COLORADO
Department of Health Care Policy & Financing

Network Adequacy Plan
Instructions and Narrative Report

RAE Name	**Health Colorado, Inc.**
RAE Region #	**4**
Reporting Period	[SFY20-21 07/01/2020 – 06/30/2021]
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Instructions: The RAE's Annual **Network Adequacy Plan** should be submitted (on or by July 31 each year) to the Department via MoveIT, be no more than 10 pages in length, and include for both its PCMP and Behavioral Health Network, how the RAE will:

- 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.
- Ensure accurate provider information is available to members.
- 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.
- 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.)
- 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.
- Ensure its network of providers and other health neighborhood and community resources meet the needs of the Member population in the Contractor's Region.

Network Adequacy Plan Narrative

Health Colorado, Inc. (HCI) will continue maintain, strengthen, and monitor a network of primary care medical providers (PCMPs) and a network of behavioral health providers based on overall network density and membership needs. HCI recognizes the importance of maintaining a network of PCMPs and behavioral health providers to meet or exceed the network time and distance standards for FY2021 as well as being able to provide services inclusive of Member age, levels of ability, gender identities, and cultural identities, including those with limited English proficiency.

This includes providers who have demonstrated experience providing care using a patient-centered model, clinical specialty, cultural background, licensure level, and meet criteria for participation in the network. Given that the region contains significant rural and frontier membership, HCI continues to focus on the advancement of telehealth services to support and fill gaps within the continuum of care. In addition to proximity, HCI wants to provide a comprehensive network of services allowing for greater Member choice.

Network Development

For providers already in the network, it is important that HCI develops and maintains good collaborative relationships. These relationships allow the HCI team to offer relevant trainings, ongoing support, quick resolution to problems, and identification of resources to assist the practices. Having a good working relationship with the practices in our network results in retention of providers, better understanding of gaps in care as well the promotion of standardized clinical pathways.

HCI's PCMP network includes all eligible types and areas of expertise for Adult, Pediatric, OB/GYN, and Family Planning care. HCI contracts with PCMP providers within the region that meets the quality standards, criteria, and that are enrolled as an active provider in Health First Colorado (Medicaid) program.

For the behavioral health network, HCI has an existing statewide network of behavioral health providers that complies with the network time and distance standards for all ages, levels of ability, gender identities, and cultural identities, including those with limited English proficiency. The network includes contracts and relationships with essential community providers including community mental health centers (CMHCs), federally qualified health care centers (FQHCs), school-based health centers, regional health centers (RHCs), and community safety-net clinics, to include those that are staffed with providers that offer adult and pediatric mental health and psychiatry, substance use disorder (SUD) providers, and psychiatric prescribers. HCI's network also includes private/non-profit providers and SUD providers in the region. HCI identified a need to increase number of providers within the region that offer a full range of behavioral health.

Recruitment Strategies

HCI utilizes a number of strategies to identify and recruit providers to strengthen the network for PCMPs within the region and behavioral health providers statewide. For PCMPs, the strategies to ensure that the network has a sufficient number of providers to serve Members based on the maximum distance for their county classification include:

1. Reviewing the Department of Regulatory Agencies (DORA) Registry to identify providers with licensures that meet PCMP criteria that are located within the region. HCI will outreach identified providers not currently enrolled in Medicaid to educate them about Health First Colorado (Medicaid) and identify potential incentives to enroll as a Medicaid provider and join the network. This strategy will be challenging as there are limited providers in the region that have interest in serving Medicaid Members.
2. Reviewing the Enrollment Summary Report to identify PCMP practices in the region. The Enrollment Summary Report is a report from HCPF, which HCI receives as part of the monthly Truven export. The report includes data of non-contracted providers in the region that are offering services to Medicaid Members based on Fee-For-Service claims, but not currently part of the network.
3. Leveraging community connections through HCI's Performance Improvement Advisory Committee (PIAC) and Health Neighborhood Collaborative to obtain information on potential providers in frontier and rural counties, which may be poised to join the network. The second benefit of using community-level feedback is that they offer insight on initiates to recruit providers through community collaboration and introduction, which may improve the provider's interest in joining the network.
4. Continued expansion of telehealth services through the region for primary care services and Members located across the region, especially in rural and frontier areas where there is no sufficient PCMPs within the maximum distance for the county. HCI is surveying PCMP practices to identify which practices will continue to offer telehealth services after COVID-19. HCI is working on adding telehealth as an element collected of all PCMP practices during the periodic process for provider data verification to more accurately report these services and track changes in availability.

