Network Report
UPDATED: 10/31/2019
RAE Name: Colorado Community Health Alliance   Region # 7
Period Covered: Quarter 1 SFY 2019-2020

Please indicate below any areas within the region where the network does not meet the choice of 2 providers within contracted time and distance standards. Please describe:

- What actions have been taken to address network deficiencies,
- Whether any deficiencies were resolved during the past quarter and how, and
- What ongoing actions the RAE is implementing to address unresolved network deficiencies while supporting client access and mitigating problems.

1. Physical Health:

Addressing Network Deficiencies to Improve Access to Care

The Region 7 Provider Network is highly diverse in terms of network adequacy and access to care. All members residing in Region 7 have a choice of two or more providers. There are no gaps in El Paso County exceeding a 30-mile radius from members to a Primary Care Medical Provider (PCMP). Though there is a general lack of health care providers in Park and Teller counties, progress is being made to improve access to care. Below is a summary of activities aimed to help address the existent disparities in Region 7.

EFFORTS TO INCREASE ACCESS IN REGION 7 – Q1

Park County

- Construction of the new HealthONE clinic in Fairplay was completed. The clinic hosted a grand opening event September 2019, which was attended by CCHA's provider relations and community liaison staff. HealthONE has expressed interest in contracting with the RAE, and their provider enrollment with Medicaid is now pending assignment of location and provider IDs. Preliminary contracting discussions are underway, and HealthONE has proactively participated in CCHA's provider orientation.
- CCHA is working with the Summit Community Care Clinic school-based health center (SBHC) to increase attribution. The clinic is now allowing auto-assignment for specific age groups appropriate for accessing care at an SBHC.
- CCHA has provided Rocky Mountain Rural Health with talking points regarding their outreach efforts and ensuring member choice given the pending changes in PCMP access in Park County. Further, CCHA will monitor attribution and collaborate with both clinic representatives to refine outreach processes and develop workflows that leverage member services provided by Rocky Mountain Rural Health.

Teller County

- CCHA executed contracts with UCHealth in the previous reporting period. Since the submission of the previous report, UCHealth acquired an additional location in Cripple Creek. UCHealth has indicated they will contract with CCHA. With that, CCHA remains hopeful that this site will increase access in Teller County during the next reporting period.

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Network Development, Support and Improvement Activities

CCHA continued efforts to develop both the primary care and behavioral health network during the reporting period. Activities related to building a robust provider network include recruitment and contracting, as well as efforts to support the already-contracted network.

PROVIDER RECRUITMENT AND CONTRACTING – Q1

- CCHA completed one provider orientation in Region 7.
- No clinics left the network during the reporting period; however, the UCHealth clinic in Woodland Park was disaffiliated by the clinic's administrative staff. At this time, CCHA is working with UCHealth representatives to confirm or correct the clinic's status. This site will be counted as an active site in the Region 7 network until the situation is resolved.
- CCHA executed two new contracts in Region 7, including:
  - El Paso County:
    - Catholic Health Initiatives, CHPG Primary Care St. Francis
    - Catholic Health Initiatives, CHPG Primary Care SS Clinic

NETWORK SUPPORT AND IMPROVEMENT – Q1

- CCHA distributed its monthly newsletter to the provider network. Noteworthy items included in the newsletter were information about upcoming provider meetings and updates to the provider manual.
- Provider manual updates included more detailed guidance around processes and procedures, including provider roles and responsibilities, network requirements, EPSDT, and member dismissals.
- During the reporting period, CCHA distributed performance payments to practices that qualified for the CCHA Provider Incentive Program. A total of $1,018,262 was distributed to the provider network for the second quarter of the 2019 calendar year.
  - CCHA supports and reinvests in network providers through the Provider Incentive Program, which is funded using incentive payments CCHA has earned for achieving Key Performance Indicator (KPI) goals. Aided by the provider incentive program's measures, CCHA has the opportunity to work directly with practices to achieve their goals and the goals of the ACC. This work also complements activities aimed to achieve regional performance goals such as increased behavioral health screenings and workflows that contribute to meeting KPI goals. Below are the description and performance goals of CCHA's Provider Incentive Program:
    - Participant PCMPs are those contracted with CCHA that are either located in a rural community or have 300+ attributed members.
    - Incentive payments are distributed to PCMPs as often as quarterly, provided Region 7 achieves the KPI Tier 1 or Tier 2 goals.
    - PCMP distribution amounts are based on the PCMP's member attribution and performance on the following incentive program goals:
      - Education: attendance at CCHA-hosted provider meetings / educational events.
      - Practice transformation: participation in practice improvement planning and meetings.

