensed pursuant to CRS 12-43-404, marriage and family therapist licensed pursuant to CRS 12-43-504, professional counselor licensed pursuant to CRS 12-43-603, addiction counselor licensed pursuant to CRS 12-43-804, or psychologist (Psy.D/Ph.D) licensed pursuant to CRS 12-43-304.

Licensed Behavioral Health Practitioner means a provider who is advanced practice nurse licensed pursuant to CRS 12-38-111.5, physician/psychiatrist licensed pursuant to CRS 12-36-101, or physician assistant license pursuant to CRS 12-36-106.

Please describe:

- What actions have been taken to address network deficiencies,
- Whether any deficiencies were resolved during the past quarter and how, and
- What ongoing actions the RAE is implementing to address unresolved network deficiencies while supporting client access and mitigating problems.

1. Physical Health:

Rocky Mountain Health Plans (RMHP) offers a robust, diverse network of physical and behavioral health providers for our RAE and RAE Prime (Prime) Members, especially considering the rural/frontier nature of RAE Region 1. The Prime region is limited to Garfield, Gunnison, Mesa, Montrose, Pitkin, and Rio Blanco counties. Prime providers are indicated with a "Y" in the "Par PRIME" column within the spreadsheet report.

COLORADO
Department of Health Care
Policy & Financing

RAE Name: <u>Rocky Mountain Health Plans</u>   Region #_1_
Period Covered <u>July-September 2019</u> SFY <u>2019-2020, Q1</u>

For physical health, the only deficiencies identified this quarter are OB/GYN services in some rural and frontier areas. These deficiencies are a reflection of the lack of OB/GYN providers available within the desired time and distance ranges. RMHP strives to address deficiencies by identifying other providers that might be available even across state lines. For Members residing in Rangely (Rio Blanco County) and Dinosaur (Moffat County) there are OB/GYN providers available in Vernal, UT, however those providers are not enrolled with Health First Colorado. When contacted they expressed a lack of interest in enrolling due to the relatively small number of patients they would expect to gain in comparison to the effort involved. The patients in those counties typically access specialty services including OB/GYN in surrounding Colorado communities rather than traveling out of state. Similarly, for the other Members living in rural or frontier areas that are deficient in OB/GYN services (and where no other providers are available) the expected pattern of care is to travel to larger communities such as Montrose, Durango, or Gunnison to access services. Pagosa Springs (Archuleta County) was added as a time and distance deficiency this quarter, due to the loss of a provider from our network that was within the required time and distance parameters for this area. Lake City (Hinsdale County) was removed as a time and distance deficiency this quarter, due to the addition of OB/GYNs to the network. While the additional OB/GYNs are not located specifically in Lake City, they are located within the required time and distance parameters.

All RMHP RAE and Prime Members have access to telehealth services via a relationship we have with CareNow, a doc-on-demand telehealth platform. There are currently 12 doctors that are a part of the CareNow Provider Network, all of whom are ER physicians. With CareNow, RMHP RAE, Prime, and CHP+ Members have access to a doctor from their computer or mobile device at no cost. Members can message, share images, or video chat to get answers to their health questions.

Members can use CareNow when they:

- Feel sick or in pain, but it's not a life-threatening issue
- Have a minor injury
- Have general medical questions or want peace of mind
- Are not sure where to get care

CareNow doctors are available from 9am-9pm MDT, seven days a week.

Since CareNow Chat with a Doctor launched in March 2019, there have been 240 Member registrations and 135 encounters.

COLORADO
Department of Health Care
Policy & Financing

RAE Name: <u>Rocky Mountain Health Plans</u>   Region #_1_
Period Covered <u>July-September 2019</u>_SFY <u>2019-2020, Q1</u>

In addition to the CareNow foundational telehealth platform, RMHP is creating use cases to address specific member needs, which may also take place in specific locations. Examples include a school based telehealth program and a halfway house telehealth program. Another avenue RMHP is exploring is perinatal depression support for new and expectant moms, in collaboration with Nurse Family Partnership.

Regarding *practitioner to member ratios*, RMHP meets the standards in all areas.

Regarding *performance meeting timeliness standards*: on an annual basis, RMHP surveys RAE and Prime Members who have received primary care, specialty care or behavioral health services regarding their experience with timeliness of appointments.

In 2018, RMHP Quality Improvement and Provider Network Management staff conducted a thorough review of previous Patient Wait Time surveys and made significant adjustments in an effort to capture more meaningful and actionable data to guide intervention and improvement efforts. In 2018, RMHP sent surveys via postal mail to over 4,000 Members to derive a statistically valid sample size. The return rate of usable data was 11%. The majority of responses reflected that Members are having their appointment needs met in a timely manner. In 2019, RMHP's Provider Network Staff conducted Appointment Wait Time surveys via postal mail to a statistically valid sample size of 2,599 Members. The return rate of usable data remained at 11%. The majority of Member responses reflected that their appointment times continue to be met in a timely manner. In an effort to increase the response rate for 2020, RMHP is exploring the possibility of sending surveys on a quarterly basis.

