Network Adequacy Plan

Colorado Access

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Introduction

Colorado Access (COA) is dedicated to empowering its members with access to timely and appropriate health care and delivering comprehensive choice to members as they seek out providers and resources that best meet their needs. Building upon a history of partnership, engagement, and network development, COA is well positioned to meet or exceed the network adequacy standards established by the Regional Accountable Entity (RAE) contract for Region 3and is focused on continuing to grow and improve the COA network. This Network Adequacy Plan articulates the overarching approach that COA continues to employ toward cultivating and supporting viable provider participation, thus helping to expand options for members.

This report is written within the context of The Department of Health Care Policy and Financing (The Department) guidance provided in July for this year's plan and will address questions specific to that guidance. COA will continue to submit a Network Adequacy Report, on a quarterly basis, to help track and validate the successes and challenges of the strategies outlined in this plan. As always, COA is happy to provide further information and clarification to the Department upon request.

The Colorado Access Network Adequacy Plan addresses how member needs will be met by providing a comprehensive network of providers for both adult and pediatric members, and is as follows:

How will the RAE maintain and monitor a network of appropriate providers supported by written agreements and is sufficient to provide adequate access to all services covered under the contract for members across all ages, levels of ability, gender and cultural identities, including those with limited English proficiency, that includes:

- **Adult and pediatric primary care providers;**
- **OB/GYNs;**
- **Adult and pediatric mental health providers;**
- **Substance use disorder providers;**
- **Psychiatrists;**
- **Child psychiatrists;**
- **Psychiatric prescribers; and**
- **Family planning providers.**

Colorado Access has extensive experience in developing and maintaining provider networks dedicated to servicing members of Health First Colorado (Colorado's Medicaid Program). The substantial provider networks COA established during its tenure as a Regional Care Collaborative Organization (RCCO) and Behavioral Health Organization (BHO) were the initial foundation for the Region 3 provider networks. Building on this foundation, COA continues to use various resources to further target potential new providers and grow its network. COA has a

dedicated provider contracting team that both initiates and responds to inquiries and requests to add providers to the network on a daily basis. These requests consistently arise from:

- Interested adult and pediatric physical health providers;
- Interested adult and pediatric behavioral health providers;
- Requests from contracted providers such as UC Health and other medical groups to add sites and providers;
- Inquiries from members, and referrals by the customer service team;
- Partnership with the Department and Health First Colorado Enrollment to outreach and contract with providers that have been requested by members, but who are not yet participating in the network.
- Extensive outreach by the provider relations team
- Referrals by community partners;
- Recently formed COA provider network recruitment and maintenance strategy group charged with adding new tools and technologies to use in the analysis of the network and implementation of new recruitment methodologies. This will help COA to be well positioned to add new providers in preparation for a greater number of members as a result of the COVID-19 pandemic.

In addition, COA continually monitors provider-to-member ratios to identify areas that need prioritization for targeted provider outreach. It is important to note, that COA is dedicated to contracting with every qualified and appropriate provider with a focus on building a high performing, quality network that helps COA meet the goals of the RAE program. Providers that join the primary care and behavioral health networks, must meet COA established network participation criteria and credentialing standards. Since the beginning of the RAE in July 2018, COA has seen a steady growth in the number of individual primary care medical providers (PCMPs) and sites in Region 3, as well as behavioral health providers.

To become part of the network, COA requires all providers complete a comprehensive provider application[i], and to sign a Professional Provider Agreement (PPA). The PPA's Appendix 1, (aka the Provider Application) is used to assess each provider's readiness to meet the general primary care and behavioral health needs of members and to accommodate members with special needs. In addition to demographic data, the Provider Application captures the following information:

- Extended office hours;
- Additional languages spoken and interpretation services offered;
- ADA compliance and necessary equipment available for Medicaid enrollees with physical or mental disabilities;
- Accepting new patients;
- Adult primary care providers;
- Pediatric primary care providers;
- OB/GYN providers;
- Family planning providers;
- Cultural competency training;
- Provider name, address, telephone, email and website;

- Ability to provide physical access, reasonable accommodations, and accessible equipment;
- Capacity to accept new Medicaid members;
- Cultural and language expertise; interpretation services;
- After-hours and weekend appointment availability.

