Provider Network Maintenance and Monitoring

Rocky Mountain Health Plans (RMHP) has a network that is supported by written agreements and is sufficient to meet the requirements for every Member's access to care to:

- Serve all primary care and care coordination needs;

- Serve all behavioral health needs; and

- Allow for adequate Member choice among providers.

In establishing and maintaining our network of providers, RMHP endeavors to provide care within a reasonable travel time and distance to Members. To achieve this, in the RMHP Regional Accountable Entity (RAE) service area, RMHP strives to contract with all available acute care hospitals, Primary Care Medical Providers (PCMPs), behavioral health providers, specialists and sub-specialists who meet RMHP's credentialing and quality standards. RMHP evaluates caseload for providers, pursuant to documented standards for appropriateness.

In many communities, and particularly in rural areas, RMHP's philosophy is to contract with all available PCMPs, pharmacies, Essential Community Providers (ECPs), behavioral health providers and hospitals *that meet RMHP's credentialing and quality standards*. This inclusive concept leads to high provider participation levels in most of RAE Region 1, thereby resulting in a large enough provider base to ensure accessibility, Member choice and a comprehensive range of services. When feasible, contracts are negotiated with ancillary providers that have multiple statewide locations to ensure coverage to all service areas.

RMHP provides access to care for all Members in need of medically necessary covered mental health and substance use disorder services in accordance with 10 CCR 2505-10 8.076.1.8. RMHP maintains and monitors an inclusive and diverse statewide behavioral health provider network. The network provides sufficient access to all covered behavioral health services for Members across all ages, levels of ability, gender and cultural identities, including those with limited English proficiency.

RMHP credentials and contracts with behavioral health providers to promote a broad and inclusive network that supports Member choice while delivering high quality care. This network includes the essential Community Mental Health Centers (CMHCs) and other high-quality independent providers. The RMHP behavioral health network includes CMHCs, behavioral health facilities and independent providers beyond the Accountable Care Collaborative (ACC) Region 1 boundaries. RMHP has developed partnerships with other provider service organizations such as the Managed Service Organizations (MSOs) for Substance Use Disorder (SUD) treatment to help serve as a connector to services that fall outside of the Capitated Behavioral Health Benefit. RMHP is also developing network capacity to manage the forthcoming inpatient and residential SUD treatment benefit. This helps to promote Member choice, accommodate Members seeking care in other regions and solve for gaps in treatment services or any potential network access standard deficiencies.

Ensuring Accurate Provider Information Is Available to Members

RMHP ensures that accurate provider information is available to Members through a quarterly information review process. RMHP's Provider Network Management (PNM) staff distributes mailings to providers asking them to visit rmhp.org to ensure all information is correct. RMHP asks providers to sign and return an attestation form and to update any incorrect information via a Provider Update form. In 2019, RMHP began tracking all returned forms by provider name/group to identify non-responsive providers for follow-up. Additionally, RMHP utilizes the services of a third party vendor to do direct outreach to PCMP practices for the same purpose.

RMHP also conducts a quarterly provider attributes process. Through this process, RMHP sends PCMPs, behavioral health providers and Prime specialists a provider demographic tool to complete and return to RMHP to help capture relevant and up-to-date demographic information for Members. Examples of survey questions include languages spoken, cultural competency trainings taken, and whether a provider is a Safe Space Provider for Members who identify as lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ). RMHP uses the information collected from the demographic tools to populate our network directories, provide up-to-date information to Members who contact us via our OneCall Center, and enable our care coordinators to connect Members with appropriate care. In addition, RMHP uses this information to update the data on the Provider Information File that is used for the Health First Colorado Enrollment website's provider directory. RMHP adds questions to the demographic tool as needs arise. Most recently, RMHP added a question about telehealth services in response to the increased interest in and adoption of telehealth prompted by the COVID-19 pandemic.

Making Accurate and Timely Provider Information Available to Members

During the RMHP RAE enrollment process, RMHP provides new RAE Members with information on how to access the most up-to-date list of providers. The provider directory is available on RMHP's website, at rmhp.org -> **Find a Provider**. RMHP updates the online provider search tool weekly. Members are also able to download PDF versions of the directories from the RMHP website and can request a printed copy by contacting the RMHP OneCall Center. The directories are also available to providers for their use in directing the Member to in-network specialty care and behavioral health care.

