FY 2020–2021
Network Adequacy Quarterly Report Template

Managed Care Entity: *Rocky Mountain Health Plans*

Line of Business: *RAE*

Contract Number: *19-107507A5*

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Report Submitted on: *October 30, 2020*

Report due by *10/30/2020*, covering the MCE's network from *07/01/2020 – 09/30/2020*, FY20-21, Q1

—Final Copy: October 2020 Release—

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1. Instructions for Using the Network Adequacy Quarterly Report Template

This document contains the June 2020 release of a standardized template for use by all Colorado Medicaid or CHP+ Managed Care Entities (MCEs) for quarterly Network Adequacy (NA) reporting to the Colorado Department of Health Care Policy and Financing (HCPF). Each MCE should generate one quarterly NA report for each applicable line of business (i.e., CHP+ MCO, Medicaid MCO, and RAE); the report shall contain template elements applicable to the line of business. Network categories required for quarterly reporting are defined in the CO Network Adequacy Crosswalk Definitions (June 2020 version).

The practitioners, practice sites, and entities included in the quarterly NA report will include ordering, referring, and servicing contractors that provide care through a Colorado Medicaid or CHP+ MCE. To ensure consistent data collection across MCEs, each MCE must use this HCPF-approved report template (MS Word and MS Excel templates) to present the MCE's quarterly NA report and data for the corresponding practitioners, practice sites, and entities. Report due dates will align with those outlined in the MCE's contract, unless otherwise stated.

Fiscal Year (FY) Quarter (Q) Reported	Months Included in the Report
FY 2019-20 Q4	April, May, June
FY 2020-21 Q1	July, August, September
FY 2020-21 Q2	October, November, December
FY 2020-21 Q3	January, February, March

Definitions

- "MS Word template" refers to the *CO2020-21_Network Adequacy_Quarterly Report Word Template_F1_0620* document.
- "MS Word MCE Data Requirements" refers to the *CO2020-21_Network Adequacy_MCE_DataRequirements_F1_0620* document that contains instructions for each MCE's quarterly submission of member and network data.
- "MS Excel Geoaccess Compliance template" refers to the *CO2020-21_Network Adequacy_Quarterly Report Excel Template_<MCE Type>_Geoaccess Compliance* spreadsheet.
  - MCEs will use this file to supply county-level results from their geoaccess compliance calculations, including practitioner to member ratios and time/distance calculations.
- Use the Colorado county designations from the Colorado Rural Health Center to define a county as urban, rural, or frontier; the most recent county-level map is available at the following website:
  - https://coruralhealth.org/resources/maps-resource
  - Note: Urban counties with rural areas (e.g., Larimer County) should be reported with the rural counties and use rural time/distance standards.

- A "practice site" or "practice" refers to a physical healthcare facility at which the healthcare service is performed.
- A "practitioner" refers to an individual that personally performs the healthcare service, excluding single case agreement (SCA) practitioners.
- An "entity" refers to a facility-level healthcare service location (e.g., hospital, pharmacy, imaging service facility, and/or laboratory).

Report Instructions

Each MCE should use this template to generate one quarterly NA report for each applicable line of business (i.e., CHP+ MCO, Medicaid MCO, and RAE); the report shall contain template elements applicable to the line of business. The MCE should update the highlighted, italicized data fields on the cover page of this template to reflect their contact information, contract information, and report dates associated with the current report submission.

This report template contains a comprehensive list of NA requirements for the CHP+ MCO, Medicaid MCO, and RAE lines of business. Each table in this MS Word document contains a header row which confirms the applicable line(s) of business for each response. The table below shows expected network categories by MCE type. The accompanying MS Excel spreadsheets contain tabs in which network data can be imported (e.g., member counts, ratio results, time/distance calculation results).

Network Category	CHP+ MCO	Medicaid MCO	RAE
Facilities (Entities) (*Hospitals, Pharmacies, Imaging Services, Laboratories*)	X	X	
Prenatal Care and Women's Health Services	X	X	X
Primary Care Providers (PCPs)	X	X	X
Physical Health Specialists	X	X	
Behavioral Health Specialists	X		X
Ancillary Physical Health Services (*Audiology, Optometry, Podiatry, Occupational/Physical/Speech Therapy*)	X	X	

Questions

- Contact the MCE's Department contract manager or specialist for data submission instructions and assistance with questions or access to HCPF's FTP site.

