

Rocky Mountain Health Plans

RAE, Prime and CHP+ Network Adequacy Plan

SFY 2021-22

Submitted July 31, 2021

Provider Network Maintenance and Monitoring

Rocky Mountain Health Plans (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 Regional Accountable Entity (RAE), Prime, and CHP+ service areas, RMHP strives to contract with all available acute care hospitals, Primary Care Medical Providers (PCMPs), behavioral health providers, specialists and sub-specialists who meet RMHP's credentialing and quality standards. RMHP evaluates caseload for providers, pursuant to documented standards for appropriateness.

In many communities, and particularly in rural areas, RMHP's philosophy is to contract with all available PCMPs, pharmacies, Essential Community Providers (ECPs), behavioral health providers and hospitals that meet RMHP's credentialing and quality standards. This inclusive concept leads to high provider participation levels, thereby resulting in a large enough provider base 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 Members across all ages, levels of ability, gender and cultural identities, including those with limited English proficiency.

RMHP credentials and contracts 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 includes CMHCs, behavioral health facilities and independent providers beyond service area boundaries. RMHP has developed partnerships with other provider service organizations such as the Managed Service Organizations (MSOs) for Substance Use Disorder (SUD) treatment to help serve as a connector to services that fall outside of the Capitated Behavioral Health Benefit. RMHP has developed and is continuing to expand network capacity to manage the inpatient and residential SUD treatment benefit. This helps 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.

Ensuring Accurate Provider Information Is Available to Members

RMHP ensures that accurate provider information is available to all Members through a quarterly information review process. RMHP's Provider Network Management (PNM) staff distributes mailings to providers asking them to visit rmhp.org to ensure all information is correct. RMHP asks providers to sign and return an attestation form if all information is correct, or to update RMHP if the provider identifies a necessary correction or changes by completing and returning a Provider Update form. RMHP's PNM staff processes returned Provider Update forms with data entry modifications. RMHP continues to track all returned forms by provider name/group to identify non-responsive

providers. Additionally, RMHP utilizes the services of a third party vendor to complete direct outreach to PCMP practices for the same purpose.

RMHP also conducts a quarterly provider attributes survey process. Through this process, RMHP sends PCMPs, behavioral health providers and Prime specialists a provider demographic tool to complete and return to RMHP to help capture relevant and up-to-date demographic information for Members. Examples of survey questions include languages spoken, cultural competency trainings and education, and whether a provider is a Safe Space Provider for Members who identify as lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ+). RMHP uses the information collected from the demographic tools 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. In addition, RMHP uses this information to update the data on the Provider Information File that is used for the Health First Colorado Enrollment website's provider directory. RMHP adds questions to the demographic tool as needs arise.

Making Accurate and Timely Provider Information Available to Members

During the RMHP enrollment process, RMHP provides new Members with 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 are also able to download PDF versions of the directories from rmhp.org and can request a printed copy by contacting the RMHP 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.

RMHP's directories includes the following information:

- Name, address, telephone and website
- Ability to provide physical access, reasonable accommodations, and accessible equipment
- Capacity to accept new Medicaid Members
- Cultural and language expertise (including ASL)

RMHP is collecting provider office hour data through the provider attributes survey process and developing a database to populate this information in both the print and online provider directories.

Calculating and Monitoring Access to Care Metrics

RMHP uses Quest Analytics software to calculate time/distance results, ratios, timeliness standards and other access to care metrics, including the geographic location of providers in relationship to where RAE, Prime, and CHP+ Members live. Current network provider counts are attached as Appendix A.

Target Provider to Member Ratios

RMHP's cross-departmental Network Advisory Council (NAC) reviews 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 confirms 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

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		Rural		Frontier	
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 Network Time and Distance Standards

	Urban		Rural		Frontier	
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. For any 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 Quest Analytics software to measure the distance between the Members and the providers in the region.

Appointment Availability

The following table provides additional availability criteria for appointment and wait times. RMHP monitors these goals through interdepartmental activities which are reviewed and evaluated by the Network Advisory Council.

