ROCKY MOUNTAIN
HEALTH PLANS®

RMHP RAE and PRIME

NETWORK ADEQUACY PLAN

SFY 2019-20

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Table of Contents

Attachments

PCMP List by Tier
RAE Access BH (GeoAccess)
RAE Access PH (GeoAccess)
Prime Access PH (GeoAccess)

About this Network Adequacy Plan

This document is a comprehensive presentation of Rocky Mountain Health Plans' (RMHP) approach to meeting the requirements under its Regional Accountable Entity (RAE) contract with Health First Colorado (Colorado's Medicaid Program).

According to the contract between the Department of Health Care Policy and Financing (the Department) and RMHP, this plan along with supporting documents shall reflect current and future network planning and will include at a minimum:

- A description of how the Provider Network will be maintained, monitored and incentivized to provide adequate access to quality services for all Members

- Physical accessibility characteristics of the Provider Network

- Number of network Providers by Provider type and area(s) of expertise

- Number of network Providers accepting new Medicaid Members by provider type

- Geographic location of providers in relationship to where Medicaid Members live

- Cultural and language expertise of providers

- Number of providers offering after-hours and weekend appointment availability to Medicaid Members

- Standards that will be used to determine the appropriate caseload for providers and how this will be continually monitored and reported to the Department to ensure standards are being met and maintained across the Contractor's Provider Network

- Caseload for Behavioral Health Providers.

- Number of Behavioral Health Providers in the network that are able to accept mental health certifications and how this will be continually monitored to ensure enough providers are available to meet the needs in the region

- A description of how RMHP's network of providers and other community resources meet the needs of the member population in the Contractor's Region, specifically including a description of how Members in special populations are able to access care

This RMHP RAE and Prime Network Adequacy Plan contains information regarding the RMHP Provider Network and certain policies and procedures. The Network Adequacy Plan is not, and in no event shall be construed as, a contract between RMHP and Members covered under RMHP plans, nor does it grant any rights, privileges, or benefits to any person. Rights and responsibilities of RMHP Members covered under RMHP plans are governed by RMHP's contract with Health First Colorado whether such provisions are also specified or referred to in this Network Adequacy Plan.

Definitions

Ancillary Product Providers: Companies that provide the following types of products including related technical services: Durable Equipment (Including Braces and Orthotics), Oxygen Suppliers, Medical Supplies, and Miscellaneous Ancillary Products.

Ancillary Service Providers: Providers who provide or perform the following types of services including any related technical services: Podiatry, Physical Therapy (Including Manipulative Therapy, Sports Medicine), Occupational Therapy, Clinical Radiology, Clinical Pathology, Speech Therapy, Audiology, Dieticians, Certified Nurse Midwives, and Other Miscellaneous Ancillary Providers.

Behavioral Health Care: Health care services that promote psychological well-being, the ability to cope and adapt to adversity, and the realization of Members' abilities. Behavioral Health refers to both mental health and substance use and services include comprehensive State Plan Services, Emergency and Post-Stabilization Care Services, Inpatient Psychiatric Hospital Services and Non-State Plan 1915(b)(3) Waiver Services. For the purposes of network adequacy measurements, this includes the following mental health and substance use disorder care providers.

- Advanced Practice Nurse
- Certified Addiction Counselors
- Community Mental Health Centers, including licensed clinicians and unlicensed practitioners
- Licensed Addiction Counselors
- Licensed Clinical Social Workers
- Licensed Marriage and Family Counselors Licensed Psychiatrists
- Licensed Professional Counselors
- Licensed Psychologists, PhD or PsyD
- Nurse Practitioners
- Physician Assistants
- Psychiatrists

Community Anchor Organization: A community based organization that partners with RMHP to develop community appropriate strategies related to the health of Medicaid enrollees. Anchor organizations are responsible for convening their Health Neighborhood and Community. The Anchor organizations have a focus on all life stages with thoughtful partnerships related to children, adults, older adults, individuals with intellectual or developmental disabilities and marginalized populations. Many Anchor Organizations also host RMHP's Integrated Community Care Teams (ICCTs).

Counties with Extreme Access Considerations (CEAC): As defined by U.S. Centers for Medicare & Medicaid Services (CMS), with a population density of less than ten (10) people per square mile, based on U.S. Census Bureau population and density estimates (calendar year 2013).

Emergency services: A medical or behavioral health screening examination that is within the capability of the emergency department of a hospital or freestanding emergency room, including ancillary services routinely available to the emergency department to evaluate the emergency medical or mental health condition; and Within the capabilities of the staff and facilities available at the hospital, further medical or behavioral health examination and treatment as required to stabilize the patient to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility, or with respect to an emergency medical condition.

Essential Community Providers (ECP): Includes those providers who demonstrate that they have historically served medically needy or medically indigent patients and demonstrate a commitment to serve low-income and medically indigent populations who make up a significant portion of its patient population or, in the case of a sole community provider, serve the medically indigent patients within its medical capability. These providers also waive charges or charge for services on a sliding scale based on income and do not restrict access or services because of a client's financial limitations. It is RMHP's policy to contract with any ECP that meets quality and credentialing standards, provides services that are a covered benefit, and is willing to contract at a reasonable rate. Of note, ECPs are included in all of the above categories.

Managed Care Organization (MCO) – RMHP is an entity that has a Comprehensive Risk Contract and is a federally qualified health maintenance organization that meets the advanced directives requirements; and is determined by the Department of Health and Human Services to make the services it provides to its Medicaid enrollees as accessible (in terms of timeliness, amount, duration, and scope) as those services are to other Medicaid beneficiaries within the area served by the entity, and meets the solvency standards of 42 C.F.R. § 438.116 as defined in 42 C.F.R. § 438.2.

