COLORADO
Department of Health Care Policy & Financing

FY 2019–2020 Network Adequacy Quarterly Report Template

Managed Care Entity: *Rocky Mountain Health Plans*

Line of Business: *RAE*

Contract Number: *19-107507*

Contact Name: *Nicole Konkoly*

Report Submitted by: *Kendra Peters*

Report Submitted on: *05/07/2020*

Report due by 4/30/2020, covering the MCE's network from 1/1/2020 – 3/31/2020, FY Q3

—Final Copy—

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1. Instructions for Using the Network Adequacy Quarterly Report Template

This document contains a standardized template for use by all Colorado Medicaid or CHP+ Managed Care Entities (MCEs) for quarterly Network Adequacy (NA) reporting to the Colorado Department of Health Care Policy and Financing (HCPF). Each MCE should generate one quarterly NA report for each applicable line of business (i.e., CHP+ MCO, Medicaid MCO, and RAE); the report shall contain template elements applicable to the line of business. Network categories required for quarterly reporting are defined in the fiscal year (FY) 2019-20 Network Adequacy Crosswalk Definitions (December 4, 2019 version).

The practitioners, practice sites, and entities included in the quarterly NA report will include ordering, referring, and servicing contractors that provide care through a Colorado Medicaid or CHP+ MCE. To ensure consistent data collection across MCEs, each MCE must use this HCPF-approved report template (MS Word and MS Excel templates) to present the MCE's quarterly NA report and data for the corresponding practitioners, practice sites, and entities. Report due dates will align with those outlined in the MCE's contract, unless otherwise stated.

Fiscal Year Quarter Reported	Months Included in the Report
FY 2019-20 Q2	October, November, December
FY 2019-20 Q3	January, February, March
FY 2019-20 Q4	April, May, June
FY 2020-21 Q1	July, August, September

Definitions

- "MS Excel template" refers to the *CO2019-20_Network Adequacy_Quarterly Report Excel Template_F1_0320* spreadsheet.
- "MS Word template" refers to the *CO2019-20_Network Adequacy_Quarterly Report Word Template_F1_0320* document.
- Use the Colorado county designations from the Colorado Rural Health Center to define a county as urban, rural, or frontier; the most recent county-level map is available at the following website:
  - https://coruralhealth.org/resources/maps-resource
  - Note: Urban counties with rural areas (e.g., Larimer County) should be reported with the rural counties and use rural time/distance standards.
- A "practice site" or "practice" refers to a physical healthcare facility at which the healthcare service is performed.
- A "practitioner" refers to an individual that personally performs the healthcare service, excluding single case agreement (SCA) practitioners.

- An "entity" refers to a facility-level healthcare service location (e.g., hospital, pharmacy, imaging service facility, and/or laboratory).

Report Instructions

Each MCE should use this template to generate one quarterly NA report for each applicable line of business (i.e., CHP+ MCO, Medicaid MCO, and RAE); the report shall contain template elements applicable to the line of business.

This report template contains a comprehensive list of NA requirements for the CHP+ MCO, Medicaid MCO, and RAE lines of business. Each table in this MS Word document contains a header row which confirms the applicable line(s) of business for each response. The table below shows expected network categories by MCE type. The accompanying MS Excel spreadsheet contains tabs in which network data can be imported (e.g., member counts, ratio results, time/distance calculation results).

Network Category	CHP+ MCO	Medicaid MCO	RAE
Facilities (Entities) (*Hospitals, Pharmacies, Imaging Services, Laboratories*)	X	X	
Prenatal Care and Women's Health Services	X	X	X
Primary Care Providers (PCPs)	X	X	X
Physical Health Specialists	X	X	
Behavioral Health Specialists	X		X
Ancillary Physical Health Services (*Audiology, Optometry, Podiatry, Occupational/Physical/Speech Therapy*)	X	X	

Questions

- Contact the MCE's Department contract manager or specialist for data submission instructions and assistance with questions or access to HCPF's FTP site.

2. Network Adequacy

Establishing and Maintaining the MCE Network

Supporting contract reference: The MCE shall maintain a network that is sufficient in numbers and types of practitioners/practice sites to assure that all covered services to members will be accessible without unreasonable delay. The MCE shall demonstrate that it has the capacity to serve the expected enrollment in that service area.