Establishing and Maintaining the MCE Network

Supporting contract reference: The MCE shall maintain a network that is sufficient in numbers and types of practitioners/practice sites to assure that all covered services to members will be accessible without unreasonable delay. The MCE shall demonstrate that it has the capacity to serve the expected enrollment in that service area.

- To count members, include each unique member enrolled with the MCE and line of business as of the last day of the measurement period (e.g., June 30, 2020, for the quarterly report due to the Department on July 30, 2020).
- To count practitioners/practice sites:
  - Include each unique practitioner/practice sites contracted with the MCE and line of business as of the last day of the measurement period (e.g., June 30, 2020, for the quarterly report due to the Department on July 30, 2020).
  - Define unique individual practitioners using Medicaid ID; a practitioner serving multiple locations should only be counted once for the count of practitioners and ratio calculations.

Define unique practice sites by de-duplicating records by location, such that a single record is shown for each physical location without regard to the number of individual practitioners at the location.

Table 1A-Establishing and Maintaining the MCE Network: Primary Care Data

Requirement	Previous Quarter		Current Quarter	
	Number	Percent	Number	Percent
Sample	*0*	*0.0%*	*0*	*0.0%*
CHP+ MCO, Medicaid MCO, RAE				
Total members	148,198	N/A	155,998	N/A
Total primary care practitioners (i.e., PROVCAT codes beginning with "PV" or "PG")	643	N/A	645	N/A
Primary care practitioners accepting new members	626	97.36%	628	97.36%
Primary care practitioners offering after-hours appointments	48	7.47%	49	7.60%
New primary care practitioners contracted during the quarter	0	0.00%	6	0.93%
Primary care practitioners that closed or left the MCE's network during the quarter	4	0.62%	4	0.31%

Table 1B-Establishing and Maintaining the MCE Network: Primary Care Discussion

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of primary care practitioners to assure that all covered services will be accessible to members without unreasonable delay. If utilized, describe the impact telehealth services had in overcoming these barriers. Describe the methods used to monitoring the availability and usage of telehealth services.
CHP+ MCO, Medicaid MCO, RAE
While Rocky Mountain Health Plans (RMHP) is not the payer for these services, we offer a robust, diverse network of primary care providers for Regional Accountable Entity (RAE) Members, especially considering the rural/frontier nature of the RAE service area. Due to the composition of the RAE service area, with all 22 counties designated as rural or frontier, there are fewer specialized providers practicing in the area as compared to urban areas. As an example, while many providers in the area serve both adult and pediatric populations, they often do not identify themselves to be a "pediatric provider" and, therefore, RMHP does not categorize them as such. RMHP documents provider shortages in the region through federally designated Health Professional Shortage Area (HPSA) maps. 10 counties in the RAE service area – Delta, Gunnison, Jackson, Lake, La Plata, Mesa, Montezuma, Montrose, Ouray and Rio Blanco – are designated as low-income population HPSAs for primary care and 8 counties – Archuleta, Dolores, Grand, Moffat, Montrose, Routt, San Juan and San Miguel – are designated as geographic HPSAs for primary care. The COVID-19 pandemic and resulting changes in tele-health policy by the Department of Health Care Policy and Financing as well as other payers prompted many providers to adopt telemedicine during the reporting period. In addition to an increase in virtual visits with Members' usual providers, RMHP RAE, Prime and CHP+ Members have access to a telehealth platform called CareNow through which they can chat with a doctor or therapist on-demand, at no cost. These innovative methods have assisted in meeting some of the barriers inherent in the rural nature of our region such as the need to travel a considerable distance to receive care. In response to the impacts of COVID-19 on practices, RMHP developed a Telehealth Toolkit for practices, designed to assist primary care, behavioral health, and specialty care practices in either beginning or sustaining telehealth and to serve as a supplement to transformation work. Topics covered include engaging patients in telehealth, gathering informed consent, designing workflows, assessing pros and cons of various vendors, using data to drive success, and payment and regulation changes, especially those impacted by COVID-19.