Primary Care Medical Provider (PCMP): A participating provider designated by the Member to provide routine and primary care services. RMHP has a written contract with all in-network PCMPs. PCMPs must be enrolled as a Colorado Medicaid Provider, licensed and able to practice in the State of Colorado, hold a current and unrestricted MD, DO, or NP provider license, and be licensed in one of the following specialties: pediatrics, internal medicine, family medicine, obstetrics and gynecology, or geriatrics. Community Mental Health Centers and HIV/infectious disease practitioners may qualify as PCMPs with the Contractor's approval if all other PCMP criteria are met.

Specialists: A participating provider who is not a Primary Care Medical Provider and is defined by the Department as a specialist. This includes Cardiology, Otolaryngology/ENT, Endocrinology, Gastroenterology, Neurology, Orthopedics, Pulmonary Medicine, General Surgery, Ophthalmology, and Urology.

Urban Area: a ZIP Code population density being greater than 3,000 persons per square mile.

Suburban Area: a ZIP Code population density being between 1,000 and 3,000 persons per square mile.

Rural Area: a ZIP Code population density being less than 1,000 persons per square mile.

Frontier Area: a ZIP Code population density being less than 11 persons per square mile.

Emergency/Life and Limb-Threatening Medical Care: An event which a prudent layperson would reasonably believe threatens his or her life or limb in such a manner that a need for immediate medical care is created to prevent death or serious impairment of health.

Urgent Care: Medical care needed to treat an injury or illness of a less serious nature than those requiring Emergency Care, but required in order to prevent serious deterioration of the Member's health.

Network of Acute Care Hospitals, Primary Care Medical Providers, Behavioral Health Providers and Medical Specialists

RMHP has a network that is supported by written agreements and is sufficient to meet the requirements for every Member's access to care to:

- Serve all primary care and care coordination needs;
- Serve all behavioral health needs; and
- Allow for adequate Member freedom of choice among providers.

In establishing and maintaining our network of providers, RMHP endeavors to provide care within a reasonable travel time and distance to Members. To achieve this, in the RMHP RAE service area, RMHP strives to contract with all available acute care hospitals, Primary Care Medical Providers (PCMPs), Behavioral Health providers and specialists and sub-specialists who meet RMHP's credentialing and quality standards. We will evaluate caseload for providers, pursuant to documented standards for appropriateness. Further, we will prospectively address our plans to improve Network composition and performance over the next year to meet the needs of our Members, including special populations. We will also track and evaluate timeliness standards, prevalence of single-case agreements usage, providers who are able to accept mental health certifications as well as any other information requested by the Department.

RMHP strives to maintain Indian and Tribal Providers in the network to ensure timely access to services available under the Contract for Indian or Tribal Members who are eligible to receive services from such Providers, in accordance with the American Recovery and Reinvestment Act of 2009. Indian or Tribal Members are permitted to choose an Indian or Tribal Provider as their PCMP, as long as that provider has the capacity to provide services.

RMHP Selection and Retention of Providers
- Consistent with 42 C.F.R. § 438.12, RMHP does not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.

- RMHP does not discriminate against any provider who is acting within the scope of his or her license or certification under applicable state law, solely on the basis of that license or certification

- RMHP will document decisions on the admission or rejection of Providers in accordance with the Contractor's publicly posted policies and procedures and provide documented decisions to the Department upon request

- RMHP is not required to contract with more providers than necessary to meet the needs of its Members

- RMHP is not precluded from using different reimbursement amounts for different specialties or for different practitioners in the same specialty

- In establishing and maintaining our network of providers, RMHP endeavors to provide care within a reasonable travel time and distance to Members.

RMHP RAE Network Service Area

The RMHP Region 1 RAE service area includes Archuleta, Delta, Dolores, Eagle, Garfield, Grand, Gunnison, Hinsdale, Jackson, La Plate, Larimer, Mesa, Moffat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Juan, San Miguel and Summit Counties.

Map of RMHP RAE Region 1 Network Service Area
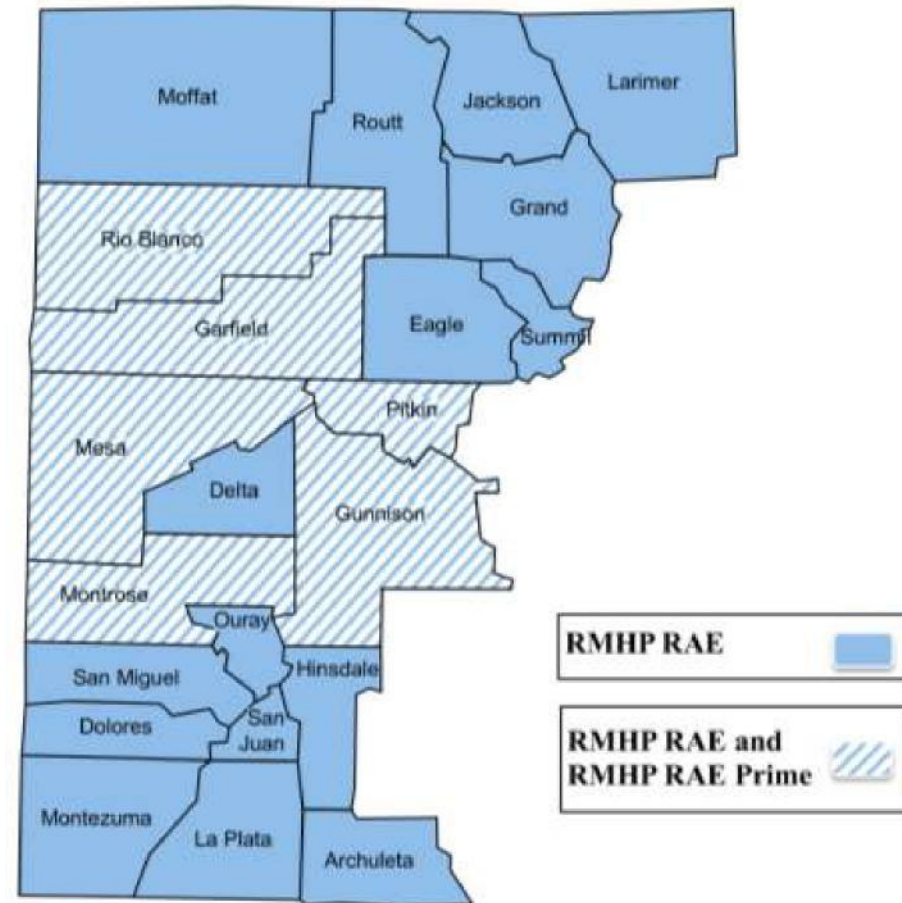
Comprehensive List of Providers