HCI is concentrating efforts in strengthening the behavioral health network of providers within the region, especially in the rural and frontier counties; this is where we see the highest need for increased capacity. HCI identifies potential providers to recruit by:

1. Tracking utilization, single case agreement (SCA) data, and historical claims information to identify providers who are currently providing services to Health First Colorado (Medicaid) Members. This process identifies Medicaid-enrolled providers who are serving HCI assigned Members through SCAs and are more motivated to join the network.
2. Utilizing current listings of Health First Colorado (Medicaid) participating providers and Department of Regulatory Agencies (DORA) Registry to identify providers within the region. The majority of the providers with service locations in the rural and frontier counties identified through these listings are associated with the local CMHC. There is on-going work with this method to identify the actual service location of the provider, Medicaid enrollment, and willingness to see Medicaid Members.
3. Working with County Department of Human Services offices to identify CORE providers and work with these providers in becoming credentialed within the system. HCI outreaches identified individual CORE providers who are not part of the HCI network to recruit and assist them with the credentialing process.
4. Expanding telehealth services through the region for primary care services and Members located across the region, especially in rural and frontier areas where a sufficient number of behavioral health providers within maximum distance for the county do not exist.

HCI will continue to use strategies to recruit existing mental health and SUD providers to improve the network, such as:

- Sharing the benefits for the Medicaid Members served through the RAE program,
- Negotiating fee schedule rates to providers located in areas of need, offering specialty services, or serving special populations, and
- Informing providers of importance to serve Medicaid Members through telehealth.

As a result of the review at the end of the fiscal year, HCI identified the need for behavioral health specialty providers and facilities practices located in the RAE's regional service area that are considered rural or frontier in which fewer providers offer:

- A unique specialty or clinical expertise.
- License to prescribe in all areas: APRN/APN, NP, PA, MD/DO (board-certified Child and Adult Psychiatrists).
- Capability to treat in a foreign language, ASL, and/or, have specific cultural experience.
- Capability of billing both Medicare and Medicaid.
- Telemedicine, especially for prescriber services.
- Alignment with primary care and integrated models.
- Capability to serve unique populations and disorders.
- Specialties such as Intellectual Disabilities, Autism, Members with Traumatic Brain Injuries, or other groups that provide behavioral health services in addition to their non-covered specialty. In addition, providers with experience in specialty care, long-term services and supports (LTSS) providers, managed service organizations, and their networks of SUD providers, dental, and other ancillary providers.
- Behavioral health providers that span inpatient, outpatient, and all other covered mental health and SUD services.

Effective January 1, 2021, Health First Colorado (Medicaid) will extend the benefit for SUD Treatment Services as part of the Section 1115 SUD Waiver. The extended benefit will require HCI to provide inpatient and residential components, including withdrawal management, and to the continuum of outpatient SUD services. HCI is working to enhance the behavioral health network to include these services for January 2021 through the following strategies:

- Reviewing existing listings of facilities offering SUD inpatient and residential services and prioritize contracts with facilities that ensure coverage of all required service levels, as well as those facilities located within the region or in bordering counties.
- Leveraging existing relationships with facilities to add the new services to their existing contract for the effective date.
- Creating fee schedule with Medicaid appropriate rates with an opportunity to negotiate where appropriate.

All recruitment and contracting activities will be closely monitored to track progress towards network development and to provide early detection of any barriers to contract for these services. This will ensure HCI's behavioral health network has the range of services available to meet the needs of our Members.

HCI will monitor the progress of these strategies to ensure all efforts used to identify available providers. In the event that there are less than two practitioners that meet the PCMP and behavioral health standards within the defined area for Members in rural and frontier counties, HCI will notify HCPF to remove the time/distance requirements for those Members as outlined in the contract between HCPF and HCI.

