Date: July 20th, 2022

Project Name: IPN, RAE, HCPF Collaboration Project – Phase 1

Background

The State of Colorado's Department of Health Care Policy and Financing (HCPF) is committed to improving access to quality behavioral health services for Health First Colorado members. To that end, HCPF has contracted Arrow Performance Group (APG), a Denver-based consulting firm, to lead the Independent Provider Network (IPN), Regional Accountable Entity (RAE) and HCPF Collaboration Project. The project objective is to engage in a *collaborative* multi-stakeholder problem-solving and process improvement initiative to identify barriers and create mutually agreeable action plans to address issues and to achieve continuous improvement.

The IPN, RAE, and HCPF Collaboration Project consists of two phases. The objective of Phase I is to engage with a variety of stakeholders to provide a safe space for stakeholders to share perspectives, build healthy relationships, and develop a foundation to participate in a collaborative and inclusive working and problem resolution process. Phase I took place from April through June of 2022. Problem solving and process improvement will be the primary focus of Phase II which will be conducted in Fiscal Year 2023.

This report, the barrier workplan, is the final deliverable for Phase I. This report has four major sections. It begins with describing contextual information about the project and the overall project approach. Second, findings by stakeholder group as well as initial prioritization of findings are shared. Third, an approach to Phase II includes a method to develop solutions and continually improve in Fiscal Year 2023. Finally, the report concludes with lessons learned and suggestions for improving working relationships between the IPN, RAEs, and HCPF.

Project Approach

A work breakdown structure that illustrates the overall approach to Phase I is illustrated below.
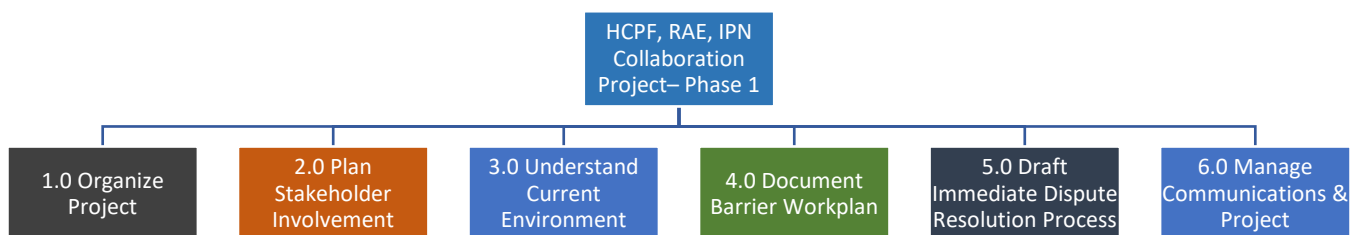
Organizing the project involved a project kickoff, communication planning, and confirming the project approach and timeline with HCPF project sponsors. APG facilitated a stakeholder analysis session with several HCPF team members

where potential stakeholders were identified and then mapped to an interest and influence matrix. The stakeholder analysis assisted with planning diverse stakeholder involvement and provided input into the data collection plan.

APG collected a large amount of data through survey, focus groups, and interviews to understand the current environment. APG designed a custom survey with 18 items to rate in three categories – 1) overall satisfaction, 2) interaction points, and 3) service quality dimensions. There was one open-ended question to collect qualitative feedback. The survey was distributed to 6,038 independent behavioral health providers across the state and was open for 18 days. 494 providers completed the survey, which is an 8.2% response rate. Raw survey data has been retained for APGs records and a summary report titled "Provider Survey Overview and Findings" is provided in Attachment A.

APG conducted focus groups to hear the perspectives of the IPN across the state to better understand the scope and nature of their experience working within the Health First Colorado system and to explore opportunities for improvement. 21 one to two-hour focus groups were conducted across Colorado. In-person focus groups were conducted in Alamosa, Aurora, Boulder, Colorado Springs, Denver (two), Durango, Ft. Collins, Golden, Grand Junction, Pueblo, and Westminster. Nine additional focus groups were conducted virtually. Invitations to participate were sent to over 6,000 providers and 118 people participated in the focus groups in total. Attachment C includes the list of all focus groups. Notes from each session have been retained in APGs records.

Additionally, APG conducted 17 one-hour interviews with a variety of key stakeholders. The first interview was a group interview with leaders from each RAE to hear their perspectives about what is working well and areas for improvement in working with providers to deliver behavioral health services to Health First Colorado members. Subsequent interviews included representatives from the following organizations: HCPF, BHA, Mental Health Colorado, Colorado Behavioral Health Council, Signal Behavioral Health, Left Hand Management, CDHS, Anthem, and HCPF's Member Experience Advisory Council (MEAC). Additionally, a one-hour interview was conducted with eight representatives from COMBINE who came prepared with issues from their organizations' perspective, as indicated in Attachment D. Finally, a second interview was conducted with leadership from each RAE to better understand the current state, work in progress, and gain contextual understandings from the RAEs perspectives. A list of interviews is provided in Attachment B and notes from each interview have been retained in APG's records.

Findings

This section documents the findings discussed in focus group meetings, interviews, and surveys. Interests shared among the IPN, RAE, and HCPF representatives are identified first. Second, items that are working well that were identified throughout the project are listed. The final part of the findings section includes problems and barriers identified by each stakeholder group.

Shared Interests

It is important to identify underlying interests of all parties involved in this dynamic system. By moving away from positions and toward shared interests, several needs, wants, and motivations are provided. Below is a list of five high-level interests across the parties.

1. The providers, RAEs, and HCPF all value the importance of Health First Colorado members having access to quality behavioral health services and are genuinely committed to making improvements to reach this desired outcome.
2. Providers, RAEs, and HCPF all acknowledge that the system is very complex and can be difficult to navigate.
3. All agree that a thorough working knowledge of the system by providers and/or their agents (billers) would save time and expense for all parties and that the RAEs and HCPF have a responsibility to provide reasonable methods for providers to become knowledgeable. The parties acknowledge that communications can and should be streamlined, prioritized, and user friendly.
4. The providers, RAEs and HCPF agreed that some processes and procedures should and could be simplified across the system, with the caveat that such simplification would be permissible under federal regulation and would not significantly infringe on the RAE's individual responsibility to assure quality services in their networks.
5. There was also agreement among RAEs, providers, and HCPF that each entity was ultimately accountable for their roles and responsibilities in the system, such as providing accurate information and quality services.

What's Working

Stakeholders shared positive experiences with APG in focus groups and interviews. Things that seem to be working well include the following:

1. Providers under the Medicaid system help children, youth, adults and seniors, the underrepresented, military community, and a diversity of clients. Medicaid expansion and insurance for the uninsured is important.
2. The RAEs promptly pay accurately submitted claims.
3. Providers are passionate about serving Health First Colorado members.
4. When an IPN has a relationship with someone at a RAE, service is good. Satisfied providers readily named their provider representative.
5. The initial enrollment process with HCPF is straightforward and easy; HCPF credentialing works.
6. The increase in reimbursement rates by Co Access.
7. Prior authorizations have been removed.
8. Improved services for substance use disorders (SUD).
9. Recognized telehealth and paid at higher rates.
10. Audits have helped providers improve.
11. Newsletters, trainings, seminars are helpful.

Independent Provider Network Findings

IPN perspectives were collected through focus groups, interviews, and the IPN survey. The following list encompasses the themes that the APG team heard and/or observed throughout the data collection activities.

IPN PRIMARY FINDINGS
1. There is a perception that the RAEs are not held accountable by HCPF.
2. Many providers do not feel that they are valued partners of the RAEs to serve the members.
3. Information flow about operational processes from some RAEs to the providers is described to be insufficient, inaccessible, and unclear. Providers expressed frustration with the inability to connect with a point of contact at many RAEs, especially with credentialing and billing questions. It was noted that lack of responsiveness, inconsistent information, and being given the "run around" were shared experiences. The IPN Survey indicates variations with RAE and HCPF at interaction points as well as with service quality. See Attachment A.
4. The complexity of the system creates confusion, delays, and rework for many providers, especially for those that deal with multiple RAEs.
5. Many providers expressed a desire for RAEs to support them in learning how to navigate the system, potentially through onboarding and ongoing training, rather than engage in what feels like a punitive approach with audits and recoupments.
6. There is general dissatisfaction around reimbursement rates both in terms of the amount as well as disparities between RAEs.
7. Operational complexities and inconsistencies in policies, processes, and systems across and within RAEs was reported to confuse the providers and has created additional uncompensated administrative burdens with either upfront management or resolving issues and errors. The IPN Survey indicates variations with RAE and HCPF at interaction points as well as with service quality. See Attachment A.
8. The providers expressed frustration on the responsiveness and assurance of information received from most of the RAEs. Many providers explained that they received different answers to the same question, and responses depend on "who answers the phone". During focus groups, Colorado Access customer support was referred to as the "gold standard". The IPN Survey indicates variations with RAE and HCPF at interaction points as well as with service quality. See Attachment A.

9. There is a perceived atmosphere of dissatisfaction and distrust with the RAEs and HCPF. Providers expressed a belief that the system is working against them as opposed to supporting their success in serving members.
10. The IPN Survey indicates demographic variable differences in satisfaction with RAE and HCPF interaction points as well as perspective on RAE and HCPF service quality. See Demographic Heatmaps starting on page 36 of the Survey Report (Attachment A).

Regional Accountable Entity Findings

RAE perspectives were primarily shared through interviews. There are eight overarching findings for areas of improvement that are provided in the matrix below.

RAE PRIMARY FINDINGS
1. The RAEs want to have the opportunity to resolve problems in their networks and expressed frustration that HCPF responds to criticism without consulting the RAEs or makes procedural changes that the RAEs feel may undermine quality care.
2. The RAEs recognize that lack of knowing correct procedures or processes causes problems for providers and billers when submitting claims.
3. The RAES communicate through many channels including website, newsletters, email notices, webinars, and in-person training and forums. A few track analytics for how often the communications are opened. Several RAEs expressed frustration that more providers did not read or use the information resources.
4. Some RAEs onboard new providers and billers. Others dismissed doing so for each new IPN as impractical.
5. The RAEs held mixed views on whether standardization would alleviate issues. They recognized that processes and procedures are different. However, because they are responsible for the quality of their network, they wanted to maintain the ability to ask for information (credentialing) or conduct processes (audit parameters) that they felt necessary to fulfill their responsibilities.

6. Some RAEs analyze claim rejection data to identify systemic issues or providers that consistently have problems. RAE staff meet regularly to review the data. Some RAEs follow up with individual coaching of providers with consistent problems.
7. RAEs have different approaches to customer service, with some assigning a specific representative and others having a ticket system that allows a team to handle complaints or questions. Most have escalation procedures that they say they make available to providers.
8. The RAEs are genuinely concerned about customer service criticism and want to have satisfied providers. A few recognized that they can do better, and they have changed their procedures. A few RAEs are skeptical of the degree of dissatisfaction among providers and believe most of the criticism is coming from a few loud voices.

Department of Health Care Policy and Financing (HCPF) Findings

APG collected data from HCPF through interviews and additional indirect conversations from a variety of stakeholders throughout the project. A summary of the findings is provided in the matrix below.

HCPF PRIMARY FINDINGS
1. Department leadership is committed to an effective and efficient delivery system for members. They recognize that members, providers, and RAEs are all customers in the value stream.
2. While leaders recognized current issues around system complexity and IPN dissatisfaction, they are committed to changes.
3. The universal contract provisions in HB22-1278 provide an opportunity to establish standard payment methodologies, claims submission, and processing and consequences for not meeting contract requirements.
4. HCPF supports some standardization, including credentialing, through one universal contract.
5. There is limited differentiation between HCPF and RAEs. So, if the RAEs are viewed to be performing poorly, the same perspective is attributed to HCPF.
6. HCPF has numerous improvement initiatives under way, and the IPN, RAE, HCPF Collaboration Project is one of many.

7.	Some RAEs, behavioral health advocates, and billers perceive that HCPF focuses on solving "one-off" problems with siloed personnel and is not taking an overall systems perspective.
8.	It might be appropriate for providers with higher-level specializations or case management responsibilities to negotiate with RAEs for differential rates.

Initial Prioritization

Below is an initial list of barriers to focus on developing solutions with HCPF, RAEs, and the IPN during Fiscal Year 2022 – 2023. There are several factors to consider for prioritization including prevalence of the theme found across data sources and detailed survey results. Please note that APG recommends that a cooperative group of leaders from all three-stakeholder groups work together to prioritize an action plan.