RMHP's directories includes the following information:

- Name, address, telephone and website
- Ability to provide physical access, reasonable accommodations, and accessible equipment
- Capacity to accept new Medicaid Members
- Cultural and language expertise (including ASL)

RMHP does not include office hour information on the directories at this time. RMHP is collecting this data through the provider attributes survey process and developing a database that will use the data collected to populate our print and online provider directories.

Calculating and Monitoring Access to Care Metrics

RMHP uses Quest Analytics software to calculate time/distance results, ratios, timeliness standards and other access to care metrics, including the geographic location of providers in relationship to where Medicaid Members live. RMHP has attached current network provider counts as Appendix A and current Network Analysis reports as Appendix B.

Target Provider to Member Ratios
RMHP's Network Advisory Council (NAC) reviews the RMHP network for sufficient numbers and types of practitioners who provide primary care, behavioral health care and specialty care to meet the needs of Members, and confirms that RMHP has mechanisms in place for Members to access primary care, behavioral health care and specialty care.
- Adult primary care providers: One (1) practitioner per eighteen hundred (1,800) adult Members
- Mid-level adult primary care providers: One (1) practitioner per twelve hundred (1,200) adult Members
- Pediatric primary care providers: One (1) PCMP Provider per eighteen hundred (1,800) child Members
- Adult mental health providers: One (1) practitioner per eighteen hundred (1,800) adult Members
- Pediatric mental health providers: One (1) practitioner per eighteen hundred (1,800) child Members
- Substance use disorder providers: One (1) practitioner per eighteen hundred (1,800) Members

RMHP maintains criteria regarding access to appropriate practitioner care. The following are geographic and temporal goals used to evaluate access to care.

PCMP Network Time and Distance Standards

Required Providers	Urban County		Rural County		Frontier County	
	Maximum Time (minutes)	Maximum Distance (miles)	Maximum Time (minutes)	Maximum Distance (miles)	Maximum Time (minutes)	Maximum Distance (miles)
Adult Primary Care Providers	30	30	45	45	60	60
Pediatric Primary Care Providers	30	30	45	45	60	60
Gynecology, OB/GYN	30	30	45	45	60	60

Additional Prime Network Time and Distance Standards

Required Providers	Urban County		Rural County		Frontier County	
	Maximum Time (minutes)	Maximum Distance (miles)	Maximum Time (minutes)	Maximum Distance (miles)	Maximum Time (minutes)	Maximum Distance (miles)
Adult Specialists	30	30	60	60	100	100
Pediatric Specialists	30	30	60	60	100	100
Hospitals (acute care)	20	20	30	30	60	60
Pharmacy	10	10	30	30	60	60

RMHP's goal is to provide access to services to the extent such services are relatively available based on location, number and types of providers, cost and suitability of care, RMHP's credentialing requirement and considering usual travel patterns within the community. For any urban areas, RMHP works to provide each Member a choice of at least two (2) PCMPs within their zip code or within the maximum distance for their county classification. Each goal, criteria and ratio described herein is only a goal and not a binding standard. RMHP uses Quest Analytics software to measure the distance between the Members and the providers in the region.

Additional availability criteria for appointment and wait times are as follows. RMHP monitors these goals through interdepartmental activities that the NAC reviews and evaluates. RMHP's PNM department will follow-up on any actions identified as necessary by the NAC.

Emergency/Urgent Care
- Immediate access to emergency/life and limb-threatening medical and behavioral health care 24 hours a day, 7 days a week.
- Access to urgent medical care appointments within 24 hours of request made to the provider.

Non-Urgent Symptomatic Care Appointment
Access to non-urgent symptomatic (acute) care within 7 days of request.

Non-Symptomatic Routine and Preventive Well-Care Appointment
Access for adult non-symptomatic well care physical examinations within one (1) month after the request; unless an appointment is required sooner to ensure the provision of screenings in accordance with the Department of Health Care Policy and Financing's (the Department) accepted Early and Periodic Screening, Diagnostic and Treatment (EPSDT) schedules.