During the RMHP RAE enrollment process, new RAE Members receive information on how to access the most up-to-date list of providers. The provider directory is available on RMHP's website, at rmhp.org -> **Find a Provider**. RMHP updates the online provider search tool weekly. Members also have the option of downloading PDF versions of the directories from the website, at: https://www.rmhp.org/additional-provider-directories and can request a printed copy by contacting our One Call Center. The directories are also available to providers for their use in directing the Member to in-network specialty care and behavioral health care.

Primary Care Medical Providers

RMHP maintains a network of Primary Care Medical Providers (PCMPs). RMHP strongly encourages all Members to establish a relationship with a PCMP and RMHP customer service representatives can assist Members who need assistance selecting a PCMP.

Primary Care Medical Provider Value-Based Payment Model

RMHP has implemented a value-based payment model for all participating RAE Region 1 PCMPs. This payment model provides a clear delineation of provider responsibilities as well as resources available for different levels of accountability. The levels of participation and accountability, identified as Tiers 1-4, reflect our effort to align payment with activities that lead to better patient outcomes and mitigate against growing costs and limited resources.

Primary care practices participating in RMHP Prime continue to operate under an RMHP Prime advanced payment model.

RMHP is committed to supporting primary care practices in developing the competencies to show value through delivery of advanced primary care. RMHP deployed an *Attestation Tree* that defines each tier of participation and allows practices to attest to the following:

- Levels of transformation activities completed by the practice (as an indicator of the practice's capacity and capability around providing advanced primary care);

- Ability to report and achieve electronic clinical quality measures (eCQMs);

- Commitment to accepting Medicaid patients;

- Collaboration with high-volume/ critical specialists; and

- Willingness to engage with RMHP in ongoing progress assessments.

PCMP Tiers

Practices have the option to participate at the highest tier for which they qualify or decide to participate at a lower tier. Practices also may opt to identify a higher tier and work towards achieving that tier. The charts below describe the criteria and RMHP's practice support resources for each tier. A current list of PCMPs by tier is attached to this report.

PCMP Tier Descriptions

Tier 1 – Comprehensive RMHP Population Health Partner
Profile
CPC+ Participant Track 2 or PCMH Level 3 / Recognized
Demonstration
- Able to report a minimum of 6 CQMs from RMHP eCQM Measurement Suite from a certified EMR Dashboard (FQHCs may report from the Azara registry)   - Meet performance benchmarks on 6/6 measures (See Measurement Suite for benchmarks)   - Performs satisfactorily (80%) on RMHP Tier 1 Assessment performed quarterly   - Provides current documented Executed Care Compact with at least **three** major or critical specialties   - Open to Health First Colorado Members (RAE and RAE-PRIME Members)[1]   - Medicaid APM/ FQHC APM Score = (at least) 76 – 100%   - Use of RMHP designated applications required for Reunion FQHCs and available to others
Reimbursement Enhancement
- RMHP RAE Medical Home Payment = $3.50 PMPM   - Medicaid APM percent FFS Enhancement on the Department FFS = 3 – 4%+ (or as per Medicaid APM Score) or FQHC Value Based APM/ percent FFS reduction   - RAE Geographic Attribution Payments: $2.00 PMPM   - Eligible for RMHP *Community Integration Agreement* to fund behavioral health, SDoH and related services
Incentive Eligibility
Eligible for KPI Pool distributions – relative to tier
Resource Supplementation
- Enhanced RMHP assistance in placing complex, resource intensive patients   - Attribution and Feedback reports   - Eligible for Consultative Practice Transformation resources   - Eligible for Health Engagement Team/Community Health Worker resource   - Eligible for RMHP designated applications with technical assistance

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1 For RAE attribution, a practice must accept geographic-proximity auto attributions, also known as auto-assignment, for all quarters in which they intend to operate as a Tier 1 practice. If geographic auto-attribution exceeds a panel limit set by the practice, the practice must adjust it in the Department's PCMP system appropriately in order to receive additional member assignments—no later than the first day of the next calendar quarter. The practice should consult in advance with RMHP if it reasonably expects a panel limit to affect auto-attribution and Tier 1 status.