AREAS FOR IMPROVEMENT *From IPN perspective*	Focus Groups	May 20th COMBINE Interview	Survey
Information flow about operational processes from some RAEs to the providers is described to be insufficient, inaccessible, and unclear. Providers expressed frustration with the inability to connect with a point of contact at many RAEs, especially with credentialing and billing questions. It was noted that lack of responsiveness, inconsistent information, and being given the "run around" were shared experiences. The IPN Survey indicates variations with RAE and HCPF at interaction points as well as with service quality. See Attachment A.	X	X	X
There is a perception that the RAEs are not held accountable by HCPF.	X	X	
There is a perceived atmosphere of dissatisfaction and distrust with the RAEs and HCPF. Providers expressed a belief that the system is working against them as opposed to supporting their success in serving members.	X	X	
Many providers do not feel that they are valued partners of the RAEs to serve the members.	X	X	
There is general dissatisfaction around reimbursement rates both in terms of the amount as well as disparities between RAEs.	X	X	
Operational complexities and inconsistencies in policies, processes and systems across and within RAEs was reported to confuse the providers and	X		X

has created additional uncompensated administrative burdens with either upfront management or resolving issues and errors. The IPN Survey indicates variations with RAE and HCPF at interaction points as well as with service quality. See Attachment A.			
The providers expressed frustration on the responsiveness and assurance of information received from most of the RAEs. Many providers explained that they received different answers to the same question, and responses depend on "who answers the phone". During focus groups, Colorado Access customer support was referred to as the "gold standard". The IPN Survey indicates variations with RAE and HCPF at interaction points as well as with service quality. See Attachment A.	X		X
The complexity of the system creates confusion, delays and rework for many providers, especially for those that deal with multiple RAEs.	X		
Many providers expressed a desire for RAEs to support them in learning how to navigate the system, potentially through onboarding and ongoing training, rather than engage in what feels like a punitive approach with audits and recoupments.	X		
There are demographic variable differences in satisfaction with RAE and HCPF interaction points as well as perspective on RAE and HCPF service quality. See Demographic Heatmaps on page 36 of the Survey Report.			X

Lessons Learned

During the coordinated multi-stakeholder engagement process in Phase I, lessons learned include:

1. Each entity in the service-delivery value chain is critical in delivering the desired outstanding and "gold standard" care to Health First Colorado members. This chain flows from the federal government to HCPF to RAEs to providers and finally to members.
2. Great value is placed on communication to guarantee transparency and information flow to ensure all entities are working toward the same quality of care standard.
3. Providers appreciated the coordinated focus group conversations and viewed these efforts as an act of good faith for ongoing dialogue to improve the working relationships between HCPF, RAEs, and providers.
4. Even though providers appreciated focus groups held in various locations in Colorado, virtual options had the highest attendance rates.

5. Registration numbers for in-person focus groups exceeded actual attendance rates. In-person attendance was much lower than anticipated. The challenges of giving up a billable hour to attend a focus group should be considered. Travel time was also noted as a determining factor.

Improving Working Relationships

The Phase I engagement process also brought to light recommendations for HCPF and RAEs to improve their interactions with the IPN. The dominant theme is communication and focuses on the touchpoints HCPF and RAEs have with the IPN to create opportunities for all stakeholder groups to come together to build and strengthen relationships, solve problems, and establish positive customer service practices. Specific recommendations include:

1. Meetings, open forums, and working groups to achieve continuous relationship building and process improvement planning.
2. Designated and published contacts or a point person to aid in IPN dispute resolutions and cooperative learning.
3. Ongoing strategic communications and conversations to establish the "positive intent" of all parties before reaching negative conclusions.

Provider Survey

Overview & Findings
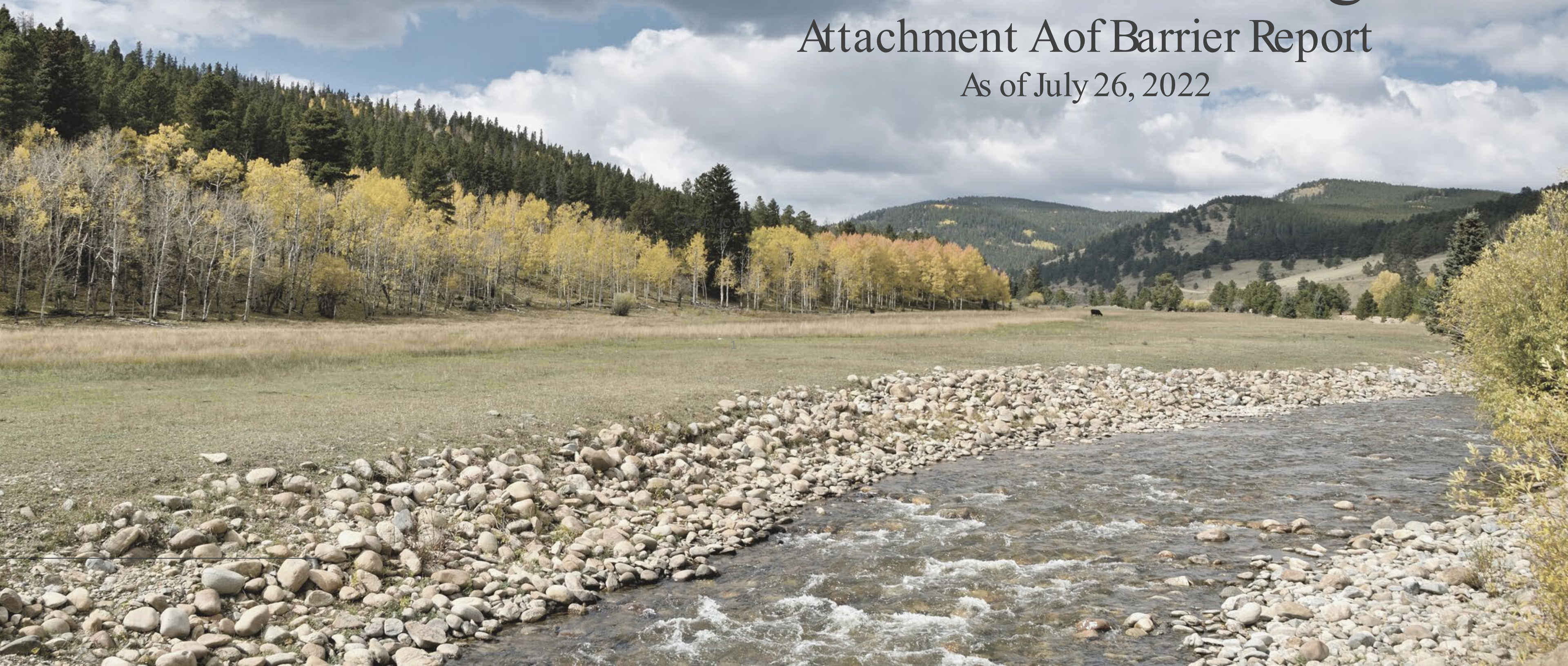
Attachment A of Barrier Report

As of July 26, 2022

Table of Contents

Survey Overview

- IPN survey focused on their experiences with their RAEs and HCPF
  - Overall satisfaction (2 items)
  - Interaction satisfaction (11 items)
  - RAE and HCPF service quality (five dimensions)
- 1 open-ended (200 max words)
- 8 demographic questions

- Survey took about 5 to 10 minutes to complete
- Survey responses
  - 6,038 email invitations sent successfully
  - Open 18 days (5/27-6/13/22)
  - 494 surveys completed
  - 8.2% overall response rate

Satisfaction Rating Scale

1. Very Dissatisfied
2. Dissatisfied
3. Neutral
4. Satisfied
5. Very Satisfied

Service Quality Rating Scale

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

Number of Completed IPN Surveys by RAE

A total of 494 surveys were completed by IPN providers
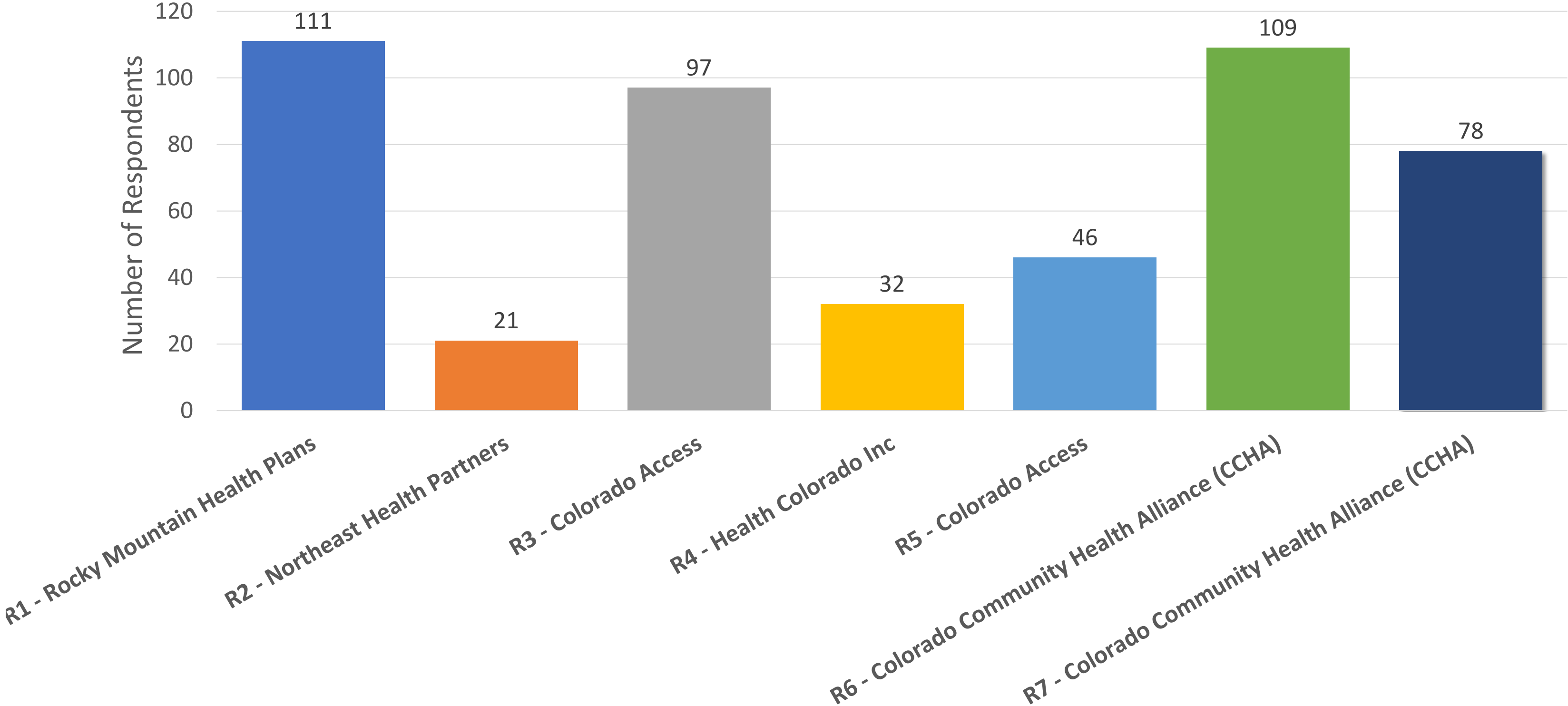
Summary Findings

Summary Findings – Overall Satisfaction

- Based on statistical tests, IPNs are:
  - Most satisfied with being a Medicaid provider in Region 3: Colorado Access , and
  - Most satisfied with their RAE relationship in Regions 1: Rocky Mountain Health Plans, 3: Colorado Access and 5: Colorado Access , and
  - Least satisfied with their RAE relationship in Regions 2: Northeast Health Partners, 4: Health Colorado Inc , 6: CCHA and 7: CCHA.

Summary Findings – Interaction Points

- Based on descriptive information, when looking at interaction point averages for all regions combined:
  - IPN highest interaction satisfaction with receiving payment from HCPF (interaction point #10) and their primary RAEs (interaction point #9), and the preparation and submitting of claims to RAE (interaction point #5). See page 12.
  - IPN lowest interaction satisfaction with receiving service preauthorization with their primary RAE (interaction point #4), resolving claims issues related to primary RAE (interaction point #7) , and resolving claim denials with primary RAE (interaction point #8). See page 12.

- Based on descriptive information, when comparing interaction points against the averages for all regions combined:
  - Region 1: Rocky Mountain Health Plans was generally rated <u>higher</u> on interaction points than the average of all regions combined.
  - Region 2: Northeast Health Partners was generally rated <u>lower</u> on interaction points than the average of all regions combined.
  - Region 3: Colorado Access was generally rated <u>higher</u> on interaction points than the average of all regions combined.
  - Region 4: Health Colorado Inc was had a mix or rating <u>higher</u>, <u>similar</u> and <u>lower</u> on interaction points as compared to the average of all regions combined.
  - Region 5: Colorado Access was generally rated <u>higher</u> on interaction points than the average of all regions combined.
  - Region 6: CCHA was generally rated <u>lower</u> on interaction points than the average of all regions combined.
  - Region 7: CCHA was mostly rated <u>similar</u> or <u>lower</u> on interaction points than the average of all regions combined.