Table 2A-Establishing and Maintaining the MCE Network: Behavioral Health Data

Requirement	Previous Quarter		Current Quarter	
	Number	Percent	Number	Percent
Sample	*0*	*0.0%*	*0*	*0.0%*
CHP+ MCO, Medicaid MCO, RAE				

Requirement	Previous Quarter		Current Quarter	
	Number	Percent	Number	Percent
Total members	148,198	N/A	155,998	N/A
Total behavioral health practitioners (i.e., PROVCAT codes beginning with “BV” or “BG”)	3,596	N/A	3,616	N/A
Behavioral health practitioners accepting new members	3,582	99.61%	3,602	99.61%
Behavioral health practitioners offering after-hours appointments	216	6.01%	229	6.33%
New behavioral health practitioners contracted during the quarter	28	0.78%	29	0.80%
Behavioral health practitioners that closed or left the MCE’s network during the quarter	7	0.20%	9	0.25%

Table 2B-Establishing and Maintaining the MCE Network: Behavioral Health Discussion

Describe any barriers that affect the MCE’s ability to maintain a sufficient network in number and type of behavioral health practitioners to assure that all covered services will be accessible to members without unreasonable delay. If your network includes out-of-state practitioners serving members enrolled with the MCE please describe. If utilized, describe the impact telehealth services had in overcoming these barriers. Describe the methods used to monitoring the availability and usage of telehealth services.
CHP+ MCO, Medicaid MCO, RAE
RMHP has been successful at providing a robust RAE Behavioral Health network in the region. Challenges exist in that the entirety of Region 1 is either rural or frontier in nature and has a shortage of more specialized providers practicing in the area. Most noteworthy is that there are only two counties (Mesa and Larimer) with acute care psychiatric facilities in the region. Another common challenge is that while many providers in the area serve both adult and pediatric populations, they do not consider themselves pediatric specialists, and, therefore, RMHP does not designate them as such. Generally, there are few child Psychiatrists in the region. Mesa County tends to be the catchment area for the Western portion of the region. Larimer County clients have relatively easy access to providers in the Denver Metro area in the event that services are not available in Larimer County. RMHP contracts with many providers outside of the Region 1 geographical area (including single case agreements when appropriate and needed). RMHP documents provider shortages in the region through federally designated Health Professional Shortage Area (HPSA) maps. All 22 counties in the RAE service area are designated as geographic HPSAs for mental health.

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of behavioral health practitioners to assure that all covered services will be accessible to members without unreasonable delay. If your network includes out-of-state practitioners serving members enrolled with the MCE please describe.   **If utilized, describe the impact telehealth services had in overcoming these barriers. Describe the methods used to monitoring the availability and usage of telehealth services.**
CHP+ MCO, Medicaid MCO, RAE
The COVID-19 pandemic and resulting changes in tele-health policy by the Department of Health Care Policy and Financing and other payers prompted many providers to adopt tele-health practices during the reporting period. In addition to an increase in virtual visits with Members' usual providers, RMHP RAE, Prime and CHP+ Members have access to a telehealth platform called CareNow through which they can chat with a doctor or therapist on-demand, at no cost. These innovative methods have assisted in meeting some of the barriers inherent in the rural nature of Region 1 such as the need to travel a considerable distance to receive care.   In response to the impacts of COVID-19 on practices, RMHP developed a Telehealth Toolkit for practices, designed to assist primary care, behavioral health, and specialty care practices in either beginning or sustaining telehealth and to serve as a supplement to transformation work. Topics covered include engaging patients in telehealth, gathering informed consent, designing workflows, assessing pros and cons of various vendors, using data to drive success, and payment and regulation changes, especially those impacted by COVID-19.