Tier 2 – Advanced Participation

Profile
Masters 2 Graduate or CPC Classic Graduate or Current CPC+ Track 1 Participant

Demonstration

- Able to report minimum of 6 CQMs from the RMHP eCQM Measurement Suite from a certified EMR Dashboard (FQHCs may report from the Azara registry)
- Meet benchmark performance (CMS 70th percentile) on 4/6 *(See Measurement suite for Benchmarks)*
- Performs satisfactorily (80%) on RMHP Tier 2 Assessment performed quarterly
- Provides current copy of Executed Care Compact with at least one major or critical specialty
- Open to Health First Colorado Members with equitable panel management across all RMHP lines of business. All policies, procedures, patient applications, etc. will be subject to RMHP review[2]
- Medicaid APM/ FQHC APM Score = (at least) 51 – 75%

Reimbursement Enhancement

- RMHP RAE Medical Home Payment = $3 PMPM
- Medicaid APM percent FFS Enhancement on the Department FFS = 2 – <3%+ (or as per Medicaid APM Score) or FQHC Value Based APM/ percent FFS reduction
- RAE Geographic Attribution Payments = $2.00 PMPM

Incentive Eligibility

- Eligible for KPI Pool distributions – relative to tier

Resource Supplementation

- Attribution and Feedback reports
- Eligible for Practice Transformation resources for NCQA PCMH recognition with application fee reimbursement
- Eligible for Consultative Practice Transformation resources
- Eligible for Health Engagement Team/Community Health Worker resource
- Eligible for RMHP designated applications with technical assistance

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[2] All Tier 2 practices must accept geographic-proximity auto attributions, also known as auto-assignment, for all quarters in which they intend to operate as a Tier 2 practice. If geographic auto-attribution exceeds a panel limit set by the practice, the practice must adjust it in the Department's PCMP system appropriately in order to receive additional Member assignments — no later than the first day of the next calendar quarter. The practice should consult in advance with RMHP if it reasonably expects a panel limit to affect auto-attribution and tier status.

Tier 3 – Foundations Participation

Profile

Graduate of RMHP Foundations or SIM

(For Larimer County practices where RMHP practice transformation programs have been unavailable, other structured foundational work will be considered)

Demonstration

- Able to report minimum of 6 CQMs from the RMHP eCQM Measurement Suite from a certified EMR Dashboard (FQHCs may report from Azara)
- Meet benchmark performance (CMS 70th percentile) on 2/6 *(See Measurement suite for Benchmarks)*
- Performs satisfactorily (80%) on RMHP Tier 3 Assessment performed every 6 months
- Open to Health First Colorado Members. Intermittent or limited availability for new Health First Colorado Members
- Medicaid APM/ FQHC APM Score = (at least) 26 – 50%

Reimbursement Enhancement

- RMHP RAE Medical Home Payments = $2.25 PMPM
- Medicaid APM percent FFS Enhancement on the Department FFS = 1% – <2%+ (or as per Medicaid APM Score) or FQHC Value Based APM/ percent FFS reduction
- RAE Geographic Attribution Payments = $2.00 PMPM

Incentive Eligibility

- Eligible for KPI Pool distributions — relative to tier

Resource Supplementation

- Attribution reports
- Feedback reports upon request
- Practice Transformation resources with $10K incentive for Masters 1 and Masters 2 successful program participation

Tier 4 – Basic Participation
Profile
No historical practice transformation work completed; may be engaged in RMHP Foundations or SIM
Demonstration
- None, or   - Current involvement in Foundations or SIM   - Medicaid APM/ FQHC APM Score = (at least) 0 – 25%
Reimbursement Enhancement
- RMHP RAE = $2 PMPM base program reimbursement   - RMHP RAE Geographic Attribution Payments = $2.00 PMPM   - Medicaid APM percent FFS Enhancement on the Department FFS = <1% or as per Medicaid APM Score or FQHC Value Based APM/ percent FFS reduction
Incentive Eligibility
Eligible for KPI Pool distributions – relative to tier
Resource Supplementation
- Attribution reports   - Feedback reports upon request   - Practice Transformation resources with $10K incentive for Foundations program participation

RMHP Prime Member Enrollment and Member-PCMP Attribution

For RMHP Prime Members, documentation of this primary care medical home relationship will be established by RMHP claims-based attribution or by a Member-PCMP agreement of a medical home relationship through a patient choice form.

RAE Member Enrollment and Member-PCMP Attribution

RMHP accepts all eligible Members that the Department assigns to RMHP in the order in which they are assigned without restriction. The Department will assign Members to a RAE based on the Department attribution and assignment policies and procedures.

RMHP understands that RAE Members may select a different PCMP at any time through the Enrollment Broker, and the selection of a different PCMP may result in assignment to a different RAE. RMHP will work collaboratively with the other RAEs to transition services in the event that a Member is reassigned to a different RAE to ensure that the Member's quality, quantity and timeliness of care is not affected during the transition.

RMHP is able to receive and process 834 Enrollment files from the Department that contains the attribution information for RAE Members in RMHP's region and any additions, deletions or changes to the existing PCMP selection records. RMHP will regularly compare this attribution list with Member claims activity to ensure accurate Member attribution and assignment. RMHP will follow up with Members who are seeking care from primary care providers other than the attributed PCMP to identify any barriers to accessing the PCMP and, if appropriate, to assist the Member in changing the attributed PCMP.

RMHP will work with nursing facilities and Regional Centers as necessary to ensure appropriate Member attribution and, when needed, assist Members in choosing a PCMP.

In-Network Services

All RAE Members are able to obtain consultation and treatment from in-network specialist providers, mid-level providers and Behavioral Health Providers without a referral from their PCMP. The Member must be eligible to receive services through Health First Colorado (Colorado's Medicaid program) at the time services are provided and the services that the Member receives must be covered services.

Out-of-Network/Out-of-Plan Services

Prime Members may obtain covered services from out-of-network/out-of-plan providers at the in-network benefit level, subject to obtaining RMHP's approval prior to receiving services. Such approval shall be in a timely manner relative to the Member's condition. Such services include those in which:

- Neither RMHP nor the State have participating providers who can provide a specific, medically necessary covered service;
- Members do not have reasonable access to a participating provider due to distance or travel time;
- Continuity of care when a new Member is receiving frequent and current care from a

non-participating provider for a special condition, such as chemotherapy, high risk pregnancy or pregnancy beyond the first trimester. In each of these cases, RMHP or the State will arrange for authorization of services from a provider with the necessary expertise and ensure that the Member obtains the same benefit level as if the benefit was obtained from a plan provider (refer to the Continuity of Care section for specific parameters). RMHP or the State's prior authorization vendor must approve any such requests in advance of the Member obtaining the health care services.