- Based on statistical tests, when comparing primary RAES at each interaction point:
  - IPNs in <u>Regions 1, 3 and 5</u> tend to be <u>most satisfied</u>, while
  - IPNs in <u>Regions 2, 4, 6 and 7</u> tend to be <u>least satisfied</u> on a variety of HCPF and RAE interaction dimensions

Summary Findings – Service Quality

- Based on descriptive findings and for service quality, RAE and HCPF average performance scores on the same dimensions were very similar

- Based on descriptive findings and for RAE service quality

  - IPNs in Regions 1, 3 and 5 tend to be most satisfied, while

  - IPNs in Regions 2, 4, 6 and 7 tend to be least satisfied on a variety of RAE performance dimensions

- Based on descriptive findings for HCPF service quality

  - IPNs in Regions 1, 3 and 4 tend to be most satisfied, while

  - IPNs in Regions 2, 5 and 6 tend to be least satisfied on a variety of HCPF performance dimensions

- Based on statistical analysis, RAE and HCPF service quality scores on the same dimensions were very similar

- Based on statistical analysis and satisfaction of RAE service quality by primary RAE

  - IPNs in Regions 1, 3 and 5 tend to be most satisfied with RAE service quality while

  - IPNs in Regions 2, 4, 6 and 7 tend to be least satisfied on a variety of RAE performance dimensions

- Based on statistical analysis and satisfaction of HCPF service quality by primary RAE

  - IPNs in Regions 1, 3 and 4 tend to be most satisfied with HCPF service quality while

  - IPNs in Regions 2, 5 and 6 tend to be least satisfied on a variety of HCPF performance dimensions

Summary Findings – Heatmaps

- Heatmap for Counties with the Top Number of Respondents
  - Arapahoe County averages <u>highest</u> among the top 7 counties with respondents for overall satisfaction, interaction satisfaction, and RAE service quality.
  - Mesa County averages <u>highest</u> among the top 7 counties with respondents for HCPF service quality.
  - Boulder County averages <u>lowest</u> among the top 7 counties with respondents for overall satisfaction, interaction satisfaction, RAE service quality and HCPF service quality.

- Heatmap for Number of Professional Providers in Practice
  - Practices with 10 or more providers generally had the <u>highest</u> average ratings.
  - Practices with 2 to 9 providers generally had the <u>lowest</u> average ratings for overall satisfaction, interaction satisfaction, and RAE service quality.

- Heatmap of Percent of Caseload that is Health First Colorado: Medicaid
  - Practices that have 50% to 74% of their caseload Health First Colorado: Medicaid generally had the <u>highest</u> averages.
  - Practices that have less than 10% of their caseload Health First Colorado: Medicaid generally had the <u>lowest</u> averages.

- Heatmap of Respondent Role
  - Respondents who were office administrators: general managers generally had the <u>highest</u> ratings of overall satisfaction, interaction satisfaction, RAE service quality and HCPF service quality.
  - Respondents who were independent providers generally had the <u>lowest</u> ratings of overall satisfaction, RAE service quality and HCPF service quality.
  - Respondents who were independent providers OR Other (including 3rd party billers) generally had the <u>lowest</u> ratings of interaction satisfaction.

- Heatmap of Primary Member Classification
  - Respondents whose practices serve primarily Child/Adolescent, Unhoused and Non-English members generally averaged <u>higher</u> overall satisfaction, interaction satisfaction, RAE service quality and HCPF service quality compared to respondents focusing on other specific client types.
  - Respondents whose practices serve primarily BIPOC, LGBTQIA+ and Child Welfare members generally averaged <u>lower</u> overall satisfaction, interaction satisfaction, RAE service quality and HCPF service quality compared to respondents focusing on other specific client types.

- Heatmap of Years in Practice
  - The number of years in practice <u>does not</u> appear to impact overall average ratings of overall satisfaction, interaction satisfaction, RAE service quality and HCPF service quality.

Overall Satisfaction

Overall Satisfaction Ratings by RAE

IPNs <u>most satisfied</u> with **being a Medicaid provider** in Region 3, and IPNs are <u>most satisfied</u> with their **RAE relationship** in <u>Regions 1, 3 and 5</u>, and <u>least satisfied</u> in <u>Regions 2, 4, 6 and 7</u>.

N = 494 IPN survey respondents
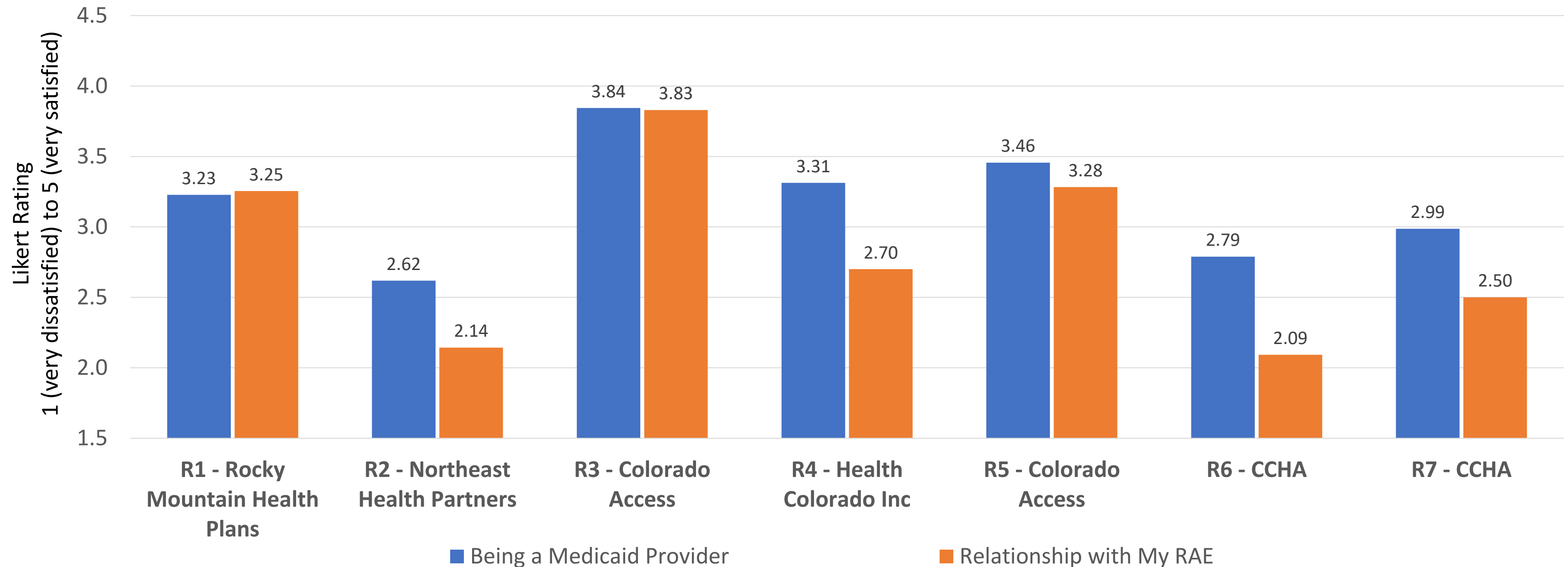
Overall Satisfaction Ratings by RAE

IPNs <u>most satisfied </u>with **being a Medicaid provider** in Region 3, and IPNs are <u>most satisfied </u>with their **RAE relationship** in <u>Regions 1, 3 and 5</u>, and <u>least satisfied </u>in <u>Regions 2, 4, 6 and 7</u>.
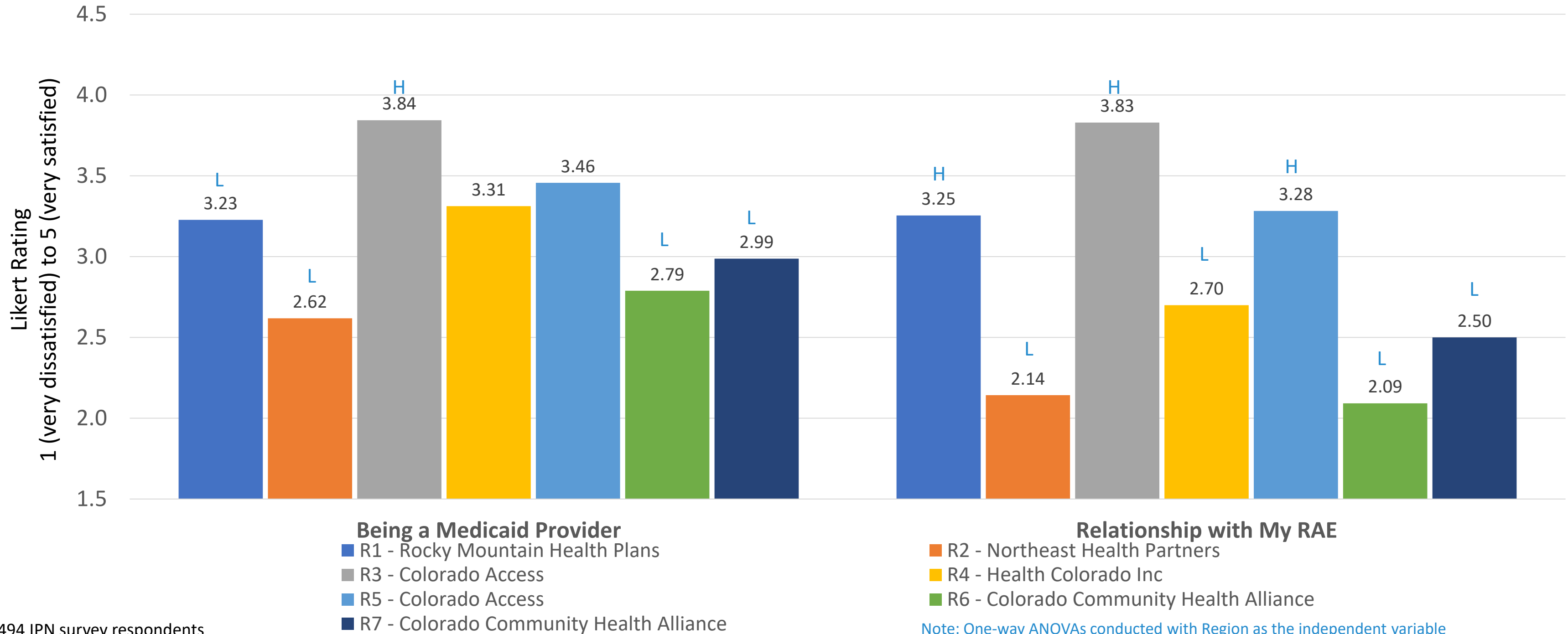
N = 494 IPN survey respondents
Note: This slide provides statistical tests that support the conclusions on this and the previous slides.

Note: One-way ANOVAs conducted with Region as the independent variable
L = Significantly <u>lower</u> than most designated H group(s) (Bonferroni $p \leq .05$)
H = Significantly <u>higher</u> than most designated L group(s) (Bonferroni $p \leq .05$)

IPN Satisfaction of Interactions with Primary RAEs and HCPF

An IPN's Interaction Journey with RAEs and HCPF

10 Receipt of payment from HCPF

5 Coding, preparing and submitting claims to your primary RAE

11 Responding to audits by your RAE

9 Receipt of payment from your RAE

4 Receiving service preauthorization services from your primary RAE.

6 Coding, preparing and submitting claims to HCPF

8 Resolving claim disputes (i.e., denials) with my RAE

1 Enrolling with HCPF as a Medicaid provider

3 Credentialing with your primary RAE

2 Contracting with your primary RAE

7 Resolving claim issues related to your primary RAE (e.g., missing information, coding, etc.)

IPN Satisfaction of Interactions with Primary RAEs and HCPF

Comparison of All Regions Combined to Specific Region by Interaction Point

Note: The following slides provide descriptive information on interaction satisfaction by region or RAE

Satisfaction Ratings by Interaction Point: <u>All Regions Combined</u>

- IPN *highest* interaction satisfaction with receiving payment from HCPF (interaction point #10) and their primary RAEs (interaction point #9), and the preparation and submitting of claims to RAE (interaction point #5).
- IPN *lowest* interaction satisfaction with receiving service preauthorization with their primary RAE (interaction point #4), resolving claims issues related to primary RAE (interaction point #7) , and resolving claim denials with primary RAE (interaction point #8).