Service Type	Time Frame – CHP+	Time Frame – Prime	Time Frame – RAE
Emergency Care	Immediate access 24 hours a day, 7 days a week	Immediate access 24 hours a day, 7 days a week	N/A
Urgent Care	Within 24 hours	Within 24 hours	N/A
Outpatient Follow-up Appointment	Within 7 days after discharge from hospitalization	Within 7 days after discharge from hospitalization	N/A
Non-Urgent Symptomatic Care Appointment	Within 30 days after request	Within 7 days after request	N/A
Non-Symptomatic Routine and Preventive Well-Care Appointment	Within 7 days of request	Within 7 days of request	N/A

Behavioral Health Network Time and Distance Standards

Required Providers	Urban		Rural		Frontier	
	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
Adult psychiatry and other psychiatric prescribers	30	30	60	60	90	90
Pediatric psychiatry and other psychiatric prescribers	30	30	60	60	90	90
Adult Mental Health Provider	30	30	60	60	90	90
Pediatric Mental Health Provider	30	30	60	60	90	90
Adult Substance Use Disorder Provider	30	30	60	60	90	90
Pediatric Substance Use Disorder Provider	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. RMHP also maintains an open behavioral network policy outside of our Region 1 service area, and contracts with providers outside of our service area for services not available or scarce within RAE Region 1. Each goal, criteria and ratio described herein is only a goal and not a binding standard. RMHP uses Quest Analytics software to measure the distance between the Members and the providers in the region. Please refer to the RAE, Prime, and CHP+ Network Analysis reports that were submitted separately due to the size of the files.

Behavioral Health Appointment Availability

Service Type	Time Frame
Emergency Behavioral Health Care	By Phone
	Within 15 minutes after initial contact
	In Person – Urban
	Within 1 hour of initial contact
	In Person – Rural and Frontier
	Within 2 hours of initial contact
Non-Urgent Symptomatic Behavioral Health Care	Within 7 days after request
Members may not be placed on a waiting list for initial routine Behavioral Health Care services	

Behavioral Health Providers Accepting Mental Health Certifications

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7
375	429	536	202	5	342	142

RMHP contracts with all of the Community Mental Health Centers (CMHCs) in the Region 1 RAE, Prime, and CHP+ service areas. In the event that other providers in the mentioned service areas that accept mental health certifications become available, RMHP will work with the provider to participate or enter into Single Case Agreements (SCAs) as needed. RMHP contracts with CMHCs outside of the Region 1 geographical area and enters into contracts and SCAs to meet the needs of RMHP members.

Meeting the Needs of Our Region's Member Population

RMHP routinely solicits feedback from Members to determine whether the provider network is meeting their needs through forums including Member Advisory Council meetings and focus groups. In 2019 RMHP and the Colorado Cross-Disability Coalition (CCDC) facilitated behavioral health focus groups for Members and providers throughout the region. CCDC issued a report to RMHP with recommendations for behavioral health changes in both the regular Medicaid and crisis programs. In 2021, RMHP implemented a new round of behavioral health focus groups in collaboration with CCDC. The first round of focus groups, occurring in State Fiscal Year 2021-22, Q4, is targeted to family members of individuals with intellectual and developmental disabilities. Thereafter, RMHP plans to conduct focus groups with Members with an intellectual and developmental disability who are receiving direct services.

Members with Limited English Proficiency and Illiteracy

In an effort to meet non-English speaking Members' needs, RMHP identifies 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 provides access to a language line for providers seeing RMHP Members, with translators representing multiple languages available.

For Deaf Members whose primary language is American Sign Language (ASL), Rural Auxiliary Services (RAS), formerly called the Rural Interpreting Services Project (RISP) Pilot, provides qualified ASL interpreters for individuals who are

deaf, hard of hearing, or deafblind in rural areas of Colorado at no cost to consumers or service providers. Interpreting services are available for a variety of needs, including medical (doctors, dentists, mental health services). Some areas outside of the Front Range (including Grand Junction and Pueblo) are included in RAS. RMHP provides information about RAS to providers through a variety of methods, including the RAE Resource Guide.