- To count members, include each unique member enrolled with the MCE and line of business as of the last day of the measurement period (e.g., March 31, 2020, for the quarterly report due to the Department on April 30, 2020).
- To count practitioners/practice sites:
  - Include each unique practitioner/practice sites contracted with the MCE and line of business as of the last day of the measurement period (e.g., March 31, 2020, for the quarterly report due to the Department on April 30, 2020).
  - Define unique individual practitioners using Medicaid ID; a practitioner serving multiple locations should only be counted once for the count of practitioners and ratio calculations.

Define unique practice sites by de-duplicating records by location, such that a single record is shown for each physical location without regard to the number of individual practitioners at the location.

Table 1A-Establishing and Maintaining the MCE Network: Primary Care/PCMP Data

Requirement	Previous Quarter		Current Quarter	
	Number	Percent	Number	Percent
Sample	*0*	*0.0%*	*0*	*0.0%*
CHP+ MCO, Medicaid MCO, RAE				
Total members	131,282	N/A	132,601	N/A
Total primary care practitioners/PCMP practice sites	608	N/A	609	N/A
Primary care practitioners/PCMP practice sites accepting new members	589	97%	590	97%
Primary care practitioners/PCMP practice sites offering after-hours appointments	17	2.8%	17	2.8%
New primary care practitioners/PCMP practice sites contracted during the quarter	16	2.6%	3	0.5%
Primary care practitioners/PCMP practice sites that closed or left the MCE's network during the quarter	13	2.1%	5	0.8%

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Table 1B-Establishing and Maintaining the MCE Network: Primary Care/PCMP Discussion

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of primary care practitioners/PCMP practice sites to assure that all covered services will be accessible to members without unreasonable delay.
CHP+ MCO, Medicaid MCO, RAE
RMHP offers a robust, diverse network of primary care providers for our RAE Members, especially considering the rural/frontier nature of the RAE service area. Due to the composition of the RAE service area, with all 22 counties designated as rural or frontier, there are fewer specialized providers practicing in the area as compared to urban areas. As an example, while many providers in the area serve both adult and pediatric populations, they often do not identify themselves to be a "pediatric provider", and are thus not categorized as such. There are relatively few practices in the region that are solely considered to be pediatrics, but RMHP includes virtually all of those we are aware of in our network. Provider shortages in the region are documented through federally designated Health Professional Shortage Area (HPSA) maps. 10 counties in the RAE service area – Delta, Gunnison, Jackson, Lake, La Plata, Mesa, Montezuma, Montrose, Ouray and Rio Blanco – are designated as low-income population HPSAs for primary care and 8 counties – Archuleta, Dolores, Grand, Moffat, Montrose, Routt, San Juan and San Miguel – are designated as geographic HPSAs for primary care. In addition, all 22 counties in the RAE service area are designated as geographic HPSAs for mental health.

Table 2A-Establishing and Maintaining the MCE Network: Behavioral Health Data

Requirement	Previous Quarter		Current Quarter	
	Number	Percent	Number	Percent
Sample	*0*	*0.0%*	*0*	*0.0%*
CHP+ MCO, Medicaid MCO, RAE				
Total members	131,282	N/A	132,601	N/A
Total behavioral health practitioners	2,366	N/A	2,912	N/A
Behavioral health practitioners accepting new members	2,357	99%	2,899	99.6%
Behavioral health practitioners offering after-hours appointments	186	0.1%	211	7.3%

Table 2B-Establishing and Maintaining the MCE Network: Behavioral Health Discussion

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of behavioral health practitioners to assure that all covered services will be accessible to members without unreasonable delay.
CHP+ MCO, Medicaid MCO, RAE
RMHP has been very successful providing a very robust RAE Behavioral Health network in the region. Difficulties do exist in that the entirety of region 1 is either rural or frontier in nature and do not have an abundance of more specialized providers practicing in the area. Most noteworthy is that there are only two counties with acute care psychiatric facilities in the region. Another common challenge is while many providers in the area serve both adult and pediatric populations, they do not consider themselves to be pediatric specialist, thus are not always listed as such. Generally, there are few Child Psychiatrists in the Region. Mesa County tends to be the catchment areas for the Western portion of the region, and Larimer County clients have relatively easy access to providers in the Denver Metro area in the event services are not available in Larimer County. RMHP does contract with many providers outside of region 1, and does enter into single case agreements with providers outside of our network when warranted.