N = 494 IPN survey respondents
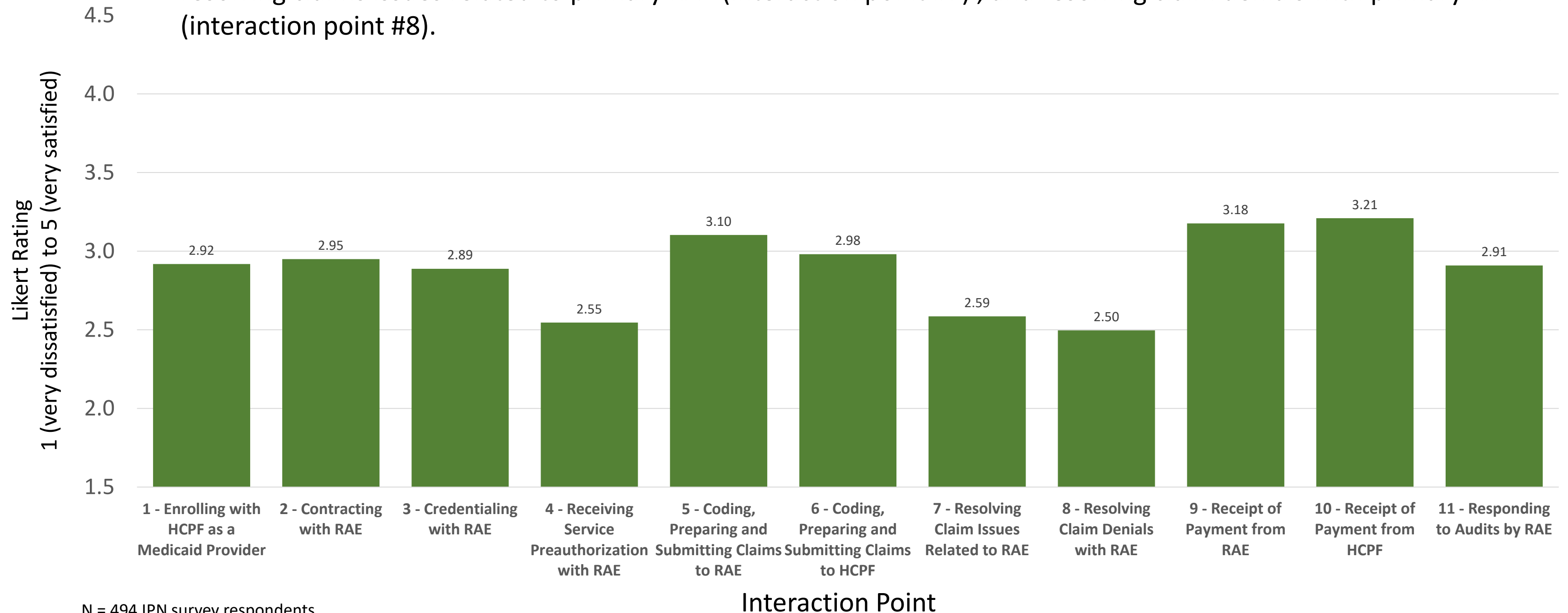
Satisfaction Ratings by Interaction Point: R1: Rock Mountain Health Plans

- Region 1: Rocky Mountain Health Plans was generally rated <u>higher</u> on interaction points than the average of all regions combined.
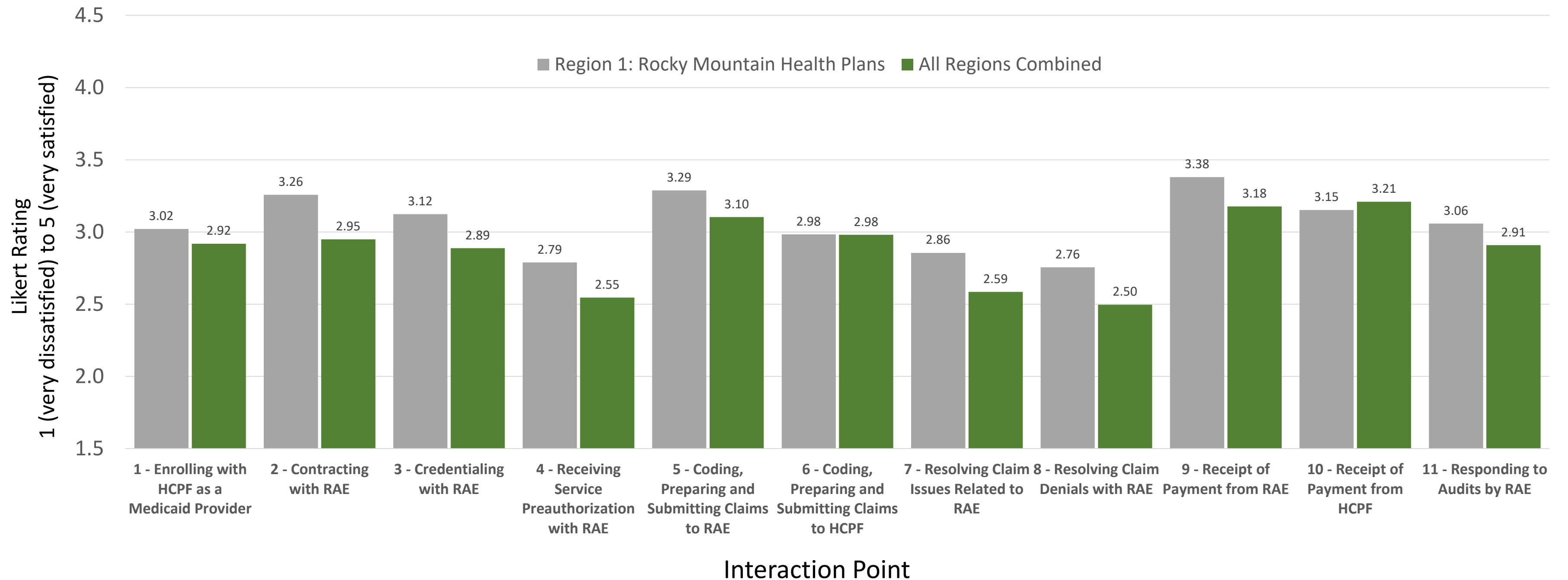
N = 111 Region 1 survey respondents

Satisfaction Ratings by Interaction Point: R2: Northeast Health Partners

- Region 2: Northeast Health Partners was generally rated <u>lower</u> on interaction points than the average of all regions combined.
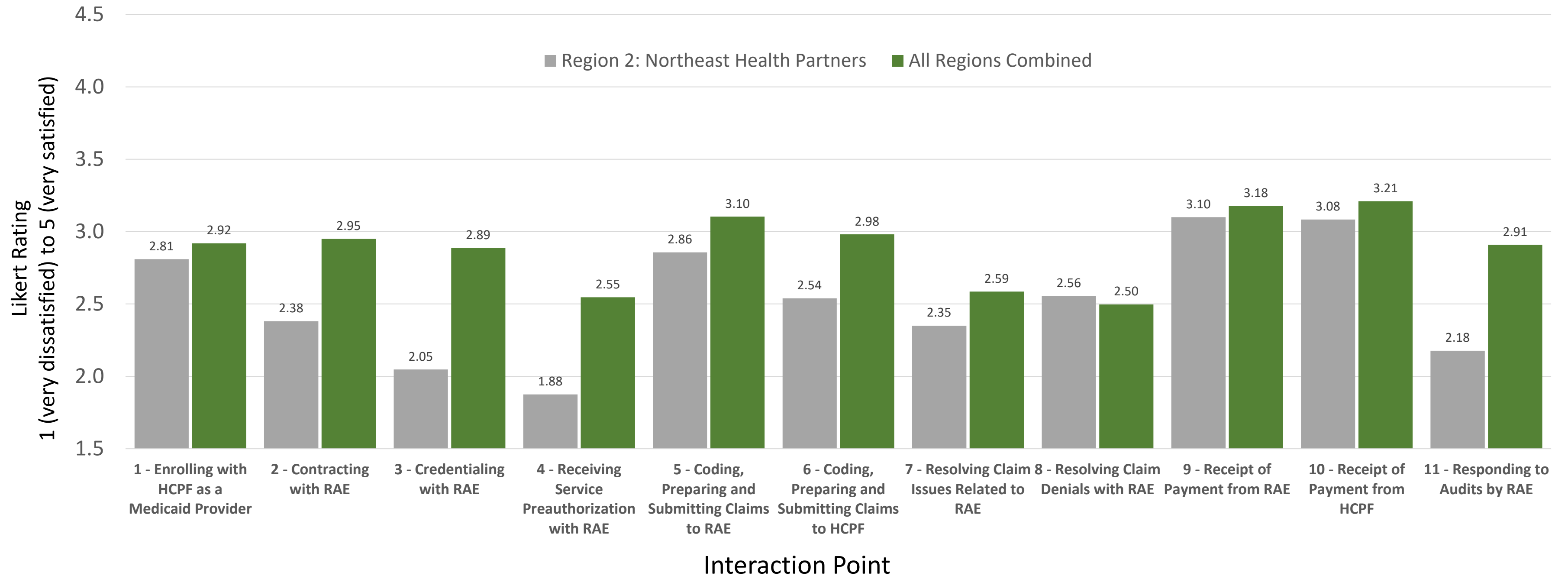
N = 21 Region 2 survey respondents

Satisfaction Ratings by Interaction Point: <u>R3: Colorado Access</u>

- Region 3: Colorado Access was generally rated <u>higher</u> on interaction points than the average of all regions combined.

N = 97 Region 3 survey respondents

Satisfaction Ratings by Interaction Point: R4: Health Colorado Inc

- Region 4: Health Colorado Inc was had a mix or rating <u>higher</u>, <u>similar</u> and <u>lower</u> on interaction points as compared to the average of all regions combined.

N = 32 Region 4 survey respondents

Satisfaction Ratings by Interaction Point: R5: Colorado Access

- Region 5: Colorado Access was generally rated <u>higher</u> on interaction points than the average of all regions combined.

Legend: ■ Region 5: Colorado Access   ■ All Regions Combined

Y-axis: Likert Rating 1 (very dissatisfied) to 5 (very satisfied)

X-axis: Interaction Point

Interaction Point	Region 5: Colorado Access	All Regions Combined
1 - Enrolling with HCPF as a Medicaid Provider	2.38	2.92
2 - Contracting with RAE	3.07	2.95
3 - Credentialing with RAE	3.07	2.89
4 - Receiving Service Preauthorization with RAE	2.81	2.55
5 - Coding, Preparing and Submitting Claims to RAE	3.48	3.10
6 - Coding, Preparing and Submitting Claims to HCPF	3.04	2.98
7 - Resolving Claim Issues Related to RAE	2.82	2.59
8 - Resolving Claim Denials with RAE	2.63	2.50
9 - Receipt of Payment from RAE	3.29	3.18
10 - Receipt of Payment from HCPF	3.08	3.21
11 - Responding to Audits by RAE	2.97	2.91

