

# Network Adequacy Quarterly Report Template

Managed Care Entity: Rocky Mountain Health Plans - RAE

Line of Business: RAE Region 1

Contract Number: 19-107507A14-B9

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Report due by 07/31/2023, covering the MCE's network from 04/01/2023 – 06/30/2023, FY23 Q4

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### 1. Instructions for Using the Network Adequacy Quarterly Report Template

This document contains the June 2023 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, or 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 (December 2022 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 Quarter Reported	Quarterly Reporting Deadline for HCPF	Reporting Date for Member and Network Files
FY 2022-23 Q1	October 2022	September 30, 2022
FY 2022-23 Q2	January 2023	December 31, 2022
FY 2022-23 Q3	April 2023	March 31, 2023
FY 2022-23 Q4	July 2023	June 30, 2023

#### **Definitions**

- "MS Word template" refers to the CO Network Adequacy\_Quarterly Report Word Template\_F1\_0623 document.
- "MS Word MCE Data Requirements" refers to the *CO Network*\*\*Adequacy\_MCE\_DataRequirements\_F1\_1222 document that contains instructions for each MCE's quarterly submission of member and network data.
- "MS Excel Geoaccess Compliance template" refers to the  $CO < 20 \#\#-\# > NAV_FY < \#\#\# > Q < \# > QuarterlyReport_GeoaccessCompliance_< MCE Type>_< MCE Name> spreadsheet.$ 
  - 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 (RAEs' network categories include Substance Use Disorder [SUD] treatment coverage that went into effect on 1/1/2021)	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.



### 2. Network Adequacy

### **Establishing and Maintaining the MCE Network**

<u>Supporting contract reference:</u> 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, 2023, for the quarterly report due to the Department on July 31, 2023).
- 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, 2023, for the quarterly report due to the
    Department on July 31, 2023).
  - 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		Quarter
kequirement	Number	Percent	Number	Percent
Sample	0	0.0%	0	0.0%
CHP+ MCO, Medicaid MCO, RAE				
Total members	199,966	N/A	193,818	N/A
Total primary care practitioners (i.e., PROVCAT codes beginning with "PV" or "PG")	996	N/A	1,010	N/A
Primary care practitioners accepting new members	962	96.59%	976	96.63%
Primary care practitioners offering after-hours appointments	96	9.64%	103	10.20%
New primary care practitioners contracted during the quarter	24	2.41%	14	1.39%
Primary care practitioners that closed or left the MCE's network during the quarter	0	0.00%	0	0.00%



#### 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.

Describe how the MCE ensures members' access to family planning services offered by any appropriate physical health practitioner, practice group, or entity.

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

Rocky Mountain Health Plans (RMHP) provides an inclusive network of Primary Care Medical Providers (PCMPs) in the Regional Accountable Entity (RAE) service area, with 191 PCMP service locations and a tiered structure for Per Member Per Month (PMPM) administrative payments and Key Performance Indicator (KPI) incentive payments. The structure ranges from Tier 1 practices that are open to all Medicaid Members and have accomplished the highest demonstrated practice transformation competencies through Tier 4 practices that meet minimum participation requirements. 41.89% of all practice sites are currently participating at Tier 1 or Tier 2.

RMHP met the time and distance requirements, ensuring accessibility and Member choice to primary care and family planning services, for approximately 95% of network categories in the 14 rural and 8 frontier counties of RAE Region 1. The *Adult Primary Care Practitioner (PA)* category was not met in Moffat & Larimer counties. The *Family Practitioner (PA)* categories were not met in Moffat and Larimer counties. The *Pediatric Primary Care Practitioner (PA)* category was not met in Moffat County. Larimer county results are being impacted by 1 member in the categories noted above.

RMHP continues to offer RAE, PRIME and CHP+ Members access to CirrusMD for RMHP. This is a free, text-based platform which allows Members to connect with providers 24/7 if they have a health question or if they are not sure if they should go to an urgent care or emergency room.