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Table 3A-Establishing and Maintaining the MCE Network: Specialty Care Data

Requirement	Previous Quarter		Current Quarter	
	Number	Percent	Number	Percent
Sample	*0*	*0.0%*	*0*	*0.0%*
CHP+ MCO, Medicaid MCO				
Total members		N/A		N/A
Total specialty care practitioners		N/A		N/A
Specialty care practitioners accepting new members				
Specialty care practitioners offering after-hours appointments				
New specialty care practitioners contracted during the quarter				
Specialty care practitioners that closed or left the MCE's network during the quarter				

Table 3B-Establishing and Maintaining the MCE Network: Specialty Care Discussion

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of specialty care practitioners to assure that all covered services will be accessible to members without unreasonable delay.
CHP+ MCO, Medicaid MCO
N/A

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Categories Included in Network

Supporting contract reference: The MCE shall ensure that its contracted networks are capable of serving all members, including contracting with practitioners/practice sites/entities with specialized training and expertise across all ages, levels of ability, gender identities, and cultural identities.

Table 4A-Categories in Network: Discussion

Describe barriers affecting the MCE's ability to serve all members, including, but not limited to, contracting with practitioners/practice sites/entities with specialized training and expertise across all ages, levels of ability, gender identities, and cultural identities.
CHP+ MCO, Medicaid MCO, RAE
There are minimal barriers to RMHP's ability to serve all members. The most noteworthy barrier is simply associated with the limited number of providers of some types in some portions of the service area. In cases where driving distance and ratio standards are met there may be a limited amount of choice of providers with more specialized training for a given patients' needs. RMHP surveys providers on a regular basis on specific information about their practice such as specialized training and abilities for different populations, and lists these in our directory information where available. Given the rural and frontier nature of the Region 1 service area, many providers do not have specific focuses in regards to populations served, and simply serve all populations. RMHP case managers do facilitate access to care to providers outside patients communities when necessary, including access to provider outside the region or the RMHP network.

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Access for Special Populations

Supporting contract reference: The MCE shall have the ability to meet the needs of members in special populations. When establishing and maintaining its networks, MCEs shall take the following into consideration: members access to transportation and whether the location provides physical access and accessible equipment for members with disabilities. The MCE shall have the ability to meet the needs of members with limited English proficiency.

Table 5-Access for Special Populations: Discussion

Describe the methods used by the MCE to count practitioners/practice sites/entities as having physical access and/or accessible equipment, focusing on updates that have occurred during the current reporting period. This discussion should reflect information about ongoing monitoring activities, rather than policies and procedures.
CHP+ MCO, Medicaid MCO, RAE
RMHP regularly surveys providers to capture this information, along with other important practice details. The survey specifically asks whether the practice has accessible buildings, exam rooms, and medical equipment. The survey also asks whether providers have completed Disability Competent Care and/or Cultural Competency training. RMHP recently implemented a new database system to assist in our tracking and reporting of these provider-reported capabilities and lists this information in our provider directories where available.

3. Network Changes and Deficiencies

Network Changes

Supporting contract reference: The MCE shall report in writing to the Department, all changes in MCE Networks related to quality of care, competence, or professional conduct.

Table 6-Network Changes: Discussion

If the MCE experienced a positive or negative change in its network related to quality of care, competence, or professional conduct, describe the change and state whether the MCE notified the Department, in writing, within ten (10) business days of the change. **Note: If the MCE experienced a deficiency in the quarter prior to the measurement period, the MCE's response should include a description of the actions taken by the MCE to address the deficiency.**
CHP+ MCO, Medicaid MCO, RAE
There have been no significant changes of this nature since our last reporting.

Table 7-CHP+ MCO Network Volume Changes and Notification: Discussion

If the MCE experienced at least a five percent (5%) increase or decrease in its network in a thirty (30) calendar day period, describe the change and answer the following questions: **Did the MCE notify the Department, in writing, within ten (10) business days of the change?** **Was the change due to a practitioner/practice site/entity's request to withdraw; was the change due to the MCE's activities to obtain or retain NCQA accreditation?** **Was the change due to a practitioner/practice site/entity's failure to receive credentialing or re-credentialing from the MCE?**
CHP+ MCO
N/A

interChange Policies

Supporting contract reference: The MCE shall employ measures to help ensure that the MCE and all of their contracted, ordering or referring physicians or other professionals providing services under the State plan are enrolled in the *interChange* as a participating practitioner/practice site/entity.