Telehealth Services

Expansion of telehealth services is an important strategy of HCI's plan to ensure access for both primary care and behavioral health services. HCI plans to continue communication with providers regarding telehealth services through its various communication platforms including Provider Support Calls, Newsletter, and Individual Provider Outreach to educate and promote the utilization of telehealth services, especially as practices return to in-person patient care. We will discuss with the providers the service they offer through telehealth, including telehealth to expand their after-hours availability. HCI will target primary care and behavioral health providers, which may have capacity to add or expand telehealth services within their practice.

HCI utilizes Provider Support Calls to educate providers on the billing guidelines and documentation requirements for telehealth. In addition, the Provider Support Call forum allows providers to share information with their peers and crowdsource best practices for implementing telehealth. HCI will continue to use this forum to leverage peer-to-peer support. Additionally, HCI connects providers with national resources on implementing telehealth and will include these resources on the HCI website. HCI will use our internal system to solicit feedback from Member and Family Services when they offer or receive a request for telehealth services. The feedback will be monitored to gauge the demand for telehealth services. HCI will review and update the plan based on provider and Member feedback, as well as the effectiveness of the provider outreach to ensure capacity increased for telehealth services.

Access to Care Monitoring

HCI uses the latest Quest Analytics, an industry-standard application, to conduct a geographic access (GeoAccess) mapping analysis for time and distance starting from the Member's residence and driving to the closest available provider based on the county classification. This application is also used to calculate the provider-to-member ratios at the regional and county level by provider type.

The provider data that was used in this report was pulled directly from the physical health and behavioral health databases hosted by Beacon Health Options. The data was pulled directly from the database using Toad SQL editor. The requested data elements for the Individual physical health (PH) Practitioner and Individual behavioral health (BH) Practitioner tabs are all available in the databases. This is also the case for the Practice Sites and the Entity Locations tabs. The Members by County tab was a simple calculation of enrolled Members by county of residence broken out per Members by County Instructions. The Provider Locations by County tab was calculated by summing the number of locations by county name per the instructions of the Provider Locations by County Instructions.

Appointment Availability

PCMPs and behavioral health providers are expected to maintain established office/service hours and access to appointments with standards as required by Health First Colorado. The provider contract requires that the hours of operation of all network providers are convenient to the population served and do not discriminate against Members (e.g., hours of operation may be no less than those for commercially insured or publicly insured, fee-for-service individuals). Access to care standards, set by the State of Colorado, require all participating primary care and behavioral health providers to have availability for Members within seven (7) days of request, and that urgent access is available within 24 hours from the initial identification of need.

HCI monitors compliance to access standards by conducting outbound calls to practices to audit appointment availability. PCMPs are audited every six (6) months and five (5%) percent of the behavioral health provider network within the region are audited each month on a rotating basis. When a provider demonstrates compliance with the access to care standards, the provider will be monitored again based on the standard schedule. Providers that do not meet the established standards receive education on the access to care standards and are subject to monitoring through follow-up audit calls at the 90-day mark.

Providers that do not demonstrate improvement at the 90-day mark are re-audited and receive a Corrective Action Plan (CAP). Providers will need to submit a written response within 30 days of the request. HCI will review the CAP to ensure it addresses the requirements and follow up with providers to track progress on the CAP. Providers will be audited within 90 days from the acceptance of the CAP to demonstrate improvement in meeting access to care standards. If a provider remains non-compliant, the provider will be recommended for review to the Quality Oversight Care Committee (QOCC). Non-compliance is considered by: either not submitting a CAP; not submitting a CAP within stated timeframes; or continuing to fail the audits. Based on the QOCC review, determination may include panel closures, suspension of referrals, continuation of the CAP, or other activities deemed appropriate up to termination from the network.