N = 46 Region 5 survey respondents

Satisfaction Ratings by Interaction Point: R6:CCHA
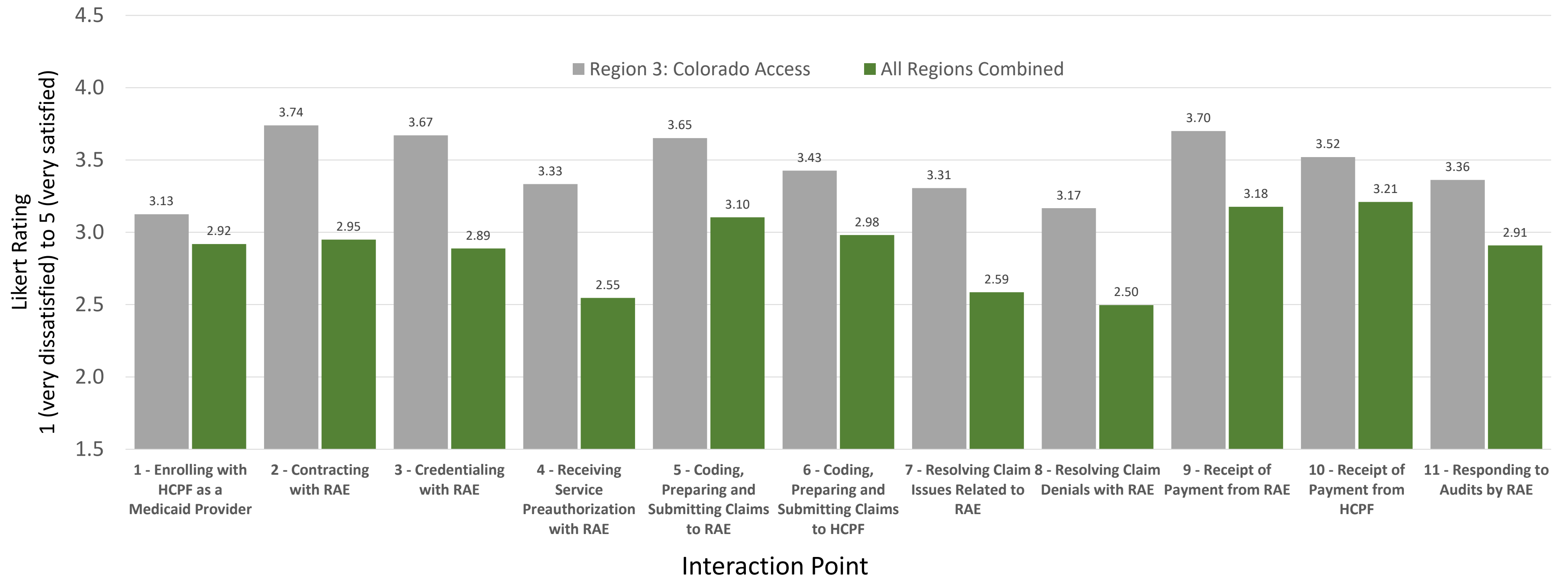
- Region 6: CCHA was generally rated <u>lower</u> on interaction points than the average of all regions combined.
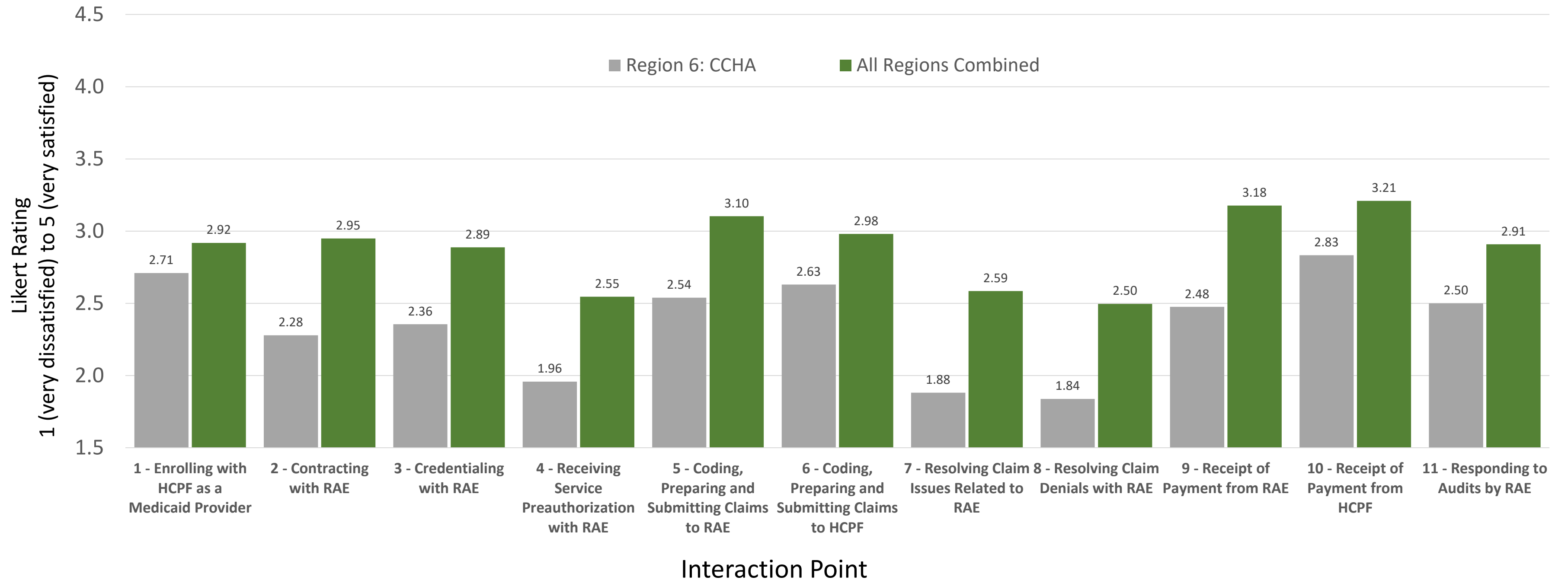
N = 109 Region 6 survey respondents
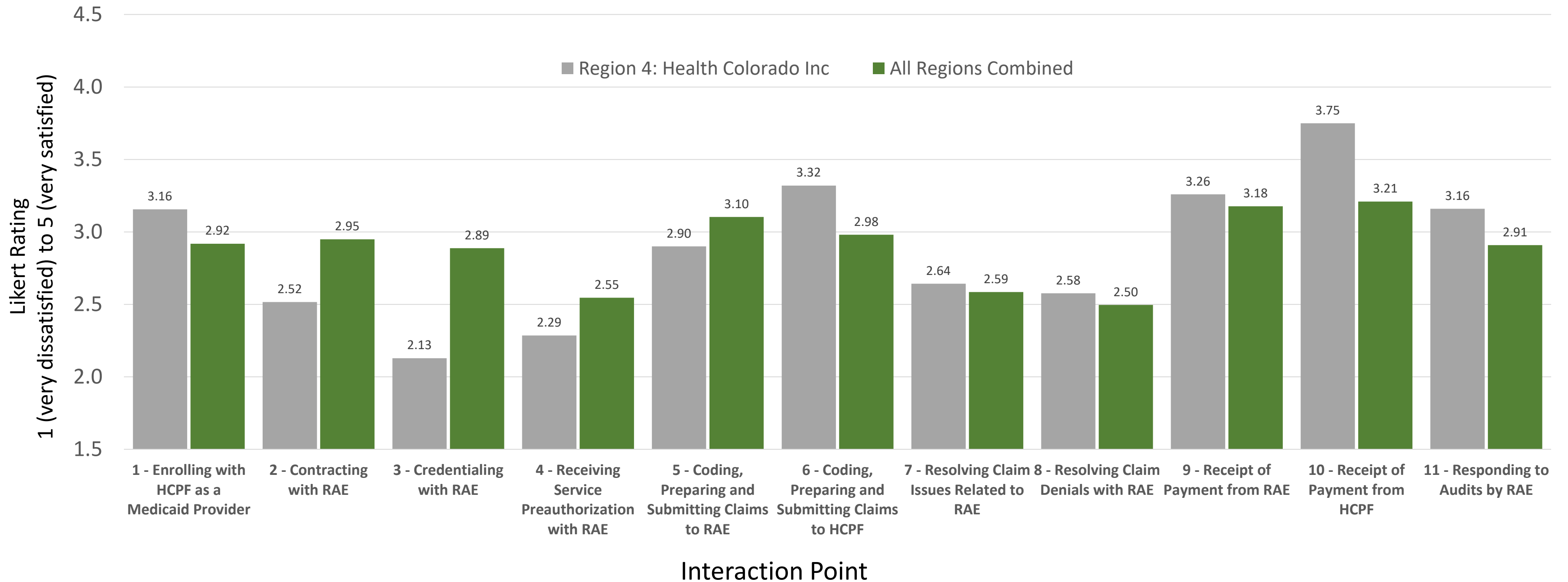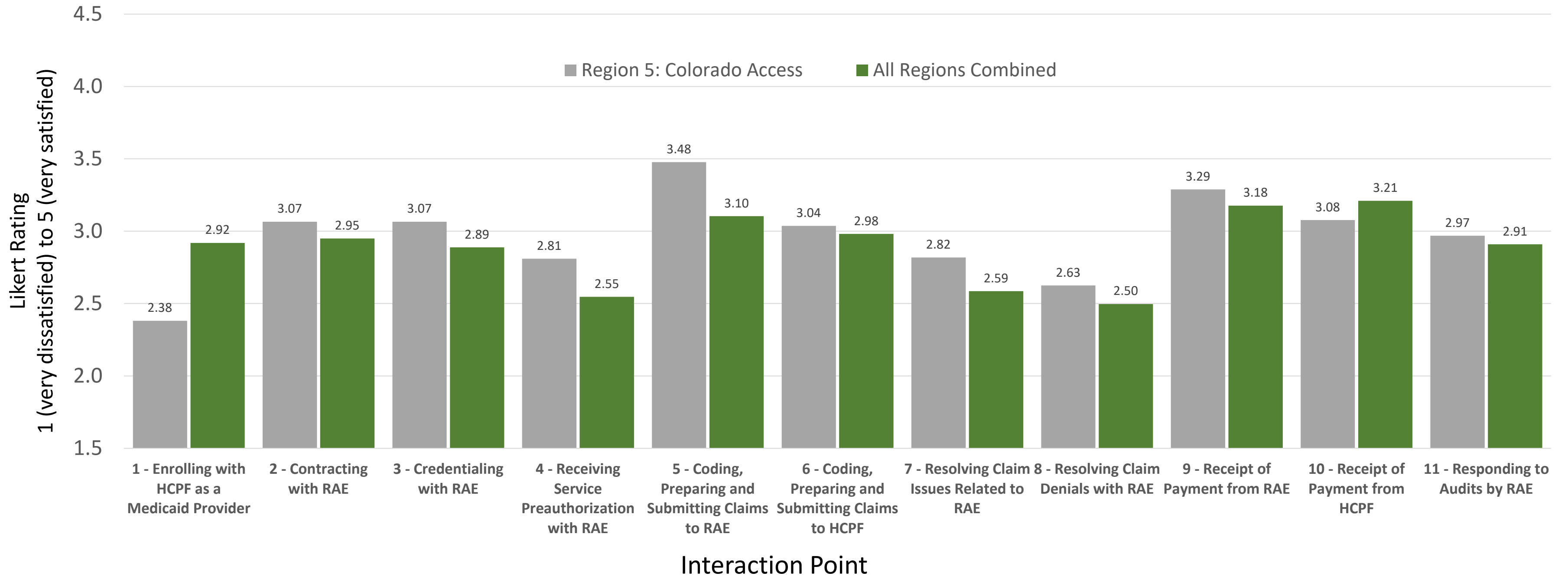
Satisfaction Ratings by Interaction Point: <u>R7:CCHA</u>

- Region 7: CCHA was mostly rated <u>similar</u> or <u>lower</u> on interaction points than the average of all regions combined.

N = 78 Region 7 survey respondents

IPN Satisfaction of Interactions with Primary RAEs and HCPF

Comparison By Interaction Point by RAE

Note: The following slides provide statistical comparisons on interaction satisfaction by region or RAE

Satisfaction Ratings by Primary RAE – Interactions #1 to #6

- IPNs in <u>Regions 1, 3 and 5</u> tend to be <u>most satisfied</u>, while
- IPNs in <u>Regions 2, 4, 6 and 7</u> tend to be <u>least satisfied</u> on a variety of HCPF and RAE interaction dimensions

N = 494 IPN survey respondents

Satisfaction Ratings by Primary RAE – Interactions #7 to #11

- IPNs in <u>Regions 1, 3 and 5</u> tend to be <u>most satisfied</u>, while
- IPNs in <u>Regions 2, 4, 6 and 7</u> tend to be <u>least satisfied</u> on a variety of HCPF and RAE interaction dimensions

N = 494 IPN survey respondents

IPN Agreement with Service Quality with Primary RAEs and HCPF

Note: The following slide provide descriptive information on IPN experiences of primary RAE or HCPF service quality

Service Quality Model

1. Reliability
   Firm does it right the first time
   Dependability and accuracy

2. Assurance
   Knowledge and courtesy
   Ability to inspire trust and confidence

3. Tangibles
   Professional physical facilities, personnel, equipment, websites, collateral

4. Empathy
   Caring, individualized attention

5. Responsiveness
   Willingness and readiness to give service
   Prompt service, call back quickly, willing to help

Adapted from: SERVQUAL Service
Quality Model, 1985, A. Parasuraman,
Valarie Zeithaml and Leonard L. Berry

RAE and HCPF Performance Ratings

- RAE and HCPF average performance scores on the same dimensions were very similar

N = 494 IPN survey respondents
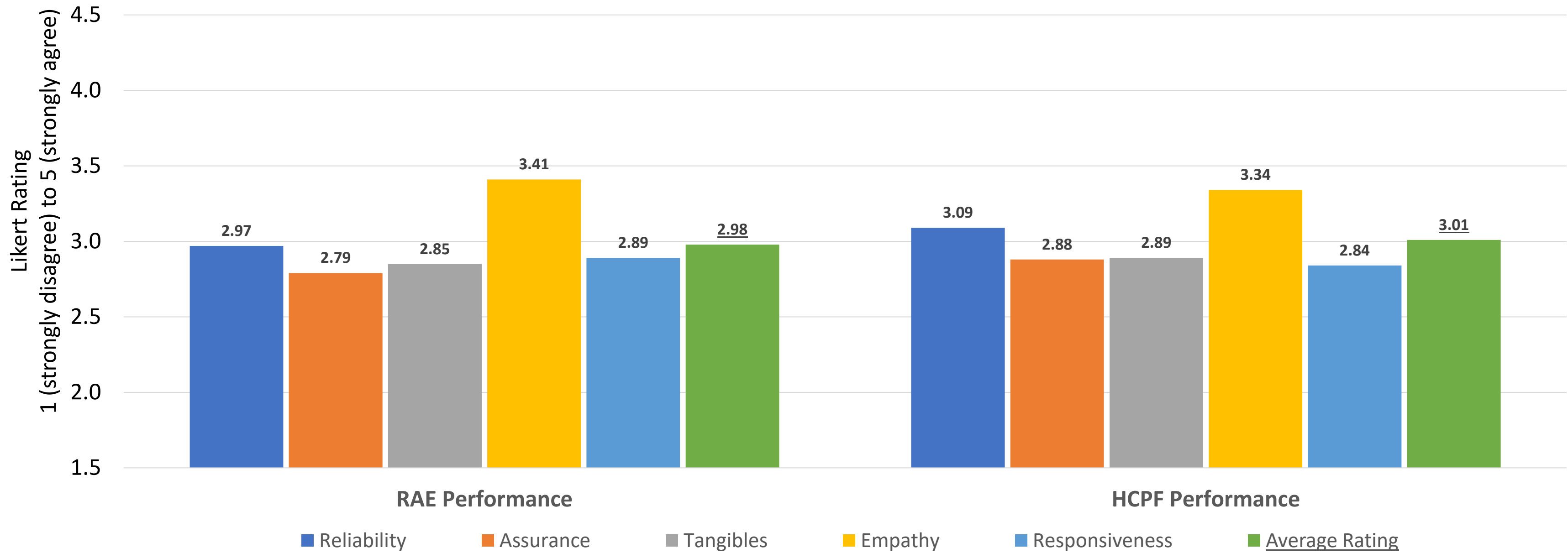
RAE Performance Ratings by Primary RAE by Service Quality Component