- Retroactively enrolled or practitioners/practice sites/entities with a pending contract status are not available to offer services and should be excluded from this discussion.

Table 8-CHP+ MCO *interChange* Policies: Discussion

1. Does the MCE employ measures to help ensure all contracted, ordering, or referring physicians or other professionals providing services under the State plan are enrolled in the *interChange* as a participating practitioner/practice site/entity? **2. Did the MCE have a health care practitioner/practice site/entity that was no longer identified as a participating practitioner/practice site/entity in the *interChange*?** **If the MCE answered "yes" to Requirement 2 above, did the MCE terminate its health care practitioner/practice site/entity contracts for provision of services to members with contracted practitioner/practice site/entity?**
CHP+ MCO
N/A

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Inadequate Network Policies

Supporting contract reference: If the MCE fails to maintain an adequate network that provides Members with access to PCPs within a county in the MCE's Service Area, the Department may designate that county as a mixed county for the purpose of offering the option of an HMO or the State's self-funded network to eligible Members by providing the MCE a thirty (30) calendar day written notice.

Table 9-CHP+ MCO Inadequate Access to PCPs: Discussion

Did the MCE fail to maintain an adequate network that provides members with access to PCPs within a county in the MCE's service area? If the MCE answered "yes", did the Department designate that county as a mixed county for the purpose of offering the option of an HMO or the State's self-funded network to eligible members?
CHP+ MCO
N/A

Table 10-CHP+ MCO Discontinue Services to an Entire County: Discussion

Did the MCE discontinue providing covered services to members within an entire county within the MCE's service area? If the MCE answered "yes", did the MCE provide no less than sixty (60) calendar days prior written notice to the Department of the MCE's intent to discontinue such services?
CHP+ MCO
N/A

Table 11-CHP+ MCO Provider Network Changes: Discussion

Did the MCE experience an unexpected or anticipated material change to the network or a network deficiency that could affect service delivery, availability or capacity within the provider network? If the MCE answered "yes", did the MCE notify the Department, in writing, of the change?
CHP+ MCO
N/A

Appointment Timeliness Standards

Supporting contract reference: The MCE shall provide coverage of emergency and non-urgent medical services. The MCE shall have written policies and procedures describing how members can receive coverage of emergency services or urgently needed services while temporarily absent from the MCE's service area.

Table 12-Physical Health Appointment Timeliness Standards

Describe the method(s) used by the MCE to monitor its contract's timeliness requirements for members' access to physical health services. Describe findings specific to the current reporting period.
CHP+ MCO, Medicaid MCO, RAE
RMHP's provider contracts require all providers to meet timeliness standards for physical health services. RMHP monitors this by regularly conducting surveys of members who have received primary care or specialty care regarding their experience with timeliness of appointments. In addition, RMHP tracks any member complaints received regarding timeliness of physical health services. Where issues have arisen they generally are not unique to specific member population, but rather are a function of the general lack of certain types of providers in the region. For example, there are very few dermatology practices in the region, and in the areas that do have a dermatology practice, they may be the sole provider. In these instances, patients with all types of health insurance coverage may have longer wait times for non-urgent/emergent appointments.

Table 13-Behavioral Health Appointment Timeliness Standards

Describe the method(s) used by the MCE to monitor its contract's timeliness requirements for members' access to behavioral health services. Describe findings specific to the current reporting period.
CHP+ MCO, RAE
RMHP's provider contracts require all providers to meet timeliness standards for behavioral health services . This is monitored via regular member surveys and any member complaints. Where issues have arisen they are not unique to this population, but are a function of the general lack of certain types of providers. For example, there are very few psychiatrists in some portions of the region, and in the areas that do have a psychiatrist they may be the sole provider. In these instances patients of all types may have longer wait times for non-urgent/emergent appointments.

5. Time and Distance Standards

Health Care Network Time and Distance Standards

Supporting contract reference: The MCE shall ensure that its network has a sufficient number of practitioners, practice sites, and entities who generate billable services within their zip code or within the maximum distance for their county classification. The MCE must use GeoAccess or a comparable service to measure the travel time and driving distance between where members live and the physical location of the practitioners/practice sites/entities in the MCE's Region.