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- Quality improvement efforts (non-Accountable Care Network (ACN) practices): current metrics include depression screenings and member access and availability.
- Care coordination (ACN providers): case reviews and efforts to engage priority members in extended care coordination, including high-cost members.
- Key Performance Indicators: performance on KPI measures, including: well visits, prenatal visits, behavioral health engagement, dental visits, emergency department visits, and health neighborhood.

Monitoring Network Adequacy

In addition to time and distance standards, member access to care is monitored and tracked through providers' timeliness of care, after-hours availability, and accessibility. CCHA's practice support efforts help ensure providers can accommodate appointments for more urgent or acute care needs using the 3rd Next Available Appointment[1] methodology. In higher-volume practices, same-day and acute care is often provided by dedicated mid-level practitioners staffed within the practice. Additionally, many of the CCHA-contracted practices offer both weekend and evening hours, extending to 7pm and weekends. To educate providers on these standards, CCHA hosts an orientation for newly contracted providers. This orientation also serves as a forum to educate providers on the various levels of support CCHA provides, such as member educational materials indicating where and when to access care.

Members can find a provider, and general information about providers' accommodations using the Find a Provider tool on CCHA's website. Though PCMP hours are not posted on the website due to the frequency of updated hours, members can connect with CCHA member support specialists for assistance with selecting a provider that offers extended hours and information about alternative options for urgent needs.

PRACTICE ACCESSIBILITY – Q1
- CCHA recently enhanced its contracting applications to begin collecting more detailed information regarding practices' physical and language accommodations as well as providers' additional specialties such as family planning and OB/GYN. As of the end of the reporting period, CCHA has received supplemental information for 55 practices in Region 7.
- CCHA continues to collaborate with The Independence Center (TIC). TIC will host a table with their Disability Friendly Health Care resources at CCHA's upcoming Provider Town Hall meeting.

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[1] Third Next Available Appointment is the average length of time in days between the day a patient makes a request for an appointment with a physician and the third available appointment for a new patient physical, routine exam, or return visit exam. The "third next available" appointment is used rather than the "next available" appointment since it is a more sensitive reflection of true appointment availability. For example, an appointment may be open at the time of a request because of a cancellation or other unexpected event. Using the "third next available" appointment eliminates these chance occurrences from the measure of availability. Reference: Institute for Healthcare Improvement. CCHA also has an internal policy on use of this methodology.

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APPOINTMENT AVAILABILITY – Q1
- 84.9% of PCMPs are accepting new Medicaid members
- 34.7% of PCMPs are offering after-hours appointment availability to Medicaid members

2. Behavioral Health

Addressing Network Deficiencies to Improve Access to Care

CCHA adopts an integrated approach to care and continues to expand the behavioral health network in Region 7 and statewide through an open network to ensure access to members. Efforts to develop a robust behavioral health network are aimed to span all levels of care, including hospital systems with facility access, Community Mental Health Centers (CMHCs), and Federal Qualified Health Centers across Colorado. CCHA will continue to be responsive to network needs and review all new-provider contracting requests.

CCHA is addressing access deficiencies by creating an open behavioral health network and contracting behavioral health providers who meet credentialing standards. The previous Behavioral Health Organization's network was selective with respect to new providers, so operating with an open network has garnered interest from behavioral health providers to join CCHA's network and offers the potential to significantly improve access to mental health services, particularly to members who reside in rural zip codes that exist in Region 7 counties. Further, CCHA is contracting statewide with CMHCs and other behavioral health providers to improve access for members who travel to other parts of the state, or who find it more feasible to see a provider that is not located in the region.