The network goals for the fiscal year are as follows:

1. Meet the time/distance standards for both physical health and behavioral health networks by provider type across all counties within the region one hundred (100%) percent of the time. HCI will use the quarterly GeoAccess analysis to measure access at each county within the region.
2. Increase the percentage of primary care and behavioral health providers within the region that pass the appointment availability standards for new and existing Members by ten (10%) percent. HCI will use the following metrics to ensure this goal is met:
    a. Monthly analysis of the audit results for the number and percentage of providers that pass the initial audit.
    b. For providers that receive a 90-day follow-up audit, monthly analysis of the audit results for the number and percentage of providers that pass the follow-up audit.
3. Increase the number of primary care and behavioral health providers that use telehealth services by ten (10%) percent. HCI will use the following metrics to ensure this goal is met:
    a. Addition of telehealth services information to the provider directory.

b. Review the number and percentage of providers that offer telehealth services on a quarterly basis.
c. Review behavioral health utilization for telehealth services on a quarterly basis.

Access for new Members is an important part of maintaining a network that serves all Members. HCI will continue to educate providers to notify HCI on changes to their capacity to accept new Members. For PCMPs, HCI updates the State's portal and monthly reports. For all providers, the next update to the provider directory will reflect the changes.

HCI monitors the network for access to new Medicaid Members through three primary methods:

- Conducting access to care audits to determine if PCMP and behavioral health providers have adequate availability for new Medicaid Members based on standards.
- Determining the number of Members, by county, through the enrollment file within the key population groups.
- Soliciting feedback from Member and Family Services when they assist a Medicaid Member to locate a provider and schedule an appointment for services.

HCI's member services department has dedicated staff in the call center to assist Members when they call in to request help with finding a provider. These staff members will assist Members and/or family members with finding a provider that meets their specific needs. For example, once a Member states that they are looking for a provider, the Member's name and Health First Colorado identification number is entered into the Connects system, which brings up Member's demographic information. A search is completed to find a provider who is in close proximity to the Member. The Member's age is taken into consideration to find the best provider to work with that age group. Members are asked their preference for a male/female provider and if the Member has a need for a bilingual provider. Members are also asked if they need the provider to have a specialty such as working with a specific diagnosis. The Connects system allows HCI staff to search for a provider based on all of the Member's preferences. If the specific Member has complex issues, a referral for care coordination is completed to help the Member with scheduling appointments, transportation, or other assistance the Member may require.

If the member services team identifies access or availability issues to meet the Member's needs, they will attempt to find an out-of-network provider and complete a single case agreement and direct this to the provider relations department. If there are any other provider related concerns, the member services team notifies the provider relations department for outreach and education.

Member and Family Services Department notifies Provider Relations Department through an internal system when Members outreach the call center and report concerns regarding provider complaints, which may include appointment availability. Provider Relations reviews the concern and outreaches to the provider to allow them an opportunity to respond. Based on the response, providers will receive education on the access to care standards, assist the provider in updating the demographics to correctly reflect their availability (i.e. temporarily close panels to new members), and/or coach them to retrain staff on customer service and/or protocols for appointment scheduling. The actions taken and outcome is documented in the internal system and any external reporting if applicable.

Accessible Facilities

HCI monitors if there are sufficient providers in the network with the ability for physical access, reasonable accommodations, and accessible equipment for Members with physical or other disabilities. HCI utilizes provider data in Beacon's system to identify provider locations as accessible in the provider directory and to count the number of providers that meet the requirements in the network adequacy analysis.

HCI has trainings available on the RAE 4 website (www.healthcoloradorae.com) to educate providers on how they can directly update their demographic information through the provider portal and Council for Affordable Quality Healthcare (CAQH), which includes reporting physical access and/or accessible equipment information for each of their practice locations. Additionally, HCI integrates data from CAQH to maintain accurate records for network providers in Beacon's system, which in turn, populates the provider directory and network adequacy analysis. Finally, HCI conducts on-going phone outreaches to providers that do not have a CAQH profile to validate the information in the provider directory.