- Any authorized care is subject to the conditions and restrictions of the authorization.

Timeliness of Preauthorization for Out-of-Network Specialty Care

For Prime Members, requests for specialty care requiring preauthorization by RMHP or by the State will be processed within all regulatory timeframes. Pre-authorizations may be expedited if indicated by a Member's medical condition when requested by the Member or the Member's PCMP.

Retrospective Denial of Out-Of-Network Requests

Approved requests for health care services that RMHP Medicaid Members are eligible to receive are not retrospectively denied except for fraud or abuse by the subscriber or Member.

Approved requests for health care services that Members are eligible to receive under their health care plan are not changed unless there is evidence of fraud or abuse.

Process for Monitoring and Assuring Network Sufficiency

In many communities, and particularly in rural areas, RMHP's philosophy is to contract with all available Primary Care Medical Providers (PCMPs), pharmacies, Essential Community Providers (ECP), Behavioral Health Providers and hospitals *that meet RMHP's credentialing and quality standards*. This inclusive concept results in high provider participation levels in most of RMHP's Regional Accountable Entity area, thereby resulting in a large enough provider base to ensure accessibility and

In all areas, RMHP strives to maintain an appropriate number of providers to ensure accessibility, Member choice and a comprehensive range of services. When feasible, contracts are negotiated with ancillary providers that have multiple statewide locations to ensure coverage to all service areas.

RMHP provides access to care for all Members in need of medically necessary covered mental health and substance use disorder services in accordance with 10 CCR 2505-10 8.076.1.8. RMHP maintains and monitors an inclusive and diverse statewide behavioral health Provider Network that is sufficient to provide adequate access to all covered behavioral health services for all Members, inclusive of special populations and non-native English speaking members.

RMHP will credential and contract with Behavioral Health Providers to promote a broad and inclusive network that supports Member choice while delivering high quality care. This network includes the essential Community Mental Health Center (CMHC) partners and other high-quality independent providers. The RMHP behavioral health network will include CMHCs, behavioral health facilities and independent providers beyond the ACC Region 1 boundaries. RMHP has developed partnerships with other provider service organizations such as the Managed Service Organizations for Substance Use Disorder treatment to help serve as a connector to services that fall outside of the Capitated Behavioral Health Benefit. This will serve to promote Member choice, accommodate Members seeking care in other regions and solve for gaps in treatment services or any potential network access standard deficiencies.

RMHP is aligned with CMS and the State of Colorado's availability (timeliness) and access (geographic distribution) standards as described in detail further in this Plan.

The need for additional access to PCMPs, ancillary providers, Behavioral Health Providers and facilities is based on, but not limited to, the following factors:

- Needs identified by RMHP's Utilization Management and Quality Improvement team

- Member requests/Member-informed data (including Consumer Assessment of Healthcare Providers and Systems Clinician and Group Survey (CG-CAHPS) and ECHO for Behavioral Health surveys)

- Expansion of RMHP service area

- Promotion of collaborations with other RAE regions

- Routine service gap and provider adequacy analysis

- Identification of special service needs

- The health and needs of the population

Access to Care

RMHP maintains quality standards to identify, evaluate, and remedy problems relating to access to care. Set forth below are RMHP's *Target Provider to Member Ratios*, criteria for appointment and wait times, and network time and distance standards. For each specific area served, RMHP regularly reviews access to care by Members, considering the relative availability of PCMPs, Behavioral Health Providers, specialists and sub-specialists, and acute care hospitals in the area based on location, number and types of providers, cost and suitability of care, and whether the provider can meet RMHP's credentialing requirements.
RMHP evaluates such access through its Network Advisory Committee, with participation by a standing, interdepartmental committee. The Network Advisory Committee may make recommendations or suggestions for resolution to any issues that are identified. Recommendations may include contracting with certain providers where practicable, encouraging providers to travel to certain areas, providing transportation alternatives to Members, and use of telemedicine.

RMHP provides Members with information on how to access the care they need. Directions

on how to obtain primary care, behavioral health care, specialty care, after-hours and emergency care, ancillary and hospital services is explained in the Provider Directory, the Member Handbook and Member newsletters.

Women's Health

Female Prime Members have access, without referral, to a women's health specialist within the network for covered care necessary to provide women's routine and preventive health care services. This is in addition to the Member's designated source of primary care if that source is not a women's health care specialist. New enrollees who are in their second or third trimester of pregnancy may continue to see their practitioner until the completion of post-partum care directly related to the delivery only if the practitioner agrees to terms as specified in Section 26-4-117, C.R.S. The terms and conditions, including reimbursement rates, shall remain the same as prior to enrollment if the provider and enrollee agree to work in good faith with RMHP toward a transition.

Members with Substance Use Disorders

RMHP has developed a unique system of episodic payments to improve the provision of substance use disorder treatment in the Prime counties. There are currently two large, multi-provider advanced primary care clinics participating in this program (with two more in process of participation). In these clinics, Members can receive high-quality primary, chemical, and behavioral health care in an integrated setting. If members need a higher level of care, RMHP is developing a process that coordinates high-quality transitions between office-based opioid treatment and either a Community Mental Health Center (CMHC) or an opioid treatment program (OTP) for more intensive treatment of substance use disorders and, often, other co-occurring behavioral health issues.

In addition, RMHP has developed its specialty opioid treatment infrastructure. The Region 1 RAE features three OTPs capable of treating hundreds of Members with opioid use disorder. Currently, each one of them sees an average of 100 clients, most of them Medicaid Members. For rural members, RMHP collaborates with two addiction specialists to provide SUD treatment by telemedicine.