ADDRESSING NETWORK DEFICIENCIES TO IMPROVE ACCESS TO CARE – Q1
- Substance use providers continues to be a deficiency in Park County. CCHA followed up with independent substance use providers in Park County who are not currently enrolled with Medicaid. None are interested in contracting at this time. CCHA will continue pursuing contracts with independent providers to improve access.

APPOINTMENT AVAILABILITY – Q1[2]
- 97.4% of behavioral health providers are accepting new Medicaid members
- 26.2% of behavioral health providers are offering after-hours appointment availability to Medicaid members

NETWORK DEVELOPMENT, SUPPORT, AND IMPROVEMENT ACTIVITIES – Q1
- CCHA distributed its monthly newsletter to the provider network. Noteworthy items included in the newsletter were information about open mic sessions for behavioral health providers and updates to the provider manual.
- Provider manual updates included more detailed guidance around processes and procedures, including provider roles and responsibilities, network requirements, EPSDT, and member dismissal.

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[2] Changes in appointment availability among behavioral health providers are the result of CCHA's ongoing efforts to refine and streamline provider data reporting methodologies.

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- CCHA has one outstanding CMHC that is not yet contracted, Midwestern Mental Health Center (MHC). Midwestern MHC has indicated they will reach out when they are ready to move forward on contracting with CCHA.
- During the first quarter, CCHA continued efforts to proactively communicate with providers and work through behavioral health credentialing and contracting issues. An update on these efforts is as follows:
  - CCHA continues to monitor the credentialing process, and the average number of days in workflow currently has a turnaround time of 15 days.
  - Providers added to the Region 7 network during the first quarter:
    - El Paso County:
      - 1 acute care hospital
      - 34 adult and pediatric mental health providers
      - 3 psychiatric prescribers
      - 2 psychiatrist/physicians
      - 6 other providers not categorized as an adult mental health provider, pediatric mental health provider, substance use provider, psychiatrist, child psychiatrist, or psychiatric prescriber
    - Park County:
      - 1 adult and pediatric mental health provider
    - Teller County:
      - 3 adult mental health providers
      - 3 pediatric mental health providers
    - Other counties (outside of Region 7):
      - 3 acute care hospitals
      - 60 adult mental health providers
      - 66 pediatric mental health providers
      - 5 psychiatric prescribers
      - 1 psychiatrist/physicians
      - 4 other providers, not categorized as an adult mental health provider, pediatric mental health provider, substance use provider, psychiatrist, child psychiatrist, or psychiatric prescriber
  - Single case agreements (SCA) executed for services provided to Region 7 members: 2
    - Both SCAs were with the Center for Change in Orem, UT
- Providers who left the CCHA network:
  - Region 7 counties:
    - El Paso County
      - 5 adult and pediatric mental health providers
    - Teller County
      - 1 adult and pediatric mental health provider
  - Other counties:
    - Arapahoe County
      - 1 pediatric mental health provider

- Denver County
  - 5 adult mental health providers
  - 11 pediatric mental health providers
  - 1 psychiatric prescriber
- Below is the current status of the contracting queue for Region 7:
  - Contracts distributed: 14
  - Contracts signed and returned for processing: 14
  - Contracts requested and pending distribution: 11

1. Please complete the tables for all of the providers in your network.

NOTE: For the Physical Health Provider Type, please enter either: Adult Primary Care, Family Medicine, Pediatric Primary Care, OB/GYN, CMHC, or Other.