- IPNs in <u>Regions 1, 3 and 5</u> tend to be <u>most satisfied</u>, while
- IPNs in <u>Regions 2, 4, 6 and 7</u> tend to be <u>least satisfied</u> on a variety of RAE performance dimensions
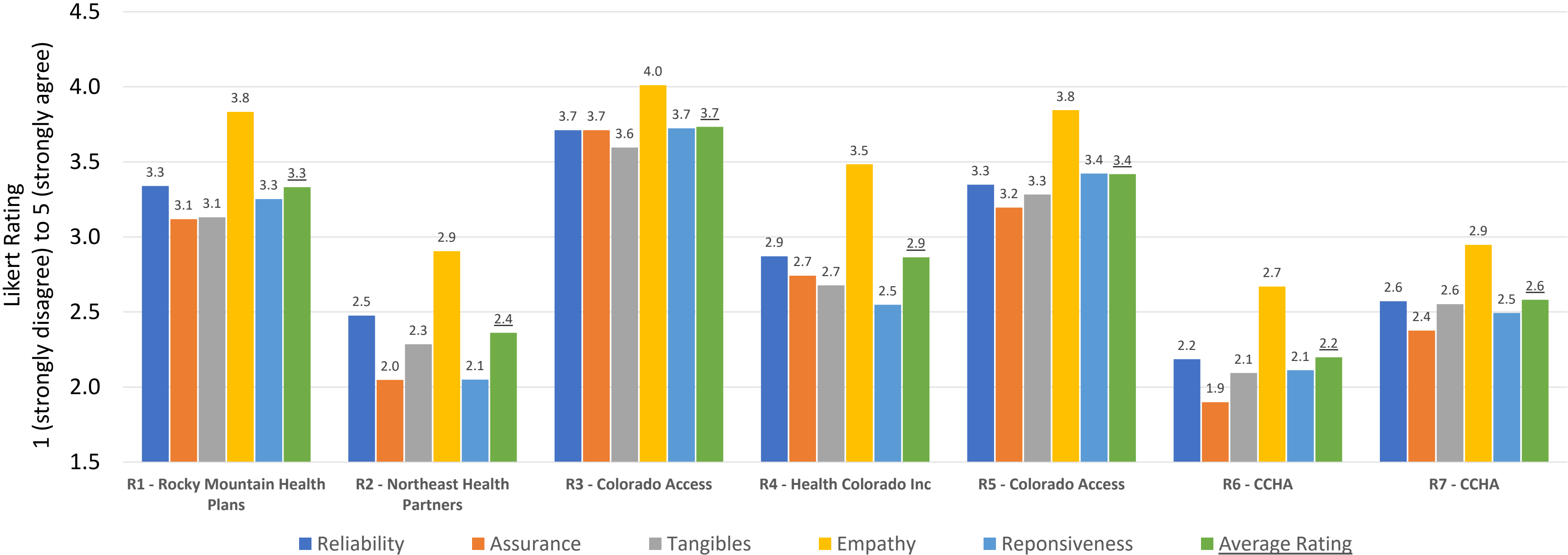
N = 494 IPN survey respondents

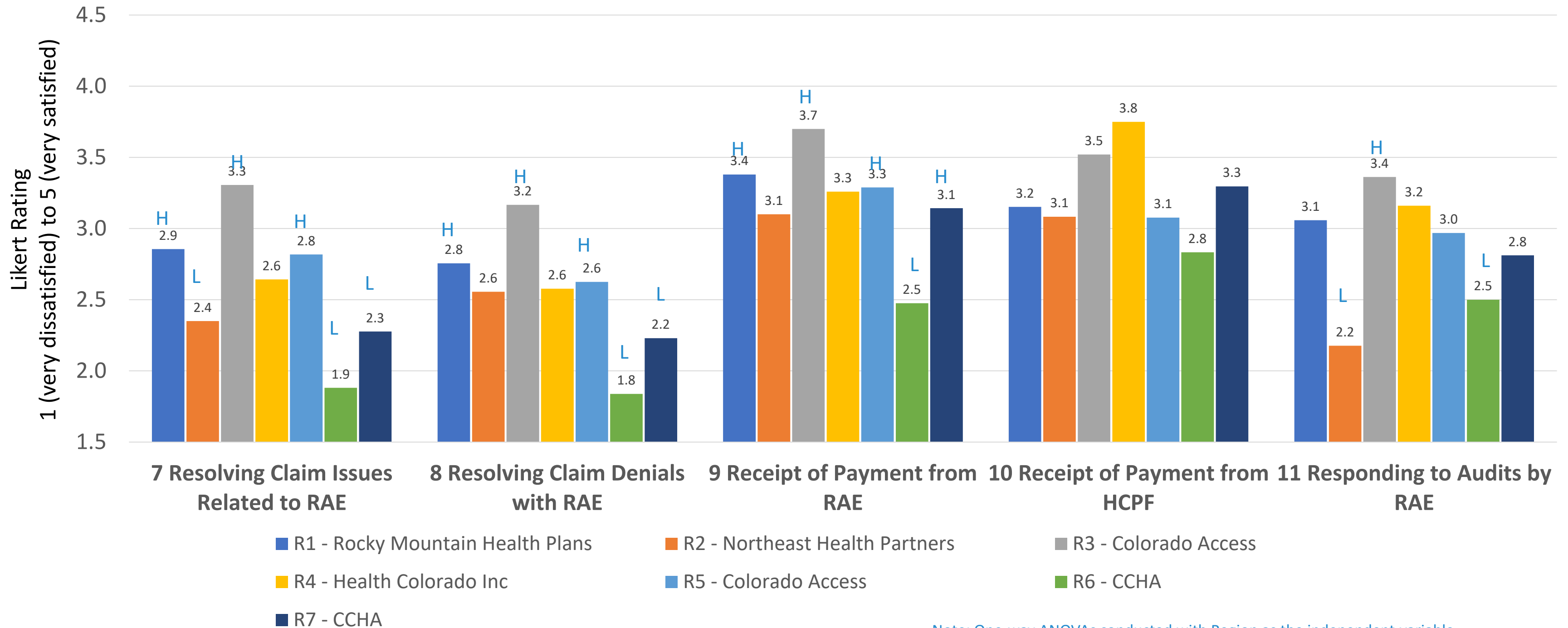# HCPF Performance Ratings by Primary RAE by Service Quality Component

- IPNs in <u>Regions 1, 3 and 4</u> tend to be <u>most satisfied</u>, while
- IPNs in <u>Regions 2, 5 and 6</u> tend to be <u>least satisfied</u> on a variety of HCPF performance dimensions
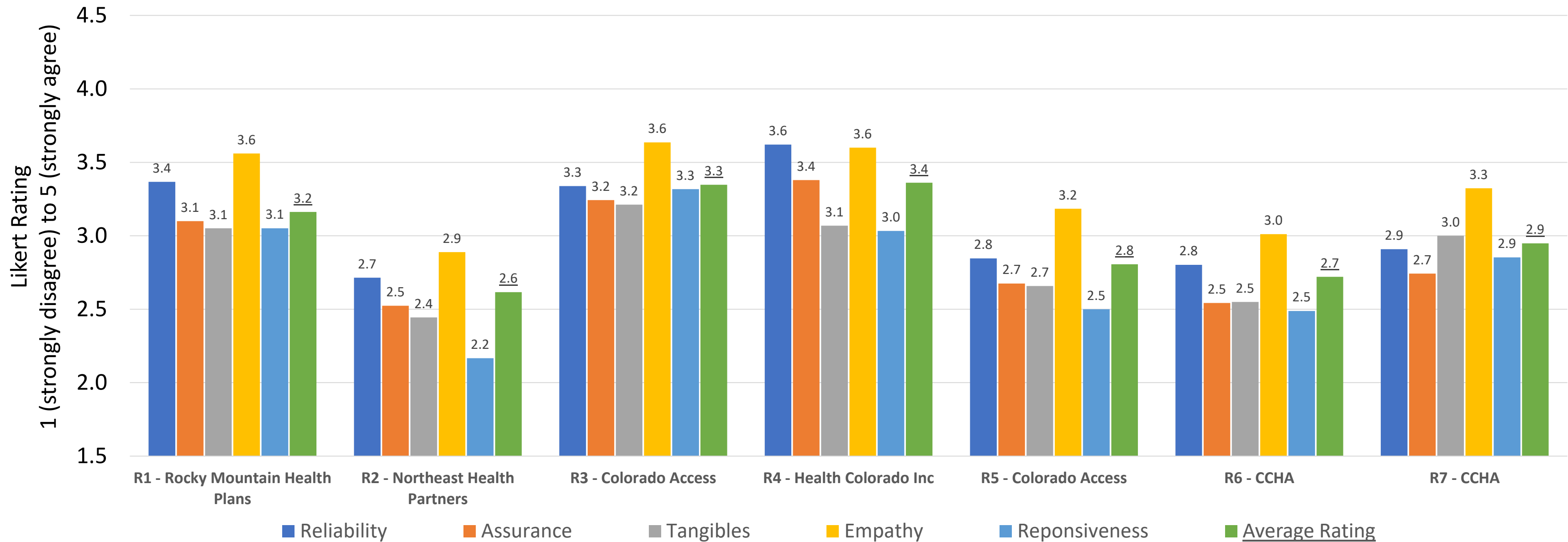
N = 494 IPN survey respondents

IPN Satisfaction of Interactions with Primary RAEs and HCPF

Comparison of All Regions Combined to Specific Region by Interaction Point

Note: The following slides provide statistical comparisons on IPN experiences of primary RAE or HCPF service quality

Comparison of IPN Ratings on Primary RAE and HCPF Service Quality

- RAE and HCPF performance scores on the same dimensions were very similar

L = Significantly lower than some designated H group(s) (T Test p ≤ .05)
H = Significantly higher than some designated L group(s) (T Test p ≤ .05)

IPN Satisfaction on Primary RAE by Service Quality Component by Primary RAE

- IPNs in <u>Regions 1, 3 and 5</u> tend to be <u>most satisfied</u> with RAE service quality while
- IPNs in <u>Regions 2, 4, 6 and 7</u> tend to be <u>least satisfied</u> on a variety of RAE performance dimensions

Legend:
- R1 - Rocky Mountain Health Plans
- R2 - Northeast Health Partners
- R3 - Colorado Access
- R4 - Health Colorado Inc
- R5 - Colorado Access
- R6 - CCHA
- R7 - CCHA

N = 494 IPN survey respondents

IPN Satisfaction on HCPF by Service Quality Component by Primary RAE

- IPNs in <u>Regions 1, 3 and 4</u> tend to be <u>most satisfied</u> with HCPF service quality while
- IPNs in <u>Regions 2, 5 and 6</u> tend to be <u>least satisfied</u> on a variety of HCPF performance dimensions

N = 494 IPN survey respondents

Legend:
- R1 - Rocky Mountain Health Plans
- R2 - Northeast Health Partners
- R3 - Colorado Access
- R4 - Health Colorado Inc
- R5 - Colorado Access
- R6 - CCHA
- R7 - CCHA

Demographic Heatmaps

Heatmap Overview

Heatmaps colors highlight descriptive averages from high (green) to low (red).

Heatmaps are useful in identifying variables that are rated higher and lower.

Heatmap colors do not indicate the *amount* of difference between averages.

Heatmaps do not indicate statistical significance of the differences between high and low.

Heatmap for Counties with the Top Number of Respondents

- Findings
  - Arapahoe County averages <u>highest</u> among the top 7 counties with respondents for overall satisfaction, interaction satisfaction, and RAE service quality.
  - Mesa County averages <u>highest</u> among the top 7 counties with respondents for HCPF service quality.
  - Boulder County averages <u>lowest</u> among the top 7 counties with respondents for overall satisfaction, interaction satisfaction, RAE service quality and HCPF service quality.

Heatmap of Counties with the Top Number of Responses by ROW

Last updated 6/27/2022

Colors note rank order of differences, not the size of the differences.