Members with Special Needs

Additionally, new Health First Colorado enrollees with special needs may continue to see a non-plan provider for sixty (60) days from the date of enrollment with RMHP if the enrollee is in an ongoing course of treatment with a previous provider and only if the previous provider agrees to terms as specified in Section 26-4-117, C.R.S. Persons with special health care needs as defined by 10 CCR 2505-10, section 8.205.9, who use specialists frequently for their health care may maintain these types of specialists as their PCMP or will be allowed access without referral to specialists for the needed care. The terms and conditions, including reimbursement rates, shall remain the same as prior to enrollment if the provider and enrollee agree to work in good faith with RMHP toward a transition.

RMHP notifies Members of network adequacy requirements to provide adequate access to physical health as well as the behavioral health services included in the Capitated Behavioral Health Benefit.

RMHP will notify the Department, in writing, of any material change to the network or a network deficiency that could affect service delivery, availability or capacity within the Provider Network. RMHP will provide information describing how the change will affect service delivery, availability, or capacity of covered services, a plan to minimize disruption to the Members' care and service delivery and if needed, plan to correct any network deficiency. RMHP will not place Members on waiting lists for initial routine service requests.

RMHP has worked successfully with other RAEs to coordinate care when a RAE Member is transitioning to Region 1 or to another Region (from Region 1). RMHP regularly receives alerts and referrals from other RAEs, the Department, Department of Human Services and other entities when a Health First Colorado Member is transitioning to Region 1. When an alert is received, RMHP Care Coordination is notified and the Member or referring party is outreached to assess needs and establish appropriate care. If the Member is receiving care from a Behavioral Health Provider not contracted with RMHP, RMHP does one or all of the following: 1) attempts to contract with the Provider, 2) creates a single case agreement with the provider, 3) finds another Provider to deliver care to the Member. When a Member assigned to Region 1 is identified as being assigned to another RAE, RMHP notifies the RAE to whom the Member is assigned and provides necessary information to support continuity of care. RMHP has outreached to other RAEs to develop formal policies and procedures for continuity of care and will update the Department as these are developed and implemented. Additionally, RMHP has a system in place for monitoring panel size in our Provider Network and will recruit providers as necessary to assure adequate access to all covered services.

RMHP RAE Network Participating Providers

The RMHP RAE network consists of the following participating providers.

Note: In our previous submission of this report, RMHP reported Physical Health providers on a statewide level. We have revised our reporting to include only Region 1 as we believe it is a more accurate representation of our RAE and Prime Physical Health network.

Number of Providers	Provider Type
467	Adult primary care providers
490	Pediatric primary care providers
276	OB/GYN
368	Family planning providers

RMHP is committed to developing and maintaining an inclusive, statewide behavioral health network. RMHP is contracted with independent behavioral health providers and 15 of the 17 Community Mental Health Centers across the state. The following table illustrates the statewide network by RAE region.

RAE Statewide Behavioral Health Network							
Provider Type	*Region 1*	*Region 2*	*Region 3*	*Region 4*	*Region 5*	*Region 6*	*Region 7*
SUD providers	143	35	55	44	10	67	15
Psychiatrists	78	28	73	9	13	32	22
Adult Mental Health providers	1186	565	528	219	134	551	172
Pediatric Mental Health providers	1045	565	530	219	134	551	172
Providers taking MHC	358	436	365	209	0	350	127

RAE Region 1 BH Network by County

SUD providers	
County	**Provider Count**
Archuleta	4
Delta	1
Dolores	0
Eagle	4
Garfield	5
Grand	3
Gunnison	4
Hinsdale	0
Jackson	0
La Plata	9
Larimer	43
Mesa	40
Moffat	2
Montezuma	2
Montrose	14
Ouray	1
Pitkin	1
Rio Blanco	1
Routt	4
San Juan	0
San Miguel	0
Summit	5

Psychiatrists	
County	**Provider Count**
Archuleta	3

County	Provider Count
Delta	1
Dolores	0
Eagle	0
Garfield	2
Grand	1
Gunnison	4
Hinsdale	0
Jackson	0
La Plata	4
Larimer	30
Mesa	15
Moffat	1
Montezuma	2
Montrose	7
Ouray	0
Pitkin	0
Rio Blanco	0
Routt	3
San Juan	0
San Miguel	1
Summit	4

Adult Mental Health Providers	
County	**Provider Count**
Archuleta	27
Delta	28
Dolores	1
Eagle	24
Garfield	36
Grand	10
Gunnison	20
Hinsdale	1
Jackson	1
La Plata	78
Larimer	545
Mesa	211
Moffat	10
Montezuma	35
Montrose	75
Ouray	6
Pitkin	9

County	Provider Count
Rio Blanco	5
Routt	24
San Juan	0
San Miguel	11
Summit	29

Pediatric Mental Health Providers	
County	**Provider Count**
Archuleta	26
Delta	27
Dolores	1
Eagle	23
Garfield	35
Grand	9
Gunnison	16
Hinsdale	1
Jackson	1
La Plata	77
Larimer	484
Mesa	167
Moffat	8
Montezuma	31
Montrose	66
Ouray	6
Pitkin	7
Rio Blanco	5
Routt	20
San Juan	0
San Miguel	11
Summit	24

It is not the intention of RMHP to simply collect and report the required data about the RAE Behavioral Health Network Participating Providers, but rather to survey, collect, review and monitor the Network so that Members, Providers, Family-members, internal Customer Service and Care Coordination staff and the community as a whole can access real-time information about the availability and accessibility to Behavioral Health Providers. So that Members can select a Provider who best meets their individual needs, not only will RMHP strive to have real-time information about the data elements listed in the table above, our network information will also include the following elements:

- Member Population Specialization
  - Older Adults

- Adult
  - Adolescent
  - Child
  - Families
  - Couples

- Treatment Specialization or Expertise
  - Mental Health Certifications
  - Anxiety
  - Attention-Deficit/Hyperactivity Disorder
  - Depression
  - Eating Disorders
  - Gender Identity
  - Grief
  - Mood Disorders
  - Posttraumatic Stress Disorder
  - Severe and Persistent Mental Illness
  - Sexual Assault
  - Substance Use Disorders
  - Intellectual and Development Disabilities
  - Cultural Identity

- Access and Availability
  - Language
    o English
    o Spanish
    o Tagalog
    o Navajo
    o Mandarin
  - Hours of Operation
    o Weekday Hours
    o Weekend Hours
    o Afterhours
- Other
  - Safe Space

RMHP believes that any Member, Provider, family member or other individual providing assistance for a Member should be able to access and connect with a Behavioral Health Provider immediately. RMHP has developed directories and processes that are designed to make it simple for Members to pursue and access Behavioral Health treatment and care.