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 and are made available orally for low-literacy Members.

In the community, RMHP has initiated a Voice of the Consumer Latino Initiatives project to better understand how bilingual and monolingual Spanish speaking Members navigate the healthcare system and community resources and find solutions to the barriers they experience. Most recently, PDF Consulting – on behalf of RMHP – conducted surveys among Spanish-speaking families to assess their needs and determine their understanding of COVID-19. In addition, they conducted telephonic outreach to Spanish-speaking families in Larimer County to screen for social needs and recruit families for Familia Adelante, a multi-risk prevention intervention for Latino families designed to enhance youth and family life skills. PDF Consulting has also been working with the Clifton community in Mesa County to assist with capacity building, community organization and collaboration, with the ultimate goal of giving residents the power and opportunity to transform their community. They have also met with key community leaders and organizations in Eagle County where they are offering the Diabetes Prevention Program (DPP) and Familia Adelante. The goal of the partnerships are to help Spanish-speaking Eagle County residents navigate the complex system of mental health care and connect people to available resources when they experience barriers to access.

Member Transitions of Care

RMHP has worked successfully with other RAEs to coordinate care when a RAE Member is transitioning from another Region to Region 1 or from Region 1 to another Region. 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.

Members with Complex Medical and Social Needs

RMHP addresses the needs of Members with complex medical, behavioral health and social needs in a number of ways. RMHP customer service representatives make at least two attempts for outbound welcome calls to all new RAE, Prime, and CHP+ 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, for RAE, Prime, and CHP+ Members, RMHP Care Management staff receives referrals from providers and other community organizations. RMHP receives real time hospital admission, discharge, transfer (ADT) and emergency department (ED) visit data and follows-up on admissions and ED 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.

Women's Health

Female Prime and CHP+ Prenatal 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 Diagnosed with Substance Use Disorders

RMHP has developed a unique system of episodic payments to improve the provision of substance use disorder (SUD) treatment in the Prime counties. There are currently two large, multi-provider advanced primary care clinics participating in this program. In these clinics, Members can receive high-quality primary care, including medication-assisted treatment (MAT), 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 and alcohol dependency treatment and an external therapy-based program substance use disorders.

In addition, RMHP has developed its specialty opioid treatment infrastructure. The Region 1 RAE features three Opioid Treatment Providers (OTPs) capable of treating hundreds of Members with opioid use disorder. Currently, each one of these providers serves 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.

RMHP participates in Department-led workgroups and SUD treatment provider forums around the expansion of the SUD benefit. RMHP continues to expand our SUD provider network including residential and inpatient facilities and other forms of recovery and treatment services. Additionally, we are in the process of completing a value-based contract with a provider who offers the full continuum of residential, intensive outpatient and outpatient treatment services.

Members with Special Needs

New RAE, Prime and CHP+ 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.

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 disabilities such as parking spaces, ramps, doorways, elevator accessibility to all floors in our offices, and Braille signs. Following the end of the Public Health Emergency, RMHP will resume planning efforts to monitor physical access for people with disabilities at our PCMP provider locations. At the current time, RMHP asks PCMPs to self-report this information via the quarterly provider attributes survey process and results are published in RMHP's provider directories.

In the community, RMHP Care Coordinators work closely with Members who may need physical or other accommodations. 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 offers 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 assists 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.

Appendix A: RMHP Network Provider Counts as of July 2021

RAE Physical Health Network

<i>Provider Type</i>	<i>Number of Providers</i>
Adult Primary Care providers	478
Pediatric Primary Care providers	504
OB/GYN providers	279
Family Planning providers	460

RAE Statewide Behavioral Health Network

<i>Provider Type</i>	<i>Region 1</i>	<i>Region 2</i>	<i>Region 3</i>	<i>Region 4</i>	<i>Region 5</i>	<i>Region 6</i>	<i>Region 7</i>
SUD providers	252	75	138	50	36	63	37
Psychiatrists	137	46	177	33	30	49	41
Adult Mental Health providers	1457	401	711	272	205	585	229
Pediatric Mental Health providers	1078	553	768	215	199	539	191
Providers taking MHC	375	429	536	202	5	342	142