Table 3A-Establishing and Maintaining the MCE Network: Specialty Care Data

Requirement	Previous Quarter		Current Quarter	
	Number	Percent	Number	Percent
Sample	*0*	*0.0%*	*0*	*0.0%*
CHP+ MCO, Medicaid MCO				
Total members		N/A		N/A
Total specialty care practitioners (i.e., PROVCAT codes beginning with "SV" or "SG")		N/A		N/A
Specialty care practitioners accepting new members				
Specialty care practitioners offering after-hours appointments				
New specialty care practitioners contracted during the quarter				
Specialty care practitioners that closed or left the MCE's network during the quarter				

Table 3B-Establishing and Maintaining the MCE Network: Specialty Care Discussion

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of specialty care practitioners to assure that all covered services will be accessible to members without unreasonable delay. If utilized, describe the impact telehealth services had in overcoming these barriers. Describe the methods used to monitoring the availability and usage of telehealth services.
CHP+ MCO, Medicaid MCO
N/A

3. Network Changes and Deficiencies

Network Changes

Supporting contract reference: The MCE shall report in writing to the Department, all changes in MCE Networks related to quality of care, competence, or professional conduct.

Table 4-Network Changes: Discussion

If the MCE experienced a positive or negative change in its network related to quality of care, competence, or professional conduct, describe the change and state whether the MCE notified the Department, in writing, within ten (10) business days of the change. Note: If the MCE experienced a deficiency in the quarter prior to the measurement period, the MCE's response should include a description of the actions taken by the MCE to address the deficiency.
CHP+ MCO, Medicaid MCO, RAE
There have been no significant changes of this nature since our last reporting. Some changes in counts are more reflective of modifications to reporting methodology, and do not represent a material change due to actual changes in the network.

Table 5-CHP+ MCO Network Volume Changes and Notification: Discussion

If the MCE experienced at least a five percent (5%) increase or decrease in its network in a thirty (30) calendar day period, describe the change and answer the following questions: Did the MCE notify the Department, in writing, within ten (10) business days of the change? Was the change due to a practitioner/practice site/entity's request to withdraw; was the change due to the MCE's activities to obtain or retain NCQA accreditation? Was the change due to a practitioner/practice site/entity's failure to receive credentialing or re-credentialing from the MCE?
CHP+ MCO
N/A

Inadequate Network Policies

Supporting contract reference: If the MCE fails to maintain an adequate network that provides Members with access to PCPs within a county in the MCE's Service Area, the Department may designate that county as a mixed county for the purpose of offering the option of an HMO or the State's self-funded network to eligible Members by providing the MCE a thirty (30) calendar day written notice.

Table 6-CHP+ MCO Inadequate Access to PCPs: Discussion

Did the MCE fail to maintain an adequate network that provides members with access to PCPs within a county in the MCE's service area? If the MCE answered "yes", did the Department designate that county as a mixed county for the purpose of offering the option of an HMO or the State's self-funded network to eligible members?
CHP+ MCO
N/A

Table 7-CHP+ MCO Discontinue Services to an Entire County: Discussion

Did the MCE discontinue providing covered services to members within an entire county within the MCE's service area? If the MCE answered "yes", did the MCE provide no less than sixty (60) calendar days prior written notice to the Department of the MCE's intent to discontinue such services?
CHP+ MCO
N/A

Table 8-CHP+ MCO Provider Network Changes: Discussion

Did the MCE experience an unexpected or anticipated material change to the network or a network deficiency that could affect service delivery, availability or capacity within the provider network? If the MCE answered "yes", did the MCE notify the Department, in writing, of the change?
CHP+ MCO
N/A

4. Appointment Timeliness Standards

Appointment Timeliness Standards

Supporting contract reference: The MCE shall provide coverage of emergency and non-urgent medical services. The MCE shall have written policies and procedures describing how members can receive coverage of emergency services or urgently needed services while temporarily absent from the MCE's service area.