Enter detailed time and distance results in the MS Excel template. Use Tables 13, 14, and 15 for additional relevant information regarding the MCE's compliance with time and distance requirements. Geographic regions refer to the areas in which members reside, as members may travel outside their county of residence for care.

- CHP+ MCO defines "child members" as 0 through the month in which the member turns 19 years of age.
- CHP+ MCO defines "adult members" as those over 19 years of age (beginning the month after the member turned 19 years of age).
- Medicaid MCO and RAE define "child members" as under 21 years of age.
- Medicaid MCOs and RAEs define "adult members" as those 21 years of age or over.

There are two levels of primary care practitioners: primary practitioners that can bill as individuals (e.g., MDs, DOs, and NPs) and mid-level practitioners that cannot bill as individuals (e.g., PAs); each type of practitioner has its own row in the MS Excel template tabs for time/distance reporting.

A practitioner/practice site/entity should only be counted one time in the MS Excel template tabs; if a practitioner provides Primary Care and OB/GYN services, they should be counted once under the Family Practitioner category.

Table 14-Software Package Used for Time and Distance Calculations

List and describe the software package(s) and/or processes that your MCE uses to calculate practitioner/practice site/entity counts, time/distance results, or other access to care metrics. Please note any reference files (e.g., mapping resources), if needed. If your MCE does not use driving distances when calculating time and distance results, describe the method used.
CHP+ MCO, Medicaid MCO, RAE
RMHP currently uses the Quest Analytics software platform to analyze access to care and network adequacy.

Table 15–Urban Health Care Network Time and Distance Standards: Discussion

Present detailed time/distance results for members residing in Colorado's urban counties using the accompanying MS Excel workbook template. **List the specific urban counties in which the MCE does not meet the time/distance requirements. Describe the MCE's approach to ensuring access to care for members residing in urban Colorado counties where the MCE does not meet the time/distance requirements.**
CHP+ MCO, Medicaid MCO, RAE
There are no counties designated as urban in our service area; however we do have clients who reside in some urban counties outside our region. The majority of those clients reside in the Denver Metro area (Denver, Adams, Boulder, Arapahoe, Jefferson and Douglas Counties) and Weld County, which border our region. RMHP does have providers in those areas, but may not have all services. RMHP enters into single case agreements in these areas whenever necessary.

Table 16–Rural Health Care Network Time and Distance Standards: Discussion

Present detailed time/distance results for members residing in Colorado's rural counties using the accompanying MS Excel workbook template. **List the specific rural counties in which the MCE does not meet the time/distance requirements. Describe the MCE's approach to ensuring access to care for members residing in rural Colorado counties where the MCE does not meet the time/distance requirements.**
CHP+ MCO, Medicaid MCO, RAE
RMHP has members in several rural counties that are outside our service area of Region 1. All of these have some issues as described prior. Within Region 1 there are deficiencies in psychiatrist/prescribers in Archuleta, Lake, and Summit Counties, however those services are typically provided by physical health providers in those areas. The entirety of the region does not have providers who designate themselves as pediatric providers, however it is generally understood those services are available. RMHP continues to work with the provider network to confirm that they provide services to pediatric clients via our survey process. Of note, the reported results of our time and distance standards have changed due to a mistake that was identified in the prior report. In that report is was discovered that our software tool was measuring based upon 1 provider within the required distance instead of 2. That has been corrected in this report and affects the results slightly.

Table 17–Frontier Health Care Network Time and Distance Standards: Discussion

Present detailed time/distance results for members residing in Colorado's frontier counties using the accompanying MS Excel workbook template. **List the specific frontier counties in which the MCE does not meet the time/distance requirements. Describe the MCE's approach to ensuring access to care for members residing in frontier Colorado counties where the MCE does not meet the time/distance requirements.**
CHP+ MCO, Medicaid MCO, RAE
RMHP has members in several frontier counties that are outside our service area of Region 1. All of these have some issue as described prior. Within Region 1, the Frontier Counties include Dolores, Gunnison, Hinsdale, Jackson, Mineral, Moffat, Rio Blanco, San Juan, and San Miguel. All have various deficiencies based upon

available services. Gunnison County does not have a psychiatrist within desired distance, and all have the constraint of access to a designated pediatric behavioral health provider as described previously. Additionally, all have deficiencies in terms of proximity to a residential facility, with the exception of members in San Juan County.