Q14 - County of My Practice Primary Location

	N = 38	N = 34	N = 80	N = 88	N = 46	N = 43	N = 25	
	3 - Arapahoe	7 - Boulder	17 - Denver	21 - El Paso	31 - Jefferson	36 - Larimer	40 - Mesa	Total
Overall Satisfaction								
Q03_1 - Being a Medicaid Provider	3.82	2.44	3.46	3.06	3.11	3.09	3.60	3.22
Q03_2 - Relationship with My RAE	3.73	2.15	3.35	2.36	2.52	3.09	3.56	2.90
Interaction Satisfaction								
Q04_1 - Enrolling with HCPF as a Medicaid Provider	3.11	2.53	2.78	3.15	2.81	2.73	3.45	2.93
Q04_2 - Contracting with RAE	3.65	2.17	3.36	2.66	2.52	3.07	3.68	2.99
Q04_3 - Credentialing with RAE	3.61	2.19	3.24	2.68	2.63	2.88	3.44	2.93
Q04_4 - Receiving Service Preauthorization with RAE	3.30	2.24	2.70	2.44	2.28	2.39	3.20	2.59
Q04_5 - Coding, Preparing and Submitting Claims to RAE	3.46	2.24	3.51	2.88	3.04	3.45	3.46	3.16
Q04_6 - Coding, Preparing and Submitting Claims to HCPF	3.32	2.22	3.16	3.05	2.85	2.95	2.86	2.98
Q04_7 - Resolving Claim Issues Related to RAE	3.06	2.00	3.00	2.21	2.28	2.92	2.95	2.60
Q04_8 - Resolving Claim Denials with RAE	2.91	1.57	2.87	2.20	2.38	2.79	2.90	2.51
Q04_9 - Receipt of Payment from RAE	3.58	2.37	3.46	3.06	2.73	3.29	3.46	3.15
Q04_10 - Receipt of Payment from HCPF	3.50	2.41	3.35	3.47	2.96	3.33	3.23	3.26
Q04_11 - Responding to Audits by RAE	3.23	2.19	2.94	2.83	2.78	2.97	3.44	2.90
RAE Service Quality								
Q05_1 - Provides Accurate and Dependable Services	3.55	2.24	3.36	2.49	2.57	3.12	3.83	2.96
Q05_2 - Trust and Confidence	3.55	1.97	3.15	2.30	2.37	2.95	3.58	2.77
Q05_3 - Communications	3.44	2.13	3.21	2.52	2.42	3.12	3.17	2.85
Q05_4 - Considerate, Respectful, and Professional	3.83	2.75	3.67	2.94	3.04	3.74	4.04	3.37
Q05_5 - Helpful and Timely	3.50	2.06	3.38	2.49	2.40	3.30	3.33	2.91
HCPF Service Quality								
Q06_1 - Provides Accurate and Dependable Services	2.93	2.54	3.00	3.20	3.00	3.38	3.47	3.07
Q06_2 - Trust and Confidence	2.77	2.34	2.79	3.00	2.90	3.13	3.29	2.88
Q06_3 - Communications	2.84	2.04	2.78	3.13	2.85	3.06	3.38	2.89
Q06_4 - Considerate, Respectful and Professional	3.08	2.88	3.18	3.43	3.45	3.45	3.71	3.32
Q06_5 - Helpful and Timely	2.91	2.15	2.85	3.00	2.73	2.97	3.18	2.85

Note: Metrics are average ratings for each category and overall
Overall and interaction satisfaction rating scale: 1 = very dissatisfied to 5 very satisfied
Service quality rating scale: 1 = very dissatisfied to 5 very satisfied

Heatmap for Number of Professional Providers in Practice

- Findings
  - Practices with 10 or more providers generally had the <u>highest</u> average ratings.
  - Practices with 2 to 9 providers generally had the <u>lowest</u> average ratings for overall satisfaction, interaction satisfaction, and RAE service quality.

Number of Professional Provider in Practice Heatmap by ROW

Last updated 6/27/2022 — Colors note rank order of differences, not the size of the differences.

	Q11 - Number of Professional Providers in Practice			
	N = 275	N = 138	N = 78	
	Individual Practice	2 to 9	10 or More	Total
Overall Satisfaction				
Q03_1 - Being a Medicaid Provider	3.12	3.21	3.52	3.21
Q03_2 - Relationship with My RAE	2.93	2.79	3.00	2.90
Interaction Satisfaction				
Q04_1 - Enrolling with HCPF as a Medicaid Provider	2.82	2.87	3.32	2.91
Q04_2 - Contracting with RAE	2.97	2.88	2.99	2.95
Q04_3 - Credentialing with RAE	2.94	2.79	2.85	2.89
Q04_4 - Receiving Service Preauthorization with RAE	2.57	2.32	2.83	2.54
Q04_5 - Coding, Preparing and Submitting Claims to RAE	3.07	3.07	3.28	3.10
Q04_6 - Coding, Preparing and Submitting Claims to HCPF	2.87	3.03	3.26	2.98
Q04_7 - Resolving Claim Issues Related to RAE	2.64	2.41	2.74	2.59
Q04_8 - Resolving Claim Denials with RAE	2.49	2.33	2.84	2.50
Q04_9 - Receipt of Payment from RAE	3.24	3.04	3.20	3.18
Q04_10 - Receipt of Payment from HCPF	3.15	3.10	3.63	3.21
Q04_11 - Responding to Audits by RAE	2.92	2.86	2.95	2.91
RAE Service Quality				
Q05_1 - Provides Accurate and Dependable Services	3.00	2.87	3.03	2.97
Q05_2 - Trust and Confidence	2.86	2.61	2.81	2.78
Q05_3 - Communications	2.87	2.76	2.89	2.84
Q05_4 - Considerate, Respectful, and Professional	3.46	3.35	3.33	3.41
Q05_5 - Helpful and Timely	2.91	2.85	2.89	2.89
HCPF Service Quality				
Q06_1 - Provides Accurate and Dependable Services	3.05	3.00	3.38	3.09
Q06_2 - Trust and Confidence	2.81	2.84	3.20	2.88
Q06_3 - Communications	2.80	2.91	3.12	2.89
Q06_4 - Considerate, Respectful and Professional	3.28	3.29	3.56	3.33
Q06_5 - Helpful and Timely	2.79	2.78	3.09	2.84

Note: Metrics are average ratings for each category and overall
Overall and interaction satisfaction rating scale: 1 = very dissatisfied to 5 very satisfied
Service quality rating scale: 1 = very dissatisfied to 5 very satisfied

Heatmap of Percent of Caseload that is Health First Colorado: Medicaid

- Findings
  - Practices that have 50% to 74% of their caseload Health First Colorado: Medicaid generally had the <u>highest</u> averages.
  - Practices that have less than 10% of their caseload Health First Colorado: Medicaid generally had the <u>lowest</u> averages.

Heatmap of Percent of Case Load that Is Medicaid by ROW

Last updated 6/27/2022 — Colors note rank order of differences, not the size of the d

	Q13 - Percent of My Case Load That Is Health First Colorado				
	N = 85	N = 174	N = 123	N = 105	
	< 10%	10 – 49%	50 to 74%	75% or More	Total
Overall Satisfaction					
Q03_1 - Being a Medicaid Provider	2.50	3.31	3.58	3.17	3.21
Q03_2 - Relationship with My RAE	2.55	2.93	3.02	2.94	2.89
Interaction Satisfaction					
Q04_1 - Enrolling with HCPF as a Medicaid Provider	2.31	3.02	3.16	2.89	2.91
Q04_2 - Contracting with RAE	2.49	2.99	3.09	3.01	2.94
Q04_3 - Credentialing with RAE	2.49	2.92	3.12	2.85	2.88
Q04_4 - Receiving Service Preauthorization with RAE	2.10	2.63	2.83	2.33	2.52
Q04_5 - Coding, Preparing and Submitting Claims to RAE	2.60	3.17	3.34	3.06	3.10
Q04_6 - Coding, Preparing and Submitting Claims to HCPF	2.46	3.01	3.42	2.86	2.98
Q04_7 - Resolving Claim Issues Related to RAE	2.20	2.65	2.80	2.48	2.58
Q04_8 - Resolving Claim Denials with RAE	2.13	2.54	2.67	2.48	2.50
Q04_9 - Receipt of Payment from RAE	2.91	3.20	3.29	3.19	3.17
Q04_10 - Receipt of Payment from HCPF	2.90	3.37	3.35	3.03	3.21
Q04_11 - Responding to Audits by RAE	2.60	2.85	3.23	2.82	2.91
RAE Service Quality					
Q05_1 - Provides Accurate and Dependable Services	2.68	2.99	3.07	2.99	2.96
Q05_2 - Trust and Confidence	2.57	2.80	2.87	2.78	2.77
Q05_3 - Communications	2.55	2.87	2.95	2.87	2.84
Q05_4 - Considerate, Respectful, and Professional	3.20	3.45	3.44	3.43	3.40
Q05_5 - Helpful and Timely	2.65	2.89	3.05	2.86	2.89
HCPF Service Quality					
Q06_1 - Provides Accurate and Dependable Services	2.73	3.28	3.14	3.00	3.09
Q06_2 - Trust and Confidence	2.46	3.00	3.03	2.82	2.88
Q06_3 - Communications	2.61	2.96	2.97	2.89	2.89
Q06_4 - Considerate, Respectful and Professional	3.06	3.48	3.37	3.24	3.33
Q06_5 - Helpful and Timely	2.63	2.90	2.97	2.72	2.83

Note: Metrics are average ratings for each category and overall
Overall and interaction satisfaction rating scale: 1 = very dissatisfied to 5 very satisfied
Service quality rating scale: 1 = very dissatisfied to 5 very satisfied

Heatmap of Respondent Role

- Findings
  - Respondents who were office administrators: general managers generally had the <u>highest</u> ratings of overall satisfaction, interaction satisfaction, RAE service quality and HCPF service quality.
  - Respondents who were independent providers generally had the <u>lowest</u> ratings of overall satisfaction, RAE service quality and HCPF service quality.
  - Respondents who were independent providers OR Other (including 3rd party billers) generally had the <u>lowest</u> ratings of interaction satisfaction.

Heatmap of Respondent Role by ROW

Last updated 6/27/2022 — Colors note rank order of differences, not the size of the differences.

	Q15 - Respondent Role			
	N = 401	N = 34	N = 53	
	1 - Independent Behavioral Health Provider	2 - Office Administration / General Manager	4 - Other	Total
Overall Satisfaction				
Q03_1 - Being a Medicaid Provider	3.17	3.62	3.21	3.21
Q03_2 - Relationship with My RAE	2.86	3.39	2.88	2.91
Interaction Satisfaction				
Q04_1 - Enrolling with HCPF as a Medicaid Provider	2.85	3.34	3.00	2.92
Q04_2 - Contracting with RAE	2.90	3.44	3.00	2.95
Q04_3 - Credentialing with RAE	2.87	3.25	2.83	2.89
Q04_4 - Receiving Service Preauthorization with RAE	2.48	3.32	2.37	2.55
Q04_5 - Coding, Preparing and Submitting Claims to RAE	3.11	3.32	2.87	3.10
Q04_6 - Coding, Preparing and Submitting Claims to HCPF	2.92	3.33	3.08	2.98
Q04_7 - Resolving Claim Issues Related to RAE	2.60	3.00	2.13	2.59
Q04_8 - Resolving Claim Denials with RAE	2.49	3.06	2.13	2.50
Q04_9 - Receipt of Payment from RAE	3.20	3.47	2.77	3.18
Q04_10 - Receipt of Payment from HCPF	3.14	3.78	3.24	3.21
Q04_11 - Responding to Audits by RAE	2.86	3.07	3.11	2.91
RAE Service Quality				
Q05_1 - Provides Accurate and Dependable Services	2.93	3.27	3.06	2.97
Q05_2 - Trust and Confidence	2.75	3.21	2.75	2.79
Q05_3 - Communications	2.81	3.16	2.94	2.85
Q05_4 - Considerate, Respectful, and Professional	3.38	3.70	3.48	3.41
Q05_5 - Helpful and Timely	2.85	3.18	3.06	2.89
HCPF Service Quality				
Q06_1 - Provides Accurate and Dependable Services	3.02	3.60	3.21	3.09
Q06_2 - Trust and Confidence	2.79	3.55	3.02	2.89
Q06_3 - Communications	2.81	3.40	3.07	2.89
Q06_4 - Considerate, Respectful and Professional	3.26	3.90	3.43	3.34
Q06_5 - Helpful and Timely	2.75	3.32	3.07	2.84

Note: Metrics are average ratings for each category and overall
Overall and interaction satisfaction rating scale: 1 = very dissatisfied to 5 very satisfied
Service quality rating scale: 1 = very dissatisfied to 5 very satisfied

Heatmap of Primary Member Classification

- Findings
  - Respondents whose practices serve primarily Child/Adolescent, Unhoused and Non-English members generally averaged <u>higher</u> overall satisfaction, interaction satisfaction, RAE service quality and HCPF service quality compared to respondents focusing on other specific client types.
  - Respondents whose practices serve primarily BIPOC, LGBTQIA+ and Child Welfare members generally averaged <u>lower</u> overall satisfaction, interaction satisfaction, RAE service quality and HCPF service quality compared to respondents focusing on other specific client types.