Behavioral Health Network Availability (Timeliness) & Access (Geographic Distribution)

RMHP maintains criteria regarding access to appropriate practitioner care. The following are geographic and temporal goals used to evaluate access to care:

Behavioral Health Network Time and Distance Standards

Required Providers	Urban County		Rural County		Frontier County	
	Maximum Time (minutes)	Maximum Distance (miles)	Maximum Time (minutes)	Maximum Distance (miles)	Maximum Time (minutes)	Maximum Distance (miles
Hospitals (acute care)	20	20	30	30	60	60
Psychiatrists and other psychiatric prescribers, for adults	30	30	60	60	90	90
Psychiatrists and other psychiatric prescribers; serving children	30	30	60	60	90	90
Mental Health Provider; serving adults	30	30	60	60	90	90
Mental Health Provider; serving children	30	30	60	60	90	90
Substance Use Disorder Provider; serving adults	30	30	60	60	90	90
Substance Use Disorder Provider; serving children	30	30	60	60	90	90

RMHP's goal is to provide access to behavioral health services to the extent such services are available based on location, number and types of providers, cost and suitability of care, RMHP's credentialing requirement and consideration of usual travel patterns within the community. In urban areas, RMHP works to provide each Member a choice of at least two (2) Behavioral Health Providers within their zip code or within the maximum distance for their county classification. Each goal, criteria and ratio described herein is only a goal and not a binding standard. RMHP uses Quest Analytics software to measure the distance between the Members and the providers in the region. Please refer to the RAE and Prime Network Analysis reports attached to this report.

Emergency Behavioral Health Care
Access to emergency behavioral health care by phone within fifteen (15) minutes after the initial contact, including TTY accessibility; in person within one (1) hour of contact in urban and suburban areas, in person within two (2) hours after contact in Rural and Frontier areas.

Non-urgent, Symptomatic Behavioral Health Services
Access to non-urgent, symptomatic behavioral health services within seven (7) days after a Member's request; a behavioral health intake appointment is <u>not</u> considered to be a treatment appointment for non-urgent, symptomatic care. Additionally, Members may not be placed on waiting lists for initial routine Behavioral Health (BH) services.

Behavioral Health Providers Accepting Mental Health Certifications

Region 1	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*
369	430	534	205	1	345	145

RMHP contracts with all of the Community Mental Health Centers (CMHCs) in Region 1. In the event that other providers in Region 1 that accept mental health certifications become available, RMHP will work with the provider to participate or enter into Single Case Agreements as needed. RMHP is also able to enter into SCAs with providers outside our region as needed.

Meeting the Needs of Region 1's Member Population

Accessing Services Not Covered by RMHP
RMHP assists Members with accessing services covered by Health First Colorado and not offered by RMHP. Member materials provide information on how to contact RMHP. Enrollees must pay for services that are not covered by RMHP and Health First Colorado. RMHP explains this information in the *Member Handbook*. The county health departments in our region have information on programs such as transportation, supplemental food programs for children and pregnant women, and dental care. These services are not covered by RMHP, but providers or Members can find out more about them by calling the RMHP OneCall Center (888-282-8801) or contacting their Care Coordinator.

Members Diagnosed with Substance Use Disorders
RMHP has developed a unique system of episodic payments to improve the provision of substance use disorder (SUD) treatment in the Prime counties. Currently, two large, multi-provider advanced primary care clinics are participating in this program. In these clinics, Members can receive high-quality primary care, including medication-assisted treatment (MAT), and behavioral health care in an integrated setting. If Members need a higher level of care, RMHP is developing a process that coordinates high-quality transitions between office-based opioid and alcohol dependency treatment and an external therapy-based program for substance use disorders. In addition to the payment pilot, a number of clinics offer MAT in the Prime counties.

In addition, RMHP has developed a specialty opioid treatment infrastructure. RMHP's network features eight centers that provide services as Opioid Treatment Providers (OTPs) capable of treating Members with opioid use disorder. For rural members, RMHP collaborates with addiction specialists to provide SUD treatment by telemedicine.