Of note, the reported results of our time and distance standards have changed due to a mistake that was identified in the prior report. In that report is was discovered that our software tool was measuring based upon 1 provider within the required distance instead of 2. That has been corrected in this report and effects the results slightly.

Network Directory

Supporting contract reference: For each of the following practitioner/practice site/entity types covered under this contract the MCE must make the following information on the MCE's network practitioners/practice sites/entities available to the enrollee in paper form upon request and electronic form:

- Practitioner/practice site/entity's name as an individual or entity, as well as any group affiliations,
- Business street address,
- Telephone number,
- Electronic mail address,
- Website URLs, as appropriate,
- Specialties, as appropriate,
- Whether network practitioners/practice sites/entities will accept new enrollees,
- The cultural and linguistic capabilities of network practitioners/practice sites/entities, including languages (including ASL) offered by the practitioner/practice site/entity or a skilled medical interpreter at the practitioner's office, practice site, or entity location, and whether the practitioner/practice site/entity has completed cultural competence training,
- Whether network practitioner's offices, practice sites, or entity locations have accommodations for people with physical disabilities, including offices, exam room(s) and equipment.

Table 18-Network Directory: Discussion

Please list the MCE's website URL. **Is the MCE practitioner/practice site/entity network information updated at least monthly?** **Did the MCE make the network practitioners'/practice sites'/entities' information available to the enrollee in paper form upon request and electronic form?**
CHP+ MCO, Medicaid MCO, RAE
Our website URL is: https://www.rmhp.org The URL for RMHP's searchable provider directory: https://rmhponeweb.healthsparq.com/healthsparq/public/#/one/city=Grand%20Junction&state=CO&postalCode=&country=US&insurerCode=RMHPONE_I&brandCode=RMHPDFLT

RMHP's provider directories are updated at least monthly. Our online and searchable directory at least once per week. Paper and electronic (PDF) are available upon request. The PDF version is posted to our website and is printable. It can be found at : https://www.rmhp.org/additional-provider-directories

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Appendix A. Single Case Agreements (SCAs)

Individual practitioners with single case agreements (SCAs) are not counted as part of the MCE's health care network and should be excluded from tabulations in the body of this MS Word report and the associated MS Excel report(s). However, the Department acknowledges the role of SCAs in mitigating potential network deficiencies and requests that the MCE use Tables A-A and A-B below to list individual practitioners with SCAs and describe the MCE's use for SCAs.

Table A-A-Practitioners with SCAs: Data

Individual SCA Practitioner	Medicaid ID	County Name	HCPF Network Category Code(s)	HCPF Network Category Description
Franklin Q. Smith	*0000000*	*Denver*	*PV050*	*Adult Primary Care*
CHP+ MCO, Medicaid MCO, RAE				

Table A-B-Practitioners with SCAs: Discussion

Describe the MCE's approach to expanding access to care for members with the use of SCAs. Describe the methods used to upgrade practitioners with SCAs to fully contracted network practitioners.
CHP+ MCO, Medicaid MCO, RAE
SCA's are utilized as needed for member specific needs such as the need for more specialized care (in or outside the region), or special circumstance such as travel or an existing relationship with a provider who is not in the network. In the event that RMHP becomes aware of a provider through the SCA process that is registered with interChange that is willing to join the network an invitation is extended and a contract executed upon acceptance. RMHP offers assistance to providers with the interChange process when desired.

Appendix B. Optional MCE Content

This optional appendix may contain additional information, graphs, or maps that the MCE would like to include in its quarterly report.

Instructions for Appendices

To add an image:

- Go to "Insert" and click on "Pictures".
- Select jpg file and click "Insert".

To add an additional Appendix:

- Go to "Layout" and click on "Breaks".
- Select "Next Page" and a new page will be created.
- Go to "Home" and select "HSAG Heading 6".
- Type "Appendix C." and a descriptive title for the appendix.
- Select the Table of Contents and hit F9 to refresh.

Optional MCE Content

Free text

Appendix C. Optional MCE Content

This optional appendix may contain additional information, graphs, or maps that the MCE would like to include in its quarterly report.