RMHP sent the initial surveys to collect this critical information, known as Provider Attributes surveys, to providers in November 2018. Since then, RMHP has sent the surveys on a quarterly basis to our contracted Network. We use the information collected to populate our network directories, provide up-to-date information to Members who contact us via our One Call Center, and enable our care coordinators to connect Members with appropriate care.

The Prime network consists of the following participating providers.

RMHP Prime Provider Network (Overview)

Number of Providers	Provider Type
271	Adult primary care providers
185	Pediatric primary care providers
120	OB/GYN
260	Family planning providers
1	Gerontologists
29	Internal medicine providers
259	Physician specialists

RMHP routinely collects information on providers who are accepting new Medicaid Members and have after hours and/or weekend access through the Provider Attributes survey process. The data below reflects information reported to us by providers to-date.

Providers Accepting New Medicaid Members by Provider Type

Number of Providers	Provider Type
401	Adult Primary Care providers
435	Pediatric Primary Care providers
269	OB/GYN providers
320	Family Planning providers
143	SUD providers
78	Psychiatrists
1186	Adult Mental Health providers
1045	Pediatric Mental Health providers

Providers Offering After Hours and Weekend Appointment Availability

Providers with After Hours Appointment Availability	56
Providers with Weekend Hours Appointment Availability	14

Target Provider to Member Ratios

The Access and Availability Committee will review the RMHP network for sufficient numbers and types of practitioners who provide primary care, behavioral health care and specialty care to

meet the needs of Members, and to confirm that RMHP has mechanisms in place for Members to access primary care, behavioral health care and specialty care.

- Adult primary care providers: One (1) practitioner per eighteen hundred (1,800) adult Members.

- Mid-level adult primary care providers: One (1) practitioner per twelve hundred (1,200) adult Members.

- Pediatric primary care providers: One (1) PCMP Provider per eighteen hundred (1,800) child Members.

- Adult mental health providers: One (1) practitioner per eighteen hundred (1,800) adult Members.

- Pediatric mental health providers: One (1) practitioner per eighteen hundred (1,800) child Members.

- Substance use disorder providers: One (1) practitioner per eighteen hundred (1,800) Members.

PCMP Network Availability (Timeliness) & Access (Geographic Distribution)

RMHP maintains criteria regarding access to appropriate practitioner care. The following are geographic and temporal goals used to evaluate access to care.

PCMP Network Time and Distance Standards

	Urban County		Rural County		Frontier County	
Required Providers	Maximum Time (minutes)	Maximum Distance (miles)	Maximum Time (minutes)	Maximum Distance (miles)	Maximum Time (minutes)	Maximum Distance (miles)
Adult Primary Care Providers	30	30	45	45	60	60
Pediatric Primary Care Providers	30	30	45	45	60	60
Gynecology, OB/GYN	30	30	45	45	60	60

Additional Prime Network Time and Distance Standards

	Urban County		Rural County		Frontier County	
Required Providers	Maximum Time (minutes)	Maximum Distance (miles)	Maximum Time (minutes)	Maximum Distance (miles)	Maximum Time (minutes)	Maximum Distance (miles)
Adult Specialists	30	30	60	60	100	100
Pediatric Specialists	30	30	60	60	100	100
Hospitals (acute care)	20	20	30	30	60	60
Pharmacy	10	10	30	30	60	60

RMHP's goal is to provide access to services to the extent such services are relatively available based on location, number and types of providers, cost and suitability of care, RMHP's credentialing requirement and considering usual travel patterns within the community. In urban areas, RMHP works to provide each Member a choice of at least two (2) PCMPs within their zip code or within the maximum distance for their county classification. Each goal, criteria and ratio described herein is only a goal and not a binding standard. RMHP uses GeoAccess™ to measure the distance between the Members and the providers in the region.

Additional availability criteria for appointment and wait times are as follows. These goals are monitored through interdepartmental activities, which are reviewed and evaluated by the access committee.

Emergency/Urgent Care

- Immediate access to emergency/life and limb-threatening medical and behavioral health care 24 hours a day, 7 days a week.

- Access to urgent medical care appointments within 24 hours of request made to the provider.

Non-Urgent Symptomatic Care Appointment

- Access to non-urgent symptomatic (acute) care within 7 days of request.

Non-Symptomatic Routine and Preventive Well-Care Appointment

Access for adult non-symptomatic well care physical examinations within one (1) month after the request; unless an appointment is required sooner to ensure the provision of screenings in accordance with the Department's accepted Early and Periodic Screening, Diagnostic and Treatment (EPSDT) schedules.