Providers that want to learn more about physical access and/or accessible equipment for practice locations may request HCI staff to assess their facilities for Members with disabilities. There were no requests during the previous fiscal year for these assessments. HCI is evaluating the incentive for providers to request the assessments. In FY2021, HCI will use Provider Support Calls to educate providers on how they can conduct a simple assessment on their own and attest the findings to update the provider directory. This may encourage providers to request an on-site assessment or more information on how they can improve their accommodations for all Members. HCI will track the number of providers that complete the self-assessment and those that request an on-site assessment. Additionally, HCI will track the percentage of change in providers with accessible facilities quarter over quarter.

After-hours and Weekend Availability

Providers report after hours and weekend availability through contracting or credentialing documentation and the demographic update process. HCI's plan to engage in activities to improve access with practices for the second year of the contract that did not yield the desired improvements. HCI cross-referenced the provider data with other sources to validate accuracy of extended or weekend availability. This included reviewing the practice website and Medicaid website. This information had limited improvement in the number of providers offering expanded hours of operation. Information was distributed during provider forums to educate and discuss with providers the methods and resources to increase extended or weekend availability in their practices. However, providers did not show interest in increasing capacity. It was challenging to determine which providers might have capacity to expand hours based on the provider type without the ability to review options available to providers and Members. Without this additional information, we could not identify potential after hours and/or weekend capacity, which resulted in a determination to discontinue this strategy.

With the recent expansion of telehealth services, many providers are requesting to continue to utilize telehealth. We are working with providers to understand how they will be able to continue to use telehealth and if offering after hours via telehealth is an option.

Cultural Expertise

HCI obtains information of providers with cultural expertise through provider self-reporting. This is determined through language and specialty availability. For behavioral health providers, they report their competencies during their initial credentialing and re-credentialing. PCMPs report cultural competencies during contracting and through the practice assessment. Providers update their information through Beacon's provider portal, which informs the data available to Members through the provider directory.

To improve cultural expertise in the network, HCI will offer Cultural Competency training through Provider Support Calls and recorded trainings on the HCI website. This is an on-going process and continues to be part of practice education through webinars, provider alerts, and on-site trainings. HCI will track the percentage of change in providers with cultural expertise quarter over quarter.

Health Neighborhood Partners

The Health Neighborhood Collaborative is an example of HCI's ongoing community engagement to develop initiatives that our partner agencies identify as gaps in the Health Neighborhood. The Health Neighborhood Collaborative is held quarterly.

Participants include:

- Physical and behavioral health providers
- Hospitals and LTSS providers
- Public health, home health, and hospice providers
- DentaQuest
- Community Centered Boards (CCBs)
- Single Entry Points (SEPs)
- Area Agency on Aging, participating Interagency Oversight (IOG), and Collaborative Management Program (CMP) programs
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Nurse Family Partnership, Community Centered Board, Department of Human Services (DHS), Homeless Shelters
- Additional local community agencies that assist with transportation, food, housing, energy assistance, etc.

The purpose and focus of the Collaborative is to work together to identify barriers, gaps, and propose initiatives to address those barriers in the system of care by aligning activities to strengthen the relationships of its participants and inform the health care system. The Collaborative develops communication channels to share and exchange information with community agencies and providers for collaboration and engagement in initiatives that assist local communities to optimize Member health and wellbeing. It further provides a shared working space for community partners and HCI.

Additionally, HCI ensures our network of providers are meeting the needs of our Member population through the Population Management Strategic Plan, which incorporates both Member and provider engagement strategies to improve the overall health and wellness of our membership. The Population

Management Strategic Plan has milestones outlined for Complex, Condition Management, and Prevention Wellness groups within our membership, as well as the Health Neighborhood.

Behavioral Health Providers Accepting Certifications

Since certifications are a legal process that compels a person to receive involuntary treatment, requires that the treating facility accept the certification and agree to provide the court with information regarding the person's progress, many facilities are reluctant to take on this responsibility. Accepting facilities need to have a system of care and resources to care for this population appropriately. Facilities are reluctant to accept such Members because they perceive it increases their potential liability, particularly if the individual commits an illegal act. HCI surveyed all CMHCs to confirm acceptance of certifications and will continue to monitor changes in these providers through annual surveys. The information resulted in identifying seven CMHCs that accept mental health certifications, including two that are within the region. Additionally, Solvista Health is preparing to start accepting certifications in the fall of 2020. Here is the list of CMHCs currently accepting certifications:

- Southeast Behavioral Health (within the region)
- Health Solutions (within the region)
- North Range Behavioral Health
- Mental Health Partners
- The Center for Mental Health
- Mind Springs Health
- AspenPointe Health Services

Data Management

Data management of the provider network is key to accurately report the network, assess the capacity, and gaps of the network. For that reason, HCI has a plan to validate, maintain, and update provider data, as well as reporting logic to describe the number and type of providers in the HCI network based on HCPF specifications.