Table 9-Physical Health Appointment Timeliness Standards

Describe the method(s) used by the MCE to monitor its contract's timeliness requirements for members' access to physical health services. Describe findings specific to the current reporting period.
CHP+ MCO, Medicaid MCO, RAE
RMHP's provider contracts require all providers to meet timeliness standards for physical health services. RMHP monitors this by regularly conducting surveys of Members who have received primary care or specialty care regarding their experience with timeliness of appointments. In addition, RMHP tracks any Member complaints received regarding timeliness of physical health services. When issues around timeliness arise, they are generally not unique to a specific member population, but are rather a function of the general lack of certain types of providers in the region. For example, there are very few dermatology practices in the region; areas that do have dermatology available may have only one provider. In these instances, patients with all types of health insurance coverage may have longer wait times for non-urgent/emergent appointments.

Table 10-Behavioral Health Appointment Timeliness Standards

Describe the method(s) used by the MCE to monitor its contract's timeliness requirements for members' access to behavioral health services. Describe findings specific to the current reporting period.
CHP+ MCO, RAE
RMHP's provider contracts require all providers to meet timeliness standards. RMHP monitors this via regular Member surveys as well as tracking Member complaints. When issues around timeliness arise they are not unique to this population, but are rather a function of the general lack of certain types of providers. For example, there are very few psychiatrists in some portions of the region; areas that do have psychiatry available may have only one provider. In these instances patients of all types may have longer wait times for non-urgent/emergent appointments. Child psychiatry is even scarcer in the region, which effects all populations.

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5. Time and Distance Standards

Health Care Network Time and Distance Standards

Supporting contract reference: The MCE shall ensure that its network has a sufficient number of practitioners, practice sites, and entities who generate billable services within their zip code or within the maximum distance for their county classification. The MCE must use GeoAccess or a comparable service to measure the travel time and driving distance between where members live and the physical location of the practitioners/practice sites/entities in the MCE's Region.

Enter time and distance compliance results (e.g., "Met" or "Not Met") in the MS Excel template. Use Tables 11, 12, and 13 for additional relevant information regarding the MCE's compliance with time and distance requirements. Geographic regions refer to the areas in which members reside, as members may travel outside their county of residence for care. For physical health time and distance requirements, MCEs are only required to report data for members residing inside the MCE's contracted counties. For statewide behavioral health time and distance requirements, MCEs are required to report results for all members regardless of county residence.

- CHP+ MCO defines "child members" as 0 through the month in which the member turns 19 years of age.
- CHP+ MCO defines "adult members" as those over 19 years of age (beginning the month after the member turned 19 years of age).
- Medicaid MCO and RAE define "child members" as under 21 years of age.
- Medicaid MCOs and RAEs define "adult members" as those 21 years of age or over.

There are two levels of primary care practitioners: primary practitioners that can bill as individuals (e.g., MDs, DOs, NPs, and CNS') and mid-level practitioners that cannot bill as individuals (e.g., PAs); each type of practitioner has its own row in the MS Excel template tabs for time/distance reporting.

A practitioner/practice site/entity should only be counted one time in the MCE's data submission; if a practitioner provides Adult and Pediatric Primary Care (and is not an OB/Gyn), the MCE should count the practitioner one time under the Family Practitioner network category.

Table 11–Urban Health Care Network Time and Distance Standards: Discussion

Present detailed time/distance results for members residing in Colorado's urban counties using the accompanying MS Excel workbook template. List the specific urban counties in which the MCE does not meet the time/distance requirements. Describe the MCE's approach to ensuring access to care for members residing in urban Colorado counties where the MCE does not meet the time/distance requirements.
CHP+ MCO, Medicaid MCO, RAE
There are no counties designated as urban in our service area; however, there are Region 1 attributed Members who reside in some urban counties outside of the Region 1 geographical area. The majority of those Members

reside on the Front Range or counties that border our region. While RMHP contracts with providers in these areas, they may not cover all services. RMHP enters into single case agreements in these areas whenever necessary.