Heatmap of Primary Groups of People Served by ROW

Last updated 6/27/2022   Colors note rank order of differences, not the size of the differences.

	1	2	3	4	5	6	7	8	9	Overall
	BIPOC	LGBTQIA+	Unhoused	Child/ Adol	Child Welf	IDD	SUD	Non-English	Other	Mean
Overall Satisfaction										
Q03_1 - Being a Medicaid Provider	(0.08)	(0.24)	(0.16)	(0.06)	(0.27)	(0.08)	(0.16)	(0.07)	(0.08)	3.21
Q03_2 - Relationship with My RAE	(0.34)	(0.26)	(0.22)	(0.06)	(0.16)	(0.13)	(0.12)	(0.12)	(0.07)	2.91
Interaction Satisfaction										
Q04_1 - Enrolling with HCPF as a Medicaid Provider	(0.32)	(0.17)	(0.05)	0.09	(0.11)	(0.08)	(0.14)	0.17	(0.00)	2.92
Q04_2 - Contracting with RAE	(0.13)	(0.17)	0.14	0.09	(0.04)	0.08	(0.11)	0.18	(0.06)	2.95
Q04_3 - Credentialing with RAE	(0.20)	(0.19)	0.02	0.08	(0.14)	(0.06)	(0.19)	0.03	(0.05)	2.89
Q04_4 - Receiving Service Preauthorization with RAE	(0.04)	(0.15)	0.18	0.03	(0.06)	(0.25)	0.14	0.29	(0.07)	2.55
Q04_5 - Coding, Preparing and Submitting Claims to RAE	(0.16)	(0.11)	(0.31)	0.02	(0.26)	(0.15)	(0.09)	(0.14)	0.04	3.10
Q04_6 - Coding, Preparing and Submitting Claims to HCPF	(0.15)	(0.11)	(0.12)	0.09	(0.21)	0.00	(0.20)	0.09	0.15	2.98
Q04_7 - Resolving Claim Issues Related to RAE	(0.18)	(0.18)	0.09	0.03	(0.24)	0.02	(0.21)	0.04	0.02	2.59
Q04_8 - Resolving Claim Denials with RAE	(0.19)	(0.25)	(0.04)	(0.02)	(0.21)	0.09	(0.23)	(0.02)	(0.01)	2.50
Q04_9 - Receipt of Payment from RAE	(0.31)	(0.34)	(0.24)	(0.01)	(0.33)	(0.01)	(0.25)	0.06	0.20	3.18
Q04_10 - Receipt of Payment from HCPF	(0.43)	(0.24)	(0.21)	0.04	(0.22)	0.19	(0.47)	0.01	0.27	3.21
Q04_11 - Responding to Audits by RAE	(0.26)	(0.19)	(0.26)	0.20	(0.23)	0.08	(0.10)	0.07	(0.08)	2.91
RAE Service Quality										
Q05_1 - Provides Accurate and Dependable Services	(0.29)	(0.32)	(0.23)	(0.03)	(0.26)	(0.23)	(0.08)	(0.13)	0.03	2.97
Q05_2 - Trust and Confidence	(0.25)	(0.28)	0.00	(0.01)	(0.19)	(0.11)	0.02	0.00	(0.03)	2.79
Q05_3 - Communications	(0.20)	(0.10)	0.01	0.02	(0.08)	(0.04)	(0.02)	(0.03)	(0.01)	2.85
Q05_4 - Considerate, Respectful, and Professional	(0.16)	(0.21)	(0.08)	0.04	(0.09)	(0.17)	0.03	(0.12)	(0.03)	3.41
Q05_5 - Helpful and Timely	(0.17)	(0.14)	0.15	0.09	(0.03)	(0.03)	(0.07)	0.12	(0.12)	2.89
HCPF Service Quality										
Q06_1 - Provides Accurate and Dependable Services	(0.25)	(0.07)	0.09	0.03	(0.22)	0.13	0.12	(0.13)	(0.04)	3.09
Q06_2 - Trust and Confidence	(0.24)	(0.10)	0.18	(0.02)	(0.21)	0.05	0.10	(0.10)	0.01	2.88
Q06_3 - Communications	(0.29)	(0.04)	0.20	0.00	(0.18)	0.08	0.07	0.16	0.07	2.89
Q06_4 - Considerate, Respectful and Professional	(0.34)	(0.13)	0.20	(0.07)	(0.23)	(0.11)	(0.01)	(0.29)	0.05	3.34
Q06_5 - Helpful and Timely	(0.24)	(0.11)	0.21	(0.08)	(0.19)	(0.02)	0.08	(0.01)	(0.03)	2.84

Note: Metrics are average ratings <u>differences</u> between respondents <u>in</u> each category compared with respondents <u>not in</u> that category, with positive numbers indicating "in category" ratings being higher than not in category rating.

Overall and interaction satisfaction rating scale: 1 = very dissatisfied to 5 very satisfied

Service quality rating scale: 1 = Strongly disagree to 5 Strongly agree

Heatmap of Years in Practice

- Findings
  - The number of years in practice <u>does not</u> appear to impact overall average ratings of overall satisfaction, interaction satisfaction, RAE service quality and HCPF service quality.

Heatmap of Years in Practice by ROW			
Last updated 6/27/2022	**Colors note rank order of differences, not the size of the differences.**		
	Q12 - Number of Years Operated Practice		
	N = 168	N = 318	
	Four Years or Less	Five Years or More	Total
Overall Satisfaction			
Q03_1 - Being a Medicaid Provider	3.14	3.24	3.20
Q03_2 - Relationship with My RAE	2.94	2.87	2.89
Interaction Satisfaction			
Q04_1 - Enrolling with HCPF as a Medicaid Provider	2.95	2.89	2.91
Q04_2 - Contracting with RAE	2.85	2.98	2.94
Q04_3 - Credentialing with RAE	2.78	2.93	2.88
Q04_4 - Receiving Service Preauthorization with RAE	2.54	2.53	2.53
Q04_5 - Coding, Preparing and Submitting Claims to RAE	2.97	3.15	3.09
Q04_6 - Coding, Preparing and Submitting Claims to HCPF	2.86	3.01	2.96
Q04_7 - Resolving Claim Issues Related to RAE	2.50	2.63	2.59
Q04_8 - Resolving Claim Denials with RAE	2.55	2.47	2.50
Q04_9 - Receipt of Payment from RAE	3.19	3.16	3.17
Q04_10 - Receipt of Payment from HCPF	3.17	3.23	3.21
Q04_11 - Responding to Audits by RAE	2.96	2.88	2.90
RAE Service Quality			
Q05_1 - Provides Accurate and Dependable Services	2.96	2.96	2.96
Q05_2 - Trust and Confidence	2.83	2.74	2.77
Q05_3 - Communications	2.85	2.83	2.84
Q05_4 - Considerate, Respectful, and Professional	3.42	3.39	3.40
Q05_5 - Helpful and Timely	2.91	2.86	2.88
HCPF Service Quality			
Q06_1 - Provides Accurate and Dependable Services	3.02	3.11	3.08
Q06_2 - Trust and Confidence	2.82	2.89	2.87
Q06_3 - Communications	2.91	2.86	2.88
Q06_4 - Considerate, Respectful and Professional	3.27	3.36	3.33
Q06_5 - Helpful and Timely	2.84	2.83	2.83

Note: Metrics are average ratings for each category and overall
Overall and interaction satisfaction rating scale: 1 = very dissatisfied to 5 very satisfied
Service quality rating scale: 1 = very dissatisfied to 5 very satisfied

ARROW
PERFORMANCE GROUP
Insightful | Innovative | Transformative

Date: June 30th, 2022

Project Name: IPN, RAE, HCPF Collaboration Project – Phase 1

Attachment B – Interview List

#	Stakeholder Group	Name	Organization & Title	Date Completed	Status
1	RAE 1 RAE 2 RAE 3 & 5 RAE 4 RAE 6 & 7	Meg Taylor Kari Snelson Eileen Barker/ Robert Bremmer Cathy Michopoulos/ Lori Roberts Colleen McKinney/ Amy Yutzy	Rocky Mountain Health Northeast Health Partners Colorado Access Health Colorado Inc Colorado Community Health Alliance	5/2/2022	done
2	HCPF	Kim Bimestefer	HCPF Executive Director;	6/15/2022	done
3	HCPF	Cristen Bates	HCPF Deputy Medicaid Director	6/3/2022	done
4	Other - BHA	Summer Gathercole	Behavioral Health Administration	6/17/2022	done
5	Other - Advocacy	Mo Keller	Mental Health Colorado	5/4/2022	done
6	Other – Trade Organization	Doyle Forrestal	CBHC – Colorado Behavioral Health Council	5/20/2022	done
7	RAE ASOs	Daniel Darting	Signal Behavioral Health	5/19/2022	done
8	Other – Provider Consultants	Stephanie Farrell	Left Hand Management	5/4/2022	done
9	Other – CDHS	Michelle Barnes	CDHS	6/9/2022	done
10	RAE ASO & Owner	Dr. Patrick Fox	Anthem	6/8/2022	done
11	Other - Members	Sarah Eaton	Members Experience Advisory Council	6/8/2022	done
12	Other – Advocacy	Reaca Pearl/ Faith Holloway/ Sybil Cummin/ Dr. Lisa Griffiths/ Andrew Rose/ Dylan Leigh/ Carlos Villafon/ Celeste	COMBINE	5/20/2022	done
13	RAE 1	Meg Taylor	Rocky Mountain Health	6/20/2022	done
14	RAE 2	Kari Snelson	North East Health Partners	6/17/2022	done

15	RAE 3 & 5	Robert Bremmer	Colorado Access	6/21/2022	done
16	RAE 4	Cathy Michopoulos / Lori Roberts	Health Colorado Inc	6/20/2022	done
17	RAE 6 & 7	Colleen McKinney / Cara Hebert	Colorado Community Health Alliance	6/17/2022	done

Date: June 30th, 2022

Project Name: IPN, RAE, HCPF Collaboration Project – Phase 1

Attachment C – Focus Group List

#	RAE region	Location	County	Date	Place	Status	Attendee #
1	8- Colorado Community Health Alliance	Boulder	Boulder	Monday, May 16, 2022	Main Public Library	Complete	2
2	8- Colorado Community Health Alliance	Colorado Springs	El Paso	Monday, May 16, 2022	Cheyenne Mountain Library	Complete	18
3	5- Colorado Access	Denver	Denver	Monday, May 16, 2022	Koelbel Public Library	Complete	6
4	7- Colorado Community Health Alliance	Golden	Jefferson	Monday, May 16, 2022	Lakewood Cultural Center	Complete	6
5	3- Colordo Access	Aurora	Arapahoe	Tuesday, May 17, 2022	Aurora Central Library	Complete	2
6	5- Colorado Access	Denver	North	Tuesday, May 17, 2022	Blair-Caldwell African American Research Library	Complete	6
7	3- Colorado Access	Westminster	Adams	Wednesday, May 18, 2022	Anythink Perl Mack	Complete	4
8	1- Rocky Mountain Health Plans	Ft. Collins	Larimer	Thursday, May 19th, 2022	Council Tree Library	Complete	7
9	4- Health CO Inc	Alamosa	San Luis Valley	Monday, May 23, 2022	Alamosa Family Recreation Center	Complete	4
10	1- Rocky Mountain Health Plans	Durango	La Plata	Monday, May 23, 2022	Durango Recreation Center	Complete	1
11	1- Rocky Mountain Health Plans	Glenwood Springs	Garfield	Monday, May 23, 2022	Virtual	Complete	1
12	1- Rocky Mountain Health Plans	Steamboat Springs	Routt	Monday, May 23, 2022	Virtual	Complete	2
	1- Rocky Mountain Health Plans	Avon	Eagle	Tuesday, May 24, 2022	Virtual	** No Registrations	0

13	1- Rocky Mountain Health Plans	Grand Junction	Mesa	Tuesday, May 24, 2022	Grand Junction Art Center	Complete	10
14	4- Health CO Inc	La Junta	Bent	Wednesday, June 1, 2022	Virtual	Complete	1
15	4-Health CO Inc	Pueblo	Pueblo	Wednesday, June 1, 2022	Giodone Library	Complete	7
17	2- Northeast Health Partners	Greeley	Weld	Wednesday, June 1, 2022	Virtual	Complete	2
18	2- Northeast Health Partners	Sterling	Logan	Wednesday, June 1, 2022	Virtual	Complete	1
19	ANYWHERE - Virtual	Virtual Session 1	Virtual	Wednesday, May 25th, 2022	Virtual Session 1	Complete	17
20	ANYWHERE - Virtual	Virtual Session 2	Virtual	Wednesday, May 25th, 2022	Virtual Session 2	Complete	16
21	ANYWHERE - Virtual	Virtual Session 3	Virtual	Thursday, June 2nd, 2022	Virtual Session 3	Complete	5
							118