HCI outreaches to network PCMPs to submit data of their practice sites and staff providers that have joined or left their practice on a periodic basis, but not less than quarterly. Although this process and frequency has been in place since the start of the RAE, PCMPs are inconsistent in their timelines and accuracy of their reports. This led to delayed notification on material changes to the network with practice closures and a practice changing its Medicaid ID. As a result, HCI is adding language to the PCMP contract for FY2021 language that clarifies the requirement and timeline to report (30 days from the date a practice identified the changes). Information of the requirement will be incorporated into Provider Support Calls and individual provider outreach to increase awareness on the requirement and monitor compliance.

HCI continues education and outreach to facilities (entities), FQHCs, and CMHCs to submit data of the staff providers that have joined and left their facilities on a monthly basis. Receiving the facility data on an increased frequency allows for increase auditing of their staff providers for future reports. A large percentage of the behavioral health services rendered to HCI Members are provided through HCI's partner CMHCs, *Southeast Health Group, Solvista Health, Health Solutions, and San Luis Behavioral*

Health Group. HCI worked with the CMHCs to update their licensed and unlicensed staff providers in the system. Although unlicensed staff providers are not applied to the ratios and time/distance analysis, the receipt of this data has allowed to more accurately assessing the capacity of the CMHCs. Provider Support Calls and individual provider outreach will be used to educate behavioral health providers on the requirement to notify HCI of demographic and staffing changes within their practice.

For the HCPF Network Categories, HCI conducts a quality check of provider National Provider Identifiers (NPIs) and taxonomy codes using several different methods. HCI compared all NPIs and provider taxonomy codes in the provider data against the National Plan & Provider Enumeration System (NPPES), NPI Registry to ensure correct NPI, and taxonomy codes for the provider. Additionally, the validated NPI is checked against the MCO Affiliation report to confirm the Medicaid ID based on the NPI and other provider demographics (i.e., facility address and service type). Any identified discrepancies are reviewed with the provider to validate data and update in the system, as appropriate. Once the quality checks are completed, HCI uses the latest Health Services Advisory Group (HSAG) technical specification document (*Network Adequacy Validation (NAV) Crosswalk Definitions for Network Data Mapping; June 2020 Version*) to define provider groupings. This is done using the provider's taxonomy code and the provider's degree or credentials. The logic is reviewed each quarter to ensure the PCMP and behavioral health provider networks are reported consistent with the provider and HSAG technical specification document.

Provider Directory

HCI makes provider information available to Members through the provider directory using the following URL https://www.healthcoloradorae.com/members/find-a-provider/. The provider directory includes name, address, telephone number, email address, and website, if available. A Member may also contact our Member Services Department to request the provider directory in paper or electronic form by calling 1-888-502-4185.

The provider directory also includes information about the provider compliance with American with Disabilities standards, which includes physical access, reasonable accommodations, and accessible equipment. In addition, the provider directory details the provider's capacity to accept new Medicaid Members, offer cultural and language expertise (including ASL), after hours and weekend appointment availability.

The provider directory data is updated when providers report a change through the provider portal or by contacting HCI. When HCI identifies a change, the provider is contacted to verify the information and submit any appropriate changes. The provider directory on the HCI website is updated at least once a month.

A new addition to our provider directory process is the implementation of internal quality improvement process leveraging the Plan-Do-Study-Act tool, which is an iterative, four-stage problem solving model used for improving process. We believe this approach will ensure that provider directory and accessibility is accurate and distributed to key stakeholders.