Per our contract, RMHP continually strives to ensure that our provider network is sufficient so that services are provided to Members on a timely basis. To that end, RMHP uses a variety of means to educate providers about the various behavioral health and physical health appointment standards.

RMHP continues to collect data from our Provider Attributes survey project, e.g., providers who offer after-hours appointments to Medicaid Members, and who serve as a safe space for LGBTQ individuals. We have developed a database that will allow us to populate our print and online provider directories with the data collected, and are in the process of developing that connection.

2. Behavioral Health

ACC Network Adequacy Report

RAE Name: Rocky Mountain Health Plans_   Region #_1_
Period Covered July-September 2019_ SFY 2019-2020, Q1

There are no SUD provider deficiencies identified this quarter, because we were able to add 34 SUD providers to our network based on the latest Provider Attributes survey results. While there are no identified issues with contracted time and distance standards for behavioral health providers this quarter, RMHP is excited to offer behavioral health telehealth services through the CareNow platform, as an additional / alternative means of accessing care. CareNow behavioral health utilizes the network of Heart Centered Counseling providers. Over 130 providers in the Heart Centered Counseling network offer behavioral health focused telehealth services.

The goals of the use case are:

1. To offer individuals a new, easy-to-use access point for behavioral health care
2. To allow people's initial experiences with behavioral health to be positive ones, encouraging future use of behavioral health services
3. To have the chat be a lead-in to ongoing therapy that supports healing for the individual and cost savings for the health care system

Potential outcomes of the Member visits include:

1. Crisis intervention that leads to immediate relief or possible life saving measures
2. Emotional regulation for people experiencing challenging circumstances
3. Scheduling of future tele-mental health sessions for the client
4. Teaching brief but effective techniques to help the client cope with some immediacy
5. Instilling a sense of hope about the future

Since CareNow Chat with a Therapist launched in August 2019, there have been 52 Members registrations and 13 encounters.

Additional Information

Regarding the percentage of PCMPs accepting new Medicaid patients, as reported on the "Summary" tab of the Excel report, we note that while not all PCMP practices accept auto-assignments, many take new patients who contact them directly.

COLORADO
Department of Health Care
Policy & Financing

ACC Network Adequacy Report

RAE Name: Rocky Mountain Health Plans_   Region #_1_
Period Covered July-September 2019_ SFY 2019-2020, Q1

The following information is in response to the Department's feedback on our 7/31/19 Network Report:

- **Include how you are ensuring that PCMPs meet minimum standards listed in contract section (in addition to the Provider Attributes Survey, since this has not been completed by all PCMPs). Only 3% of PCMPs listed in the excel file are noted as providing after hours care. (RAE Contract section 9.2.1.10. / 9.2.2.)**

  - RMHP's provider contracts contain language on requirements to offer or have appropriate mechanisms in place to refer patients to after-hours care.
  - RMHP routinely shares information about urgent care options with Members and providers. Examples of outreach include articles in member and provider newsletters.
  - RMHP's Care Management team follows up with Members when they visit the ED.
  - Some of our PCMPs outreach to their patients to inform them of available urgent care options in their community. For example, Primary Care Partners outreaches to patients about the availability of their Docs On Call clinic.
  - RMHP tracks active PCMH recognition on the NCQA website to assist in informing us of which PCMPs have after hours/weekend hours (PCMH requirement).
  - RMHP assesses Tier 1 practices quarterly to ensure patients have 24/7 access to a care team practitioner with real-time access to the EMR.

- **Provide progress updates as to what RMHP is doing to address noted access issues (example, what if a member in Rangely needs to access an OB/GYN and doesn't have transportation; when is telemedicine an option? What is RMHP doing when ratios are high to ensure access?).**

  - RMHP's Care Management department manages access issues on a case-by-case basis to help the Member receive the care they need.
  - Our CareNow telehealth platform is typically most appropriate for primary care needs.
  - Telemedicine for specialty care is primarily used in our region for consultations between primary and specialty care providers.

COLORADO
Department of Health Care
Policy & Financing

ACC Network Adequacy Report

RAE Name: <u>Rocky Mountain Health Plans</u>   Region #<u>_1_</u>
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- The current Network Report template requires us to report ratios by the number of providers within a given county, instead of the number of providers within a reasonable proximity to the Member, which can cause the numbers to look higher than they should.
- Our Practice Transformation team promotes and educates our provider network on care compacts to promote appropriate usage of specialists in order to keep specialist schedules more available for needed care.