PHYSICAL HEALTH								
Network Provider (Practice sites) [3] [4]	County	Provider Type[5]	Number of Practitioners	New Provider	Left the Network	Accepting New Clients	Provides after-hours care[6]	Single Case Agreement
				Please Check if applicable				
87	El Paso	All	465	2 sites	0 sites	394 practitioners	30 sites	N/A
76	El Paso	Family Medicine	416	-	-	368 practitioners	27 sites	N/A
77	El Paso	Adult Primary Care	414	-	-	365 practitioners	28 sites	N/A
85	El Paso	Pediatric Primary Care	458	-	-	391 practitioners	29 sites	N/A
5	El Paso	OB/GYN	3	-	-	0 practitioners	0 sites	N/A
1	Park	All	3	0 sites	0 sites	3 practitioners	0 sites	N/A
1	Park	Family Medicine	3	-	-	3 practitioners	0 sites	N/A
1	Park	Adult Primary Care	2	-	-	2 practitioners	0 sites	N/A
1	Park	Pediatric Primary Care	2	-	-	2 practitioners	0 sites	N/A
0	Park	OB/GYN	0	-	-	0 practitioner	0 sites	N/A
7	Teller	All	16	0 sites	0 sites	14 practitioners	3 sites	N/A
7	Teller	Family Medicine	16	-	-	14 practitioners	3 sites	N/A
7	Teller	Adult Primary Care	15	-	-	13 practitioners	3 sites	N/A
7	Teller	Pediatric Primary Care	15	-	-	13 practitioners	3 sites	N/A
0	Teller	OB/GYN	0	-	-	0 practitioners	0 site	N/A

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[3] Categories are not mutually exclusive. For example, a clinic may be counted in Family Medicine, Adult Primary Care, and Pediatric Care.

[4] CCHA discovered an issue that excluded a sole proprietor from the PCMP counts for Teller County in the previous report. As such, the difference in number of providers from the previous report is not consistent with the number of providers that joined/left the network during this reporting period.

[5] Totals for each provider type are not necessarily unique. For example, a single rendering provider is included in both the adult and pediatric practitioner totals if services are open to both demographics. Additionally, primary care provider information is inclusive of both voluntary and contractually required information. As such, the following information is likely underreported: providers' secondary and tertiary specialty types, particularly for OB/GYN specialists, the number of individual providers accepting new Medicaid members, as this is primarily managed at the practice level.

[6] Data for after-hours care reflects all providers offering weekend appointments and weekday appointments outside the hours of 8:00am to 5:00pm.

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NOTE: For the Behavioral Health Provider Types, please enter either: Adult Mental Health Provider, Pediatric Mental Health Provider, Substance Use Provider, Psychiatrist, Child Psychiatrist, Psychiatric Prescriber, or Other.

BEHAVIORAL HEALTH [7]									
Network Provider (Practice sites)[8]	County[9]	Provider Type	The Number of Licensed Behavioral Health Practitioners and Clinicians[10]	New Provider	Left the Network	Accepting New Clients	Provides after-hours care	Single Case Agreement	Located in PCMP Practice[11]
				Please Check if applicable					
3	EL PASO	Acute Care Hospitals	3	1	0	3	3	0	0
436	EL PASO	Adult Mental Health	561	34	5	560	222	1	35
7	EL PASO	Child Psychiatrist	4	0	0	4	0	0	0
431	EL PASO	Pediatric Mental Health	555	34	5	554	220	0	35
51	EL PASO	Psychiatric Prescriber	61	3	0	61	11	0	3
32	EL PASO	Psychiatrist/Physician	36	2	0	36	5	0	2
11	EL PASO	Substance Use Disorder	8	0	0	8	4	0	0
39	EL PASO	Other	49	6	0	49	2	0	2
12	PARK	Adult Mental Health	10	1	0	10	4	0	0
12	PARK	Pediatric Mental Health	10	1	0	10	4	0	0

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[7] CCHA is currently in the process of credentialing practitioners affiliated with facility-based groups, and loading the information into the data warehouse. As such, the increase in behavioral health providers is due to both the availability of more detailed data and new providers joining the network.

[8] Number of practice sites reflects unique addresses among licensed clinicians. A practice site was considered unique if any part of a complete address was unique, including any variation in abbreviations and suite numbers.

[9] "Other" County includes all counties outside of Region 7.