Moreover, RMHP is participating in Department-led workgroups around the expansion of the SUD benefit. We are engaged in both the SUD treatment capacity-building workgroup as well as the SUD Implementation workgroup, working alongside the Department, other RAEs and Managed Service Organization. Internally, RMHP is expanding our network of SUD providers including residential and inpatient facilities as well as other forms of recovery and treatment services.

Members Living with Physical Disabilities or Needing Reasonable Accommodation

When available, RMHP publishes information about a providers' ability to support Members needing reasonable accommodation, adapted physical access or special equipment in its Provider Directory. Members who are hard of hearing may dial 711 to access Relay Colorado services. RMHP has also adopted standards for transacting business with Members who are unable to communicate to make decisions on their own behalf. Appropriate family members or legal guardians are identified and included in Member enrollment and care decisions.

All RMHP buildings meet accessibility standards for people with disabilities such as parking spaces, ramps, doorways, elevator accessibility to all floors in our offices, and Braille signs. RMHP is developing a plan to monitor physical access for people with disabilities at our PCMP provider locations through office assessments. At the current time, RMHP asks PCMPs to self-report this information via the quarterly provider attributes survey process and results are published in RMHP's provider directories.

In the community, RMHP Care Coordinators work closely with Members who may need physical or other reasonable accommodation. Care Coordinators are available to attend provider appointments at the request of the Member and can identify the resources available in the community to support accommodation. RMHP offers alternative PCMP practice locations that meet the Americans with Disabilities Act of 1990 (ADA) access standards and communication standards based upon Member need.

Members with Complex Medical and Social Needs

RMHP addresses the needs of Members with complex medical, behavioral and social needs in a number of ways. RMHP customer service representatives make at least two attempts for outbound welcome calls to all new Medicaid Members, at which time they inquire about special needs or chronic conditions. If the Member indicates a need, the Representative will refer the Member to Care Coordination for further assessment of needs and connection to care.

Additionally, RMHP Care Coordination staff receives referrals from providers and other community organizations. RMHP receives real time hospital admission, discharge, transfer (ADT) and emergency department (ED) visit data. RMHP uses this data to connect with Members admitted to a facility or the ED to ensure that Members have the information and resources needed for an appropriate transition of care. RMHP has a software platform that allows for shared documentation among care coordinators, including community based care coordination teams. This software also assists care coordinators in follow-up with engaged Members. The RMHP *ACC RAE Population Health Management Strategic Plan* provides an overview of RMHP's Care Coordination processes for Members with needs ranging from preventive care reminders to those with complex needs.

RMHP's community based care coordination team model with community anchor organizations allows for close connection to community based services to support the unique medical, behavioral health and

social needs of all Members. Local care coordinators perform outreach and build relationships with community-based providers in order to facilitate warm hand-off referrals.

Members with Limited English Proficiency and Illiteracy
In an effort to meet non-English speaking Members' needs, RMHP has identified health care providers who speak languages other than English, including American Sign Language. When available, RMHP publishes the cultural and language expertise of providers in its Provider Directory. When direct interaction with a bilingual health care provider is not possible, RMHP provides access to a language line with translators representing multiple languages available.

For Deaf members whose primary language is American Sign Language (ASL), the [Rural Interpreting Services Project (RISP) Pilo](#)t provides qualified ASL interpreters for individuals who are deaf, hard of hearing, or deafblind in rural areas of Colorado at no cost to consumers or service providers. Interpreting services are available for a variety of needs, including physical, dental and behavioral health services. Some areas outside of the Front Range (including Grand Junction and Pueblo) are included in RISP. RMHP provides information on RISP to providers through a variety of methods, including the RAE Resource Guide.

RMHP translates all Member materials into Spanish. Additionally, RMHP arranges to provide written interpretations of its Member materials as requested by Members for any foreign language. Spanish speaking customer service representatives or translation services are available to assist Spanish-speaking Members either by phone or in person. RMHP develops Members materials at an appropriate reading level and makes them available verbally for Members with low literacy ability. In the community, RMHP has initiated a Voice of the Consumer Latino Initiatives project to better understand how bilingual and monolingual Spanish speaking Members navigate the healthcare system and community resources and find solutions to the barriers they experience.