Appendix 1 is a tool to survey providers for their readiness to render services to Health First Colorado enrollees with physical and mental disabilities. Compliance with the Americans with Disabilities Act (ADA) is a section noted, specifically, in the Provider Application and every COA provider will be required to complete it. Information gathered from the Appendix 1 is loaded into the COA credentialing system, sorted, and reported upon, on a regular basis. These reports are used to focus outreach and training by COA practice transformation and provider relations teams and to analyze where gaps may exist. Providers will be asked to update their Appendix 1 twice a year so that any additional data such as behavioral health subspecialties are captured. Historically, providers were asked to update Appendix 1 when their contract renews. Colorado Access is in the process of reviewing the information in the Appendix, as well as establishing more frequent updates by the providers. The goal will be to request updates by providers two times per year; with one time for PCMPs; and another time for Behavioral Health provider updates beginning in 2021.

In addition, COA works openly and extensively with community partners, COA community engagement, and member engagement teams, along with our Member Advisory Committee, to identify opportunities for increasing access to care for members with a disability and to better understand the barriers that exist for those members when accessing care.

Colorado Access has a long standing statewide behavioral health network. This network continued uninterrupted into the RAE implementation and is the foundation of COA efforts to ensure adequate access to behavioral health services for members. This existing network includes contracted relationships with every community mental health center in the state, hospital systems, institutes for mental disease (IMDs), behavioral health providers who are integrated with PCMPs, and independent behavioral health providers, statewide.

In addition to our existing behavioral health network COA continues to expand access through its AccessCare Services (ACS) subsidiary. ACS deploys telehealth services in a variety of settings, further augmenting the adequacy of the COA provider network. With a focus on integrating behavioral health support into primary care settings, and an emphasis on collaborative and team-based care, the ACS model utilizes an integrated approach to combine virtual mental health services within a physical health and primary care setting. It provides licensed behavioral health clinicians, substance abuse counselors, and psychiatric providers with the ability to screen, diagnose, provide brief intervention, and recommend psychotropic medication regimens, all while collaborating and coordinating care with the member's primary care medical home.

Updated methodology for member attribution and specified obligations within the RAE contract, require focused attention to ensure an operationally adequate network, regardless of the total number of providers under contract. COA continues to develop programs to address these challenges by offering consistent training to behavioral health providers that underscores the implications of site-based attribution and the best way to navigate eligibility, claims, and billing

issues. Conducted by the provider relations team and supported by provider contracting and behavioral health operations teams, trainings have been implemented in various forms, including:

- Provider forums and open houses, with appropriate COA staff members to answer questions and direct further inquiry;
- Telehealth trainings/webinars;
- Creation of webinars to address issues that impact numerous providers;
- In-depth one-on-one trainings and meetings with providers who request and need them;
- Extensive communications through provider newsletters and other email platforms.
- Availability of information, tools and resources on our online provider portal.

As COA continues to build on the Region 3 network, as noted above, COA consistently works on analyzing networks by county, comparing the existing network to the State's list of validated providers in all provider categories. This analysis helps inform the process of a highly strategic and focused recruitment effort of new providers. We will work to recruit these providers to help meet the needs of the anticipated increase in the number of members in Region 3as a result of the COVID-19 pandemic. Concurrent to this analysis is the Substance Use Disorder (SUD) workgroup which is comparing the existing SUD network to those listed on the State's website in preparation to ensure adequate coverage for the levels of care in the enhanced SUD benefit that will be implemented January 1, 2021. The SUD workgroups include staff members from provider contracting, provider relations, practice support, credentialing, quality, utilization management and senior clinical staff members. This work will ensure that COA has a SUD inpatient network that members can readily access when the new benefit is implemented.