Behavioral Health Network Availability (Timeliness) & Access (Geographic Distribution)

RMHP maintains criteria regarding access to appropriate practitioner care. The following are geographic and temporal goals used to evaluate access to care:

Behavioral Health Network Time and Distance Standards

	Urban County		Rural County		Frontier County	
Required Providers	Maximum Time (minutes)	Maximum Distance (miles)	Maximum Time (minutes)	Maximum Distance (miles)	Maximum Time (minutes)	Maximum Distance (miles
Hospitals (acute care)	20	20	30	30	60	60
Psychiatrists and other psychiatric prescribers, for adults	30	30	60	60	90	90
Psychiatrists and other psychiatric prescribers; serving children	30	30	60	60	90	90
Mental Health Provider; serving adults	30	30	60	60	90	90
Mental Health Provider; serving children	30	30	60	60	90	90
Substance Use Disorder Provider; serving adults	30	30	60	60	90	90
Substance Use Disorder Provider; serving children	30	30	60	60	90	90

RMHP's goal is to provide access to behavioral health services to the extent such services are available based on location, number and types of providers, cost and suitability of care, RMHP's

credentialing requirement and consideration of usual travel patterns within the community. In urban areas, RMHP works to provide each Member a choice of at least two (2) Behavioral Health Providers within their zip code or within the maximum distance for their county classification. Each goal, criteria and ratio described herein is only a goal and not a binding standard. RMHP uses GeoAccess™ to measure the distance between the Members and the providers in the region. See the RAE and Prime GeoAccess reports attached to this report.

Emergency Behavioral Health Care

Access to emergency behavioral health care by phone within fifteen (15) minutes after the initial contact, including TTY accessibility; in person within one (1) hour of contact in urban and suburban areas, in person within two (2) hours after contact in Rural and Frontier areas.

Non-urgent, Symptomatic Behavioral Health Services

Access to non-urgent, symptomatic behavioral health services within seven (7) days after a Member's request; a behavioral health intake appointment is <u>not</u> considered to be a treatment appointment for non-urgent, symptomatic care.

Addressing the Needs of Members

Addressing the Needs of Members with Limited English Proficiency, Illiteracy, Diverse Cultural and Ethnic Backgrounds, and Physical and Mental Disabilities
RMHP will ensure to the extent possible that our network providers provide physical access, reasonable accommodations, and accessible equipment for Medicaid enrollees with physical or mental disabilities. RMHP will publish information in its provider directory regarding physical access, equipment, language and other accommodations made to support Members with differing needs. See below for more information.

Members with Limited English Proficiency and Illiteracy

In an effort to meet non-English speaking Members' needs, RMHP has identified health care providers who speak languages other than English, including American Sign Language. When available, RMHP publishes the cultural and language expertise of providers in its Provider Directory. When direct interaction with a bilingual health care provider is not possible, RMHP will support practices in obtaining interpretation services to support providers in working with Members who speak languages other than English, including American Sign Language (ASL).

RMHP translates all Member materials into Spanish. Additionally, RMHP arranges to provide written interpretations of its Member materials as requested by Members for any foreign language. Spanish speaking customer service representatives are available to assist Spanish-speaking Members either by phone or in person. Member materials are written at an appropriate reading level or are made available orally for low-literacy Members.

In the community, RMHP has initiated a Voice of the Consumer Latino Initiative to better understand how monolingual Spanish speaking Members navigate the healthcare system and community resources, and better understand the barriers they experience.

Members with Complex Medical and Social Needs

RMHP addresses the needs of Members with complex medical, behavioral and social needs in a number of ways. RMHP customer service representatives make at least two attempts for outbound welcome calls to all new Medicaid Members, at which time they inquire about special needs or chronic conditions. If the Member indicates a need, the Representative will refer the Member to Care Management for further assessment of needs and care coordination.

Additionally, RMHP Care Management staff receives referrals from providers and other community organizations. RMHP receives real time hospital admission, discharge, transfer and emergency room (ER) visit data (ADT data) and follows-up on admissions and ER visits to ensure that Members have the information and resources needed for a smooth transition of care. RMHP has a care management software platform that allows for shared documentation among care coordinators, including community based care coordination teams, and manages scheduled follow-up for Members in active care management. The RMHP *ACC RAE Population Health Management Plan* provides an overview of RMHP's Care Management processes for Members with needs ranging from preventive care reminders to those with complex needs.

RMHP's community based care coordination team model with community Anchor organizations allows for close connection to community based services to support the unique medical, behavioral health and social needs of all Members. Local care coordinators perform outreach and build relationships with community-based providers in order to facilitate warm hand-off referrals.

Members Living with Physical Disabilities or Needing Reasonable Accommodation

When available, RMHP publishes information about a providers' ability to support Members needing reasonable accommodation, adapted physical access or special equipment in its Provider Directory.

Members who are hard of hearing may dial 711 to access Relay Colorado services. RMHP has also adopted standards for transacting business with Members who are unable to communicate to make decisions on their own behalf. Appropriate family members or legal guardians are identified and included in Member enrollment and care decisions.

All RMHP buildings meet accessibility standards for people with disability such as parking spaces, ramps, doorways, elevator accessibility to all floors in our offices, and Braille signs. RMHP is developing a plan to monitor physical access for people with disabilities at our PCMP provider locations through office assessments.

In the community, RMHP Care Coordinators work closely with Members who may need physical or other reasonable accommodation. Care Coordinators are available to attend provider appointments at the request of the Member and can identify the resources available in the community to support accommodation.

RMHP will offer alternative PCMP practice locations that meet the Americans with Disabilities Act of 1990 (ADA) access standards and communication standards based upon Member need.

Accessing Services Not Covered by RMHP

RMHP will assist Members with accessing services covered by Health First Colorado and not offered by RMHP. Member materials provide information on how to contact RMHP. Services not covered by RMHP and Health First Colorado must be paid for by enrollees. This information is also explained in the *Member Handbook*.

The county health department has information on programs such as transportation, supplemental feeding programs for children and pregnant women, and dental care. These services are not covered by RMHP, but providers or Members can find out more about them by calling RMHP customer service representatives (toll-free at 888-282-8801) or contacting their Care Coordinator.