Members with Special Needs
Additionally, new Health First Colorado enrollees with special needs may continue to receive services from a non-plan provider for sixty (60) days from the date of enrollment with RMHP. The enrollee must be engaged in an ongoing course of treatment with the previous provider (who must also agree to the terms specified in Section 26-4-117, C.R.S.   Persons with special health care needs as defined by 10 CCR 2505-10, section 8.205.9, who use specialists frequently for their health care may maintain the specialist as their PCMP or have access without referral to specialists for the needed care. The terms and conditions, including reimbursement rates, shall remain the same as prior to enrollment if the provider and enrollee agree to work in good faith with RMHP toward a transition.

Member Transitions of Care
RMHP has worked successfully with other RAEs to coordinate care when a RAE Member is transitioning to Region 1 or to another Region (from Region 1). RMHP regularly receives alerts and referrals from other RAEs, the Department, Department of Human Services and other entities when a Health First Colorado Member is transitioning to Region 1. When an alert is received, RMHP Care Coordination is notified and the Member or referring party is outreached to assess needs and establish appropriate care. If the Member is receiving care from a Behavioral Health Provider not contracted with RMHP, RMHP does one or all of the following: 1) attempts to contract with the Provider; 2) creates a single case agreement with the provider; 3) finds another provider to deliver care to the Member. When a Member assigned to Region 1 is identified as being assigned to another RAE, RMHP notifies the RAE to whom the Member is assigned and provides necessary information to support continuity of care. RMHP has outreached to other RAEs to develop formal policies and procedures for continuity of care and will update the Department as

these are developed and implemented. Additionally, RMHP has a system in place for monitoring panel size in our Provider Network and will recruit providers as necessary to assure adequate access to all covered services.

Soliciting Feedback from Members

RMHP routinely solicits feedback from Members to determine whether the provider network is meeting their needs through forums including Member Advisory Council meetings and focus groups. In summer 2019. RMHP and the Colorado Cross-Disability Coalition (CCDC) facilitated behavioral health focus groups for Members and providers throughout the region. CCDC issued a report to RMHP with recommendations for behavioral health changes in both the regular Medicaid and crisis programs. On behalf of RMHP, PDF Consulting conducted a year-long project to engage underserved Latino communities in RAE Region 1 and explore issues related to the prevention and treatment of behavioral health among Spanish-speaking Latino families with children ages 12-17. The project involved engaging with and learning from key informant interviews with community leaders and focus groups with Latino parents and children ages 12-17. PDF Consulting published a comprehensive report of findings for RMHP's use and dissemination. The findings have been discussed in various forums including the RMHP Member Experience Advisory Committee.

Telehealth Expansion

Telehealth can be especially valuable in rural and frontier areas such as RAE Region 1 by delivering care based on the preference of the Member and/or eliminating the need for Members to travel. RMHP is committed to the expansion of telehealth as a means of enhancing access to care for Members. RMHP supports providers with utilizing telehealth and has developed a Telehealth Toolkit designed to assist practices in either beginning or sustaining telehealth. In addition, RMHP offers RAE, Prime, Child Health Plan *Plus* (CHP+) and Medicare Members access to an on-demand telehealth platform called CareNow at no cost. As telehealth adoption and policy continue to evolve, RMHP is committed to enhancing the experience for Members and providers. As one example, RMHP is creating connectivity between our on-demand telehealth platform, CareNow and the Members' primary care medical home through our Health Information Exchange (HIE) partner, Quality Health Network (QHN).

Women's Health

Female Prime Members have access, without referral, to a women's health specialist within the network for covered care necessary to provide women's routine and preventive health care services. This is in addition to the Member's designated source of primary care if that source is not a women's health care specialist. New enrollees who are in their second or third trimester of pregnancy may continue to see their practitioner until the completion of post-partum care directly related to the delivery only if the practitioner agrees to terms as specified in Section 26-4-117, C.R.S. The terms and conditions, including reimbursement rates, shall remain the same as prior to enrollment if the provider and enrollee agree to work in good faith with RMHP toward a transition.