How will the RAE ensure accurate provider information is available to members?
Colorado Access routinely performs provider update projects to ensure the provider data is accurate. The provider data analyst sends a roster of providers to each clinic location on a quarterly basis to verify that the information is accurate. The systems are updated based on the provider responses. In addition, during the recredentialing process, provider data is updated based on the CAQH credentialing applications. Colorado Access also makes available forms on the website for providers to use to submit adds, terms, and demographic updates.
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How will the RAE make available to members accurate and timely provider information including:

- **Name, address, telephone, email and website;**
- **Ability to provide physical access, reasonable accommodations, and accessible equipment;**
- **Capacity to accept new Medicaid members;**
- **Cultural and language expertise (including ASL); and**
- **After-hours and weekend appointment availability.**

Colorado Access makes accurate and timely provider information available to members through an online provider directory https://coadirectory.info/search-member located on the Colorado Access website. Information is refreshed every evening for immediate updates and accuracy. All the information listed above is provided for the members in the search results. The provider

contracting team has collaborated with other departments to developed a comprehensive appendix, which Colorado Access uses to collect languages spoken, cultural competency training, office hours, office website, behavior health subspecialties, whether the provider is accepting new members, ADA access capabilities, age ranges, and other detailed office address information such as address, phone, and fax numbers which informs the online directory.

How will the RAE calculate and monitor network provider counts, time/distance results, ratios, timeliness standards or other access to care metrics including the geographic location of providers in relationship to where Medicaid members live. (Please describe the software package(s) and/or processes that your MCE uses.)

The Time/Distance Summary by Network Category and County is populated through data input and software applications. For the data input, providers are listed as in network and members are enrolled in the RAE line of business for reporting period. In-network providers include unique practitioners, practice sites and entity locations. COA has de-duplicated practitioners that work in multiple locations by their Medicaid IDs.

COA uses the following the software and process to calculate provider counts and time/distance results:

- GeoCoder (Version 4,4,0,0) from Optum Inc. to assign geo-codes and geo-names to provider and member data, and;
- GeoNetworks (Version 2017 1,0,0) from Optum Inc. to calculate driving times and distances based on access standards for each network category. The geo-coding was based on addresses, where we provided the full addresses of members in each county and providers in each network category. In some instances, the nearest location to a member residing in a specific county may be outside of this member's county of residence but within the time/distance standard.

When COA runs the report, the "Accessibility Matrix" template of GeoNetworks is used, where COA created Accessibility Matrix pages for each of the applicable provider groups/HCPF network categories. This template provides overall member and provider counts as well as member counts for those within and outside of time and distance access standards for their respective county classifications. COA assigned access standards for each of these provider groups/network categories based on the Department contract specifications.

Key points on the report:

- The software classifies members into its own counties and county classifications as U, R and F based on their zip codes and other address info;
- Time and distance calculations have been made by the software based on its classification of members and providers into their respective counties and county classifications;
- In the time and distance calculations, driving distance and driving time were assumed.

How will the RAE determine the number of behavioral health providers in the network that are able to accept mental health certifications and how this will be continually monitored to ensure enough providers are available to meet the needs in the region?

COA has 38 contracted Office of Behavioral Health designated facilities that accept mental health certifications. All of the COA contracted community mental health centers are licensed to accept mental health certifications. COA monitors the State's listing of OBH-designated facilities on a monthly basis and recruits any additional providers that are added to the State's listing with this designation. Additionally, the COA customer service, care management and quality teams notify the contracting team of any member access issues.

How will the RAE ensure its network of providers and other health neighborhood and community resources meet the needs of the member population in the Contractor's Region.

Colorado Access is committed to ensuring that all members have an understanding of, and access to, providers and resources that will help them become healthy and remain healthy. This requires the unified efforts of numerous medical and non-medical partners aimed at defining mutually reinforcing agendas and supporting mutually reinforcing actions.