Table 12–Rural Health Care Network Time and Distance Standards: Discussion

Present detailed time/distance results for members residing in Colorado's rural counties using the accompanying MS Excel workbook template. **List the specific rural counties in which the MCE does not meet the time/distance requirements. Describe the MCE's approach to ensuring access to care for members residing in rural Colorado counties where the MCE does not meet the time/distance requirements.**
CHP+ MCO, Medicaid MCO, RAE
RMHP has some Members in rural counties that are outside of the Region 1 geographical area. All of these counties have some issues as described prior. Within Region 1, there are deficiencies in psychiatrist/behavioral health prescribers in Archuleta, La Plata, and Montezuma Counties. However, physical health providers typically provide the management of medications for behavioral health in those areas. The entirety of the region does not have enough providers who designate themselves as pediatric providers. However, in general those services are available through providers who serve both adult and pediatric patients. RMHP continues to work with the provider network to confirm that they provide services to pediatric Members via our provider attributes survey process. RMHP intends to begin the implementation of an online self-reporting methodology in 2021.

Table 13–Frontier Health Care Network Time and Distance Standards: Discussion

Present detailed time/distance results for members residing in Colorado's frontier counties using the accompanying MS Excel workbook template. **List the specific frontier counties in which the MCE does not meet the time/distance requirements. Describe the MCE's approach to ensuring access to care for members residing in frontier Colorado counties where the MCE does not meet the time/distance requirements.**
CHP+ MCO, Medicaid MCO, RAE
RMHP has Members in some frontier counties that are outside of the Region 1 geographical area. All of these counties have some issue as described prior. Within Region 1, the frontier counties include Dolores, Gunnison, Hinsdale, Jackson, Mineral, Moffat, Rio Blanco, San Juan, and San Miguel. All have various deficiencies based upon available services. Gunnison County does not have a psychiatrist within desired distance, and all have the constraint of access to a designated pediatric behavioral health provider as described previously. Additionally, all have deficiencies in terms of proximity to a psychiatric hospital or residential facility.

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Appendix A. Single Case Agreements (SCAs)

Individual practitioners with single case agreements (SCAs) are not counted as part of the MCE's health care network and should be excluded from tabulations in the body of this MS Word report and the associated MS Excel report(s). However, the Department acknowledges the role of SCAs in mitigating potential network deficiencies and requests that the MCE use Tables A-1 and A-2 below to list individual practitioners with SCAs and describe the MCE's use for SCAs.

Table A-1-Practitioners with SCAs: Data

Individual SCA Practitioner	Medicaid ID	County Name	HCPF Network Category Code(s)	HCPF Network Category Description
Franklin Q. Smith	*0000000*	*Denver*	*PV050*	*Adult Primary Care*
CHP+ MCO, Medicaid MCO, RAE				
Tennyson Center for Children	32900350	Denver	BF140	Mental Hospitals
Natsumi Minagawa, PsyD, LPC	18223371	Boulder	BV120	Psychologists (PyD, PsyD)-General

Individual SCA Practitioner	Medicaid ID	County Name	HCPF Network Category Code(s)	HCPF Network Category Description

Table A-2-Practitioners with SCAs: Discussion

Describe the MCE's approach to expanding access to care for members with the use of SCAs. Describe the methods used to upgrade practitioners with SCAs to fully contracted network practitioners.
CHP+ MCO, Medicaid MCO, RAE
SCAs are utilized as needed for Member-specific needs such as the need for more specialized care (in or outside the region), or special circumstances such as travel or an existing relationship with a provider who is not in the network. In the event that RMHP becomes aware of a provider through the SCA process that is registered with interChange and willing to join the network, RMHP will extend and execute a contract upon acceptance. RMHP offers assistance to providers with the interChange process.

Appendix B. Optional MCE Content

This optional appendix may contain additional information, graphs, or maps that the MCE would like to include in its quarterly report.

Instructions for Appendices

To add an image:

- Go to “Insert” and click on “Pictures”.
- Select jpg file and click “Insert”.

To add an additional Appendix:

- Go to “Layout” and click on “Breaks”.
- Select “Next Page” and a new page will be created.
- Go to “Home” and select “HSAG Heading 6”.
- Type “Appendix C.” and a descriptive title for the appendix.
- Select the Table of Contents and hit F9 to refresh.

Optional MCE Content

Free text

Appendix C. Optional MCE Content

This optional appendix may contain additional information, graphs, or maps that the MCE would like to include in its quarterly report.