RAE Providers Open to New Medicaid

<i>Provider Type</i>	<i>Number of Providers</i>
Adult Primary Care providers	401
Pediatric Primary Care providers	434
OB/GYN providers	267
Family Planning providers	353
SUD providers	245
Psychiatrists	130
Adult Mental Health providers	1453
Pediatric Mental Health providers	1047

RAE Provider Network

Providers with After Hours	238
Providers with Weekend Hours	145

<i>SUD providers</i>	
COUNTY	Prov Count
Archuleta	9
Delta	10
Dolores	3
Eagle	8
Garfield	8
Grand	3
Gunnison	8
Hinsdale	0
Jackson	0
La Plata	18
Larimer	100
Mesa	38
Moffat	3
Montezuma	7
Montrose	17
Ouray	3
Pitkin	3
Rio Blanco	1
Routt	5
San Juan	0
San Miguel	3
Summit	5

252

<i>Psychiatrists</i>	
COUNTY	Prov Count
Archuleta	2
Delta	3
Dolores	1
Eagle	5
Garfield	6
Grand	0
Gunnison	2
Hinsdale	0
Jackson	0
La Plata	6
Larimer	59
Mesa	38
Moffat	4
Montezuma	1
Montrose	6
Ouray	0
Pitkin	1
Rio Blanco	0
Routt	1
San Juan	0
San Miguel	1
Summit	1

137

<i>Adult Mental Health providers</i>	
COUNTY	Prov Count
Archuleta	30
Delta	41
Dolores	5
Eagle	36
Garfield	40
Grand	10
Gunnison	22
Hinsdale	1
Jackson	1
La Plata	89
Larimer	697
Mesa	254
Moffat	16
Montezuma	36
Montrose	74
Ouray	12
Pitkin	11
Rio Blanco	4
Routt	28
San Juan	0
San Miguel	18
Summit	32

1457

<i>Pediatric Mental Health Providers</i>	
COUNTY	Prov Count
Archuleta	20
Delta	29
Dolores	2
Eagle	30
Garfield	29
Grand	8
Gunnison	15
Hinsdale	1
Jackson	1
La Plata	72
Larimer	528
Mesa	162
Moffat	12
Montezuma	36
Montrose	62
Ouray	7
Pitkin	12
Rio Blanco	3
Routt	18
San Juan	0
San Miguel	14
Summit	17

1078

CHP Physical Health Network

<i>Provider Type</i>	<i>Number of Providers</i>
Adult Primary Care providers	458
Pediatric Primary Care providers	486
OB/GYN providers	162
Family Planning providers	439

CHP Behavioral Health Network

<i>Provider Type</i>	<i>CHP Service Area</i>
SUD providers	157
Psychiatrists	78
Adult Mental Health providers	893
Pediatric Mental Health providers	539
Providers taking MHC	297

CHP Providers Open to New Medicaid

<i>Provider Type</i>	<i>Number of Providers</i>
Adult Primary Care providers	405
Pediatric Primary Care providers	421
OB/GYN providers	151
Family Planning providers	379
SUD providers	153
Psychiatrists	77
Adult Mental Health providers	886
Pediatric Mental Health providers	528

CHP Provider Network

Providers with After Hours	191
Providers with Weekend Hours	108

PRIME Overall Network

<i>Number of Providers</i>	<i>Provider Type</i>
302	Adult Primary Care providers
288	Pediatric Primary Care providers
124	OB/GYN providers
283	Family Planning providers
1	Gerontology providers
41	Internal Medicine providers
279	Physician Specialists

PRIME Providers accepting new Medicaid

<i>Number of Providers</i>	<i>Provider Type</i>
219	Adult Primary Care providers
211	Pediatric Primary Care providers
121	OB/GYN providers
218	Family Planning providers
1	Gerontology providers
32	Internal Medicine providers
279	Physician Specialists