Conclusion

RMHP ensures network adequacy by maintaining and monitoring a network of appropriate providers – including an inclusive and diverse statewide behavioral health network – that meets the unique needs of the region's Member population. RMHP provides accurate and timely provider information to Members and monitors access to care through a variety of metrics and methods. In addition, RMHP continually solicits feedback on network adequacy from Members to identify and address areas for improvement.

Appendix A: RMHP Network Provider Counts as of July 2020

RAE Physical Health Network	
Provider Type	*Number of Providers*
Adult Primary Care providers	478
Pediatric Primary Care providers	505
OB/GYN providers	278
Family Planning providers	464

RAE Statewide Behavioral Health Network							
Provider Type	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*
SUD providers	143	35	55	44	10	67	15
Psychiatrists	121	36	136	31	16	51	36
Adult Mental Health providers	1171	360	607	223	138	560	205
Pediatric Mental Health providers	1047	562	536	221	135	555	205
Providers Accepting Mental Health Certifications	369	430	534	205	1	345	145

RAE Provider Network	
Providers with After Hours Appointments	239
Providers with Weekend Appointments	152

RAE Providers Open to New Medicaid Patients	
Provider Type	*Number of Providers*
Adult Primary Care providers	401
Pediatric Primary Care providers	435
OB/GYN providers	269
Family Planning providers	355
SUD providers	141
Psychiatrists	112
Adult Mental Health providers	1171
Pediatric Mental Health providers	1047

Appendix A: RMHP Network Provider Counts as of July 2020

SUD Providers	
County	**Provider Count**
Archuleta	4
Delta	1
Dolores	0
Eagle	4
Garfield	5
Grand	3
Gunnison	4
Hinsdale	0
Jackson	0
La Plata	9
Larimer	43
Mesa	40
Moffat	2
Montezuma	2
Montrose	14
Ouray	1
Pitkin	1
Rio Blanco	1
Routt	4
San Juan	0
San Miguel	0
Summit	5
Total	**143**

Appendix A: RMHP Network Provider Counts as of July 2020

Psychiatrists	
County	**Provider Count**
Archuleta	1
Delta	1
Dolores	0
Eagle	3
Garfield	4
Grand	0
Gunnison	1
Hinsdale	0
Jackson	0
La Plata	1
Larimer	52
Mesa	34
Moffat	4
Montezuma	1
Montrose	6
Ouray	0
Pitkin	1
Rio Blanco	0
Routt	1
San Juan	0
San Miguel	1
Summit	1
Total	**112**

Appendix A: RMHP Network Provider Counts as of July 2020

Adult Mental Health Providers	
County	**Provider Count**
Archuleta	26
Delta	27
Dolores	1
Eagle	22
Garfield	34
Grand	8
Gunnison	17
Hinsdale	1
Jackson	1
La Plata	76
Larimer	543
Mesa	211
Moffat	10
Montezuma	35
Montrose	75
Ouray	6
Pitkin	9
Rio Blanco	5
Routt	24
San Juan	0
San Miguel	11
Summit	29
Total	**1,171**

Appendix A: RMHP Network Provider Counts as of July 2020

Pediatric Mental Health Providers	
County	**Provider Count**
Archuleta	24
Delta	26
Dolores	1
Eagle	22
Garfield	34
Grand	7
Gunnison	16
Hinsdale	1
Jackson	1
La Plata	75
Larimer	489
Mesa	169
Moffat	10
Montezuma	39
Montrose	66
Ouray	5
Pitkin	8
Rio Blanco	3
Routt	18
San Juan	0
San Miguel	11
Summit	22
Total	**1,047**

RMHP Prime Overall Network	
Number of Providers	*Provider Type*
287	Adult Primary Care providers
273	Pediatric Primary Care providers
121	OB/GYN providers
274	Family Planning providers
2	Gerontology providers
37	Internal Medicine providers
263	Physician Specialists

Appendix A: RMHP Network Provider Counts as of July 2020

RMHP Prime Providers Accepting New Medicaid Patients	
Number of Providers	*Provider Type*
210	Adult Primary Care providers
203	Pediatric Primary Care providers
119	OB/GYN providers
212	Family Planning providers
1	Gerontology providers
29	Internal Medicine providers
263	Physician Specialists