[10] In order for CCHA to report on the number of licensed behavioral health providers in accordance with the Behavioral Health Provider Type categories indicated in this report, CCHA created a manual crosswalk. CCHA continues to refine the methodology by which behavioral health provider specialties correlate to the specified provider types in this report.

[11] Number of practice sites located in PCMP practice reflects the number of unique addresses among licensed clinicians that had an exact match with the address of a PCMP location in Region 7. This is not necessarily an indication that the behavioral health provider is integrated in the PCMP practice. Since PCMP sites and behavioral health practices can operate as separate entities at a single physical location, the number of behavioral health clinicians located in a PCMP practice is not representative of integrated physical/behavioral health providers.

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BEHAVIORAL HEALTH – continued [12]									
Network Provider (Practice sites)[13]	County	Provider Type	The Number of Licensed Behavioral Health Practitioners and Clinicians[14]	New Provider	Left the Network	Accepting New Clients	Provides after-hours care	Single Case Agreement	Located in PCMP Practice[15]
				Please Check if applicable					
25	TELLER	Adult Mental Health	21	3	1	21	12	1	3
1	TELLER	Child Psychiatrist	1	0	0	1	0	0	0
25	TELLER	Pediatric Mental Health	21	3	1	21	12	0	3
1	TELLER	Psychiatric Prescriber	1	0	0	1	0	0	0
1	TELLER	Psychiatrist/Physician	1	0	0	1	0	0	0
16	Other	Acute Care Hospitals	14	3	0	14	7	0	0
1,265	Other	Adult Mental Health	2,665	60	5	2,580	664	0	0
16	Other	Child Psychiatrist	14	0	0	14	1	0	0
1,269	Other	Pediatric Mental Health	2,558	66	11	2,473	662	0	0
165	Other	Psychiatric Prescriber	276	5	1	271	21	0	0
89	Other	Psychiatrist/Physician	167	1	0	164	7	0	0
58	Other	Substance Use Disorder	27	0	0	26	12	0	0
119	Other	Other	151	4	0	142	15	0	0

[12] CCHA is currently in the process of credentialing practitioners affiliated with facility-based groups, and loading the information into the data warehouse. As such, the increase in behavioral health providers is due to both the availability of more detailed data and new providers joining the network.

[13] Number of practice sites reflects unique addresses among licensed clinicians. A practice site was considered unique if any part of a complete address was unique, including any variation in abbreviations and suite numbers.

[14] In order for CCHA to report on the number of licensed behavioral health providers in accordance with the Behavioral Health Provider Type categories indicated in this report, CCHA created a manual crosswalk. CCHA continues to refine the methodology by which behavioral health provider specialties correlate to the specified provider types in this report.

[15] Number of practice sites located in PCMP practice reflects the number of unique addresses among licensed clinicians that had an exact match with the address of a PCMP location in Region 7. Clinicians affiliated with more than one PCMP location may be included in the totals. Totals for each provider type are not necessarily unique if a clinician provides both adult and pediatric mental health services and/or if the clinician renders services in more than one PCMP location.

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2. Please indicate the practitioner to client ratios in each county of your region

PHYSICAL HEALTH					
County	Number of Practitioners	Number of Enrolled Members[16]	Ratio for Adult Practitioner	Ratio for Pediatric Practitioner	Ratio for-Mid Level Adult Practitioner
El Paso	465	164,397	207:44,869	229:37,170	28:54,799
Park	3	2,095	1:332	2:727	1:685
Teller	16	5,322	15:3,255	15:2,074	1:5,329

BEHAVIORAL HEALTH					
County	The Number of Licensed Behavioral Health Practitioners and Clinicians	Number of Enrolled Members	Ratio for Adult Mental Health Practitioner	Ratio for Pediatric Mental Health Practitioner	Ratio for Substance Use Disorder Practitioner
El Paso	642	164,078	273:44,869	541:74,340	9:164,078
Park	10	2,055	5:664	10:727	0:2,055
Teller	22	5,329	1:155	21:2,074	0:5,329

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[16] Source of enrollment numbers: 834 file. The number includes the unique members who were enrolled during the reporting period.

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