In prior quarterly reports, RMHP was able to track utilization by line of business. However, beginning in 2023, the eligibility file formats changed. As a result, RMHP can continue to track CirrusMD for RMHP registrations and encounters but can no longer track utilization beyond a broad Medicaid category (which includes CHP+). In FY 22/23 Q4 there were 138 unique Member registrations and 160 CirrusMD encounters. This is a slight increase from 122 unique Member registrations and 151 CirrusMD encounters in FY 22/23 Q3. RMHP continues to work on aligning CirrusMD marketing strategy with UHC and anticipates an increase in encounters and registrations in future quarters' reporting.

RMHP and CirrusMD have a workflow by which CirrusMD providers make referrals to RMHP Care Coordinators when Members have follow-up needs, such as finding a primary care provider. The number of referrals from CirrusMD providers to RMHP care coordinators remained virtually the same from last quarter to this quarter ( in Q4 vs. in Q3).



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

Requirement		Previous Quarter		Quarter
kequirement	Number	Percent	Number	Percent
Sample	0	0.0%	0	0.0%
CHP+ MCO, Medicaid MCO, RAE				
Total members	199,966	N/A	193,818	N/A
Total behavioral health practitioners (i.e., PROVCAT codes beginning with "BV" or "BG")	4,027	N/A	4,064	N/A
Behavioral health practitioners accepting new members	4,008	99.53%	4,045	99.53%
Behavioral health practitioners offering after-hours appointments	249	6.18%	262	6.45%
New behavioral health practitioners contracted during the quarter	20	0.50%	40	0.98%
Behavioral health practitioners that closed or left the MCE's network during the quarter	3	0.07%	3	0.07%

Table 2B-Establishing and Maintaining the MCE Network: Substance Use Disorder (SUD) Treatment Facilities

Requirement	Previous Quarter	<b>Current Quarter</b>
	Number	Number
Sample	0	0
RAE		
Total SUD treatment facilities offering American Society of Addiction Medicine (ASAM) Level 3.1 services	15	15
Total SUD treatment facilities offering ASAM Level 3.3 services	1	1
Total SUD treatment facilities offering ASAM Level 3.5 services	15	15
Total SUD treatment facilities offering ASAM Level 3.7 services	8	8
Total SUD treatment facilities offering ASAM Level 3.2 WM (Withdrawal Management)	17	17
Total SUD treatment facilities offering ASAM Level 3.7 WM services	13	13



#### Table 2C-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.

For RAEs, describe any barriers to incorporating the ASAM levels of care for the SUD treatment practitioners, practice sites, and entities. Describe the methods used to monitor the available SUD treatment bed at each ASAM level.

#### CHP+ MCO, Medicaid MCO, RAE

Rocky Mountain Health Plans provides a strong network of behavioral health providers to our RAE Membership. RMHP is always open to expanding the network by enrolling new Behavioral Health and SUD providers as they meet our credentialing and contract requirements.

RMHP continues to expand our behavioral health and SUD network. SUD network categories are met for 62.9% of network category/county/urbanicity combinations from a state-wide perspective. In addition to contracting efforts, RMHP's Care Coordination and Utilization Management teams maintain relationships with SUD providers within the region and other portions of the State to find Members the appropriate ASAM level of care when needed.

RMHP met the time and distance requirements, ensuring accessibility and Member choice to behavioral health services, for approximately 54.2% of network category/county/urbanicity combinations in the 14 *rural* and 8 *frontier* counties of RAE Region 1. Most identified deficiencies are within the *SUD treatment facility* network category across all ASAM levels. RMHP contracts with all SUD facilities within RAE Region 1. RAE Region 1 is comprised solely of *rural* and *frontier* counties, all of which fall within the geographic designation for Mental Health Professional Shortage Areas (HPSAs). Any member who falls outside of the 30/60 minute or 30/60 miles distance requirement makes it appear we are not meeting these requirements. The *Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals* network category did not meet time and distance requirements in all 22 RAE 1 counties, as there is only 1 Psychiatric Hospital on the Western Slope (Mesa County).

Overall behavioral health claims for RAE Members increased by 18.63% from last quarter, however telehealth claims decreased by 7.09% as compared to last quarter (as percentage of all claims). Telehealth services represented 35.01% of claims this quarter, as compared to 37.68% of overall behavioral health claims last quarter.



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

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

#### 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**

<u>Supporting contract reference:</u> The