The provider network is continually monitored for network adequacy for all members with a special emphasis on children and youth with special needs, perinatal member, members with chronic conditions and Department of Corrections members. Using the practice support team, care management, and telehealth, COA is targeting these special populations by supporting our provider network in their care. Colorado Access monitors members' access to services through a secret shopper program as well as through customer service, care management, and member grievance departments. If, through the secret shopper program or if a member notifies Colorado Access of an issue finding appropriate care for their needs, care management contacts members to find the appropriate services. COA also continues to expand telehealth offerings to better meet the resource needs of member populations.

Through the validation review process conducted by the Practice Support team, COA reviews PCMP's practices and screening tools used to best manage special populations. By ensuring that evidence-based screening tools are used by our contracted providers, COA ensures that our members have access to interventions that they need. Understanding how special populations are defined and risk stratified also ensures that members receive appropriate interventions to manage their needs. Colorado Access' Telehealth Program has also expanded its scope to include referrals from Colorado Access Care Managers. This expansion to its virtual behavioral health service allows Colorado Access Care Managers to refer members that are not connected to a Mental Health Center or behavioral health provider, or who are not currently being treated for their behavioral health care needs, to the AccessCare Telehealth Team. This Telehealth program offers short-term mental health treatment and allows Colorado Access members to be seen for psychiatric and/or clinical counseling needs directly in their homes over telehealth. If, in the

course of treatment, it is determined that a member will need a longer term, higher level of care, the Telehealth Team will collaborate and coordinate care with Colorado Access Care Management to facilitate a connection and warm handoff to a Mental Health Center or appropriate level of care.

COA care management and care coordination teams focus on a variety of complex child and adult populations including, but not limited to: diabetes, asthma, COPD, pregnant women, children with special health care needs, and behavioral health. COA care managers work directly with our provider network, health neighborhood and community resources to assess overall member health needs and identify barriers to treatment to ensure successful member outcomes and access to coordinated care. To promote member-driven care, and ensure the needs of the member network are being met, COA care managers meet with members in provider offices, hospitals, community settings, and homeless shelters. COA care coordination activities include providing members with a variety of referrals and resources within our provider and community network, including primary care providers and specialty care services, DME equipment providers, transportation, and other community supports tailored to address each member's unique needs.

COA has established and maintains several key community partnerships that support an interdisciplinary approach to member care. These partnerships are key to cultivating communication pathways through which member needs are identified and barriers to access removed. Colorado Access will continue to expand upon these partnerships to help ensure that members have timely access to the services and resources they need. Examples include consistent outreach and communication with hospitals and health systems, small and medium sized PCMPs, work with county agencies and health alliances, single entry points and community centered boards, and continued partnership with regional PIACs and the Member Advisory Council to understand the evolving needs of membership and gaps in the network. In addition, COA children's care coordination workflows includes the involvement of assigned PCMPs and specialists, community partners, schools, community mental health centers and other agencies in the development and implementation of each member's care plan.

Through its AccessCare Services (ACS) subsidiary, Colorado Access continues to deploy telehealth services in a variety of settings, further augmenting the adequacy of the COA provider network. With a focus on integrating behavioral health support into primary care settings, and an emphasis on collaborative and team-based care, the ACS model utilizes an integrated approach to combine virtual mental health services within a physical health and primary care setting. It provides licensed behavioral health clinicians, substance abuse counselors, and psychiatric providers with the ability to screen, diagnose, provide brief intervention, and recommend psychotropic medication regimens, all while collaborating and coordinating care with the member's primary care medical home. With the advent of the COVID-19 pandemic, the ACS model expanded its scope to allow members the option to receive telehealth services directly in their homes, in addition to the primary care setting, allowing for continuity of care if patients were reluctant to receive care in the office setting. As a distinct group within the COA corporate

structure, ACS is not bound by regional borders, and staff are open to foster potential relationships with providers throughout the state—an important aspect of network adequacy under the RAE attribution methodology. ACS and COA track referrals and consults within the program to help guide practice transformation and integration efforts

[i] Please see Appendix 1.