COLORADO
Department of Health Care Policy & Financing

FY 2019–2020 Network Adequacy Quarterly Report Template

Managed Care Entity: *Colorado Access*

Line of Business: *RAE5*

Contract Number: 19-105517A3

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Report due by 05/04/2020, 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.

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	112,586	N/A	126,049	N/A
Total primary care practitioners/PCMP practice sites	1207	N/A	**754**	N/A
Primary care practitioners/PCMP practice sites accepting new members	219	18.1%	**107**	**14.2**%
Primary care practitioners/PCMP practice sites offering after-hours appointments	168	13.9%	**86**	**11.4**%
New primary care practitioners/PCMP practice sites contracted during the quarter	19	1.6%	**92**	**12.2**%
Primary care practitioners/PCMP practice sites that closed or left the MCE's network during the quarter	22	1.8%	**51**	**6.7**%

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
COA is not experiencing any barriers to maintaining a sufficient network in number and type of primary care practitioners/PCMP practice sites. Both the size and scope of our primary care practitioners and associated sites ensures that all covered services are accessible to our members without unreasonable delay. *During March of this reporting period, the COVID 19 pandemic began to impact the state of Colorado's health care systems in a variety of ways. On March 23rd, Kaiser temporarily closed some of their sites to consolidate resources leaving one main site open. Kaiser implemented a process to direct their patients to the open site if necessary. COA also communicated this to members and directed them to our Customer Service Department should they need any assistance. To date, COA has seen no impact to access to care due to the temporary closures of some provider sites. Additionally, due to the temporary nature of these closures as well as our robust provider network, this does not represent a network adequacy issue.*

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	112.586	N/A	126,049	N/A
Total behavioral health practitioners	554	N/A	780	N/A
Behavioral health practitioners accepting new members	127	23%	147	18.84%

Requirement	Previous Quarter		Current Quarter	
	Number	Percent	Number	Percent
Behavioral health practitioners offering after-hours appointments	81	14.6%	65	8.33%

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
COA has not experienced any barriers during this reporting period that would negatively impact our ability to maintain a sufficient physical or behavioral health network. We have, however, underreport our substance use providers in previous reports. *A deficiency in substance use disorder (SUD) providers in past reports is the result of only counting facilities, and not individuals. This impacted our overall SUD provider count. We read the excel template as only listing the SUD sites, but not the individual providers. Going forward, we will include all individual Licensed Addiction Counselors (LACs) in our count of SUD providers.* *We continue to receive requests from SUD providers interested in joining the network, which accounts for some of the increases in the past two quarters. We continue to actively recruit and contract with SUD provider and will be increasing these efforts in anticipation of the expanded SUD benefit in January 2021.* *Additionally, beginning in March, in response to the Covid-19 crisis, we opened up additional behavioral health billing codes for telehealth to ensure member access.*

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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 no network deficiencies in Region 5 during this quarter with respect to members having access to providers with specialized training and expertise across all ages, levels of ability, gender identities and cultural identities. Colorado Access continually monitors access and potential barriers through our customer service, care management and UM departments.

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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
Colorado Access surveys the availability of physical access and/or accessible equipment via the Professional Provider Agreement Application. Providers indicate the availability of an ADA accessible approach to the entrance of the building/office, ADA and van-accessible parking spaces with signage, exam room accessibility and medical equipment for individuals with disabilities, and ability to communicate with individuals who have hearing, vision, speech or cognitive disabilities. This information is reflected in Colorado Access's provider directory. Members with disabilities can find locations with physical access and accessibility equipment by checking the provider directory. Members can also call Colorado Access customer service and care management departments for help locating a provider that meets their unique disability needs.

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
For this quarter, there were no positive or negative changes to the network related to quality of care, competence or professional conduct.

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

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
Colorado Access monitors timeliness requirements for members' access to physical health services through our Secret Shopper program as well as through Customer Service, Care Management, and Member Grievance Departments. If a member notifies Colorado Access of an appointment timeliness issue, the Provider Relations team is notified, and the concern is addressed with the provider. If the issue continues, the Quality and Compliance teams are notified to take further action, such as placing the provider on a corrective action plan (CAP). *In the reporting quarter Colorado Access did not receive any concerns about appointment timeliness.*

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
Colorado Access monitors timeliness requirements for members' access to behavioral health services through our Secret Shopper program as well as through Customer Service, Care Management, and Member Grievance Departments. If a member notifies Colorado Access of an appointment timeliness issue, the Provider Relations team is notified, and the concern is addressed with the provider. If the issue continues, the Quality and Compliance teams are notified to take further action, such as placing the provider on a corrective action plan (CAP). *In the reporting quarter Colorado Access did not receive any concerns about appointment timeliness.*

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
Our Time/Distance Summary by Network Category and County has data input and software applications. For the data input, we have providers in network and members enrolled in the line of business and in the reporting period. Our providers in network constitute unique practitioners, practice sites and entity locations, where we have de-duplicated practitioners that work in multiple

locations by their Medicaid ID's. Our members data pulled from the January 1st snapshot of Truven, held unique RAE members that reside in the providers' counties of Region 5. We use the following software and process to calculate provider counts and time/distance results:

1. *GeoCoder (Version 4,4,0,0) from Optum Inc. to assign geo-codes and geo names to our provider and member data, and;*
2. *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, so that we can get a better estimate of time and distance.*

When we run the report, we use the "Accessibility Matrix" template of GeoNetworks, where we created Accessibility Matrix pages for each of the applicable provider groups/HCPF network categories for RAE. This template provides us with member and provider counts, member counts which are within and not within time and distance access standards for their respective county classifications. We also assigned access standards for each of these provider groups/network categories, based on our contract with HCPF. Key points on the report run:

1. *The software classifies our members into its own counties and county classifications as U, R and F based on their zip codes and other address info;*
2. *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;*
3. *In the time and distance calculations, driving distance and driving time were assumed.*

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 deficiencies for time/distance standards in RAE 5. COA has a well-established provider network in the urban counties and meets the time/distance requirements based on GeoAccess reports and information reported by our customer service and care management departments. We had no customer services grievances filed in this quarter due to network issues. We continue to ensure access to care for our members by adding providers to our network on a regular basis. The contracting department responds promptly to requests to add providers to our network from our customer service, care management, provider relations and UM departments, as well as from individual provider requests. Additionally, as large provider groups add

practitioners, we work expeditiously to process their information and enter it into our systems and directory to ensure access to these new providers by our members. If we identify a gap in the network, or when we need to augment the network for members who need access to a specific provider for continuity of care purposes, we outreach to providers and invite them to request an application to join the network or in some instances enter into a single case agreement (SCA).

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
N/A

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
N/A

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
https://coadirectory.info/search-member *1. Yes, the Colorado Access provider network directory is updated daily with additions, changes, and terminations to the provider network. The directory is refreshed every evening and updates are reflected in the online directory the next day.* *2. Yes, Colorado Access provides network provider information in paper and electronic form upon request from the member. The provider network directory is always available online via the Colorado Access website.*

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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				
No SCAs for R5 this quarter.				

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
When necessary, COA enters into a Single Case Agreement (SCA) with a provider (based on requests from our UM and/or Care Management department). Once an SCA is completed, we will reach out to the provider to ask them if they are interested in joining the network. If interested, we follow our usual policy and procedures with respect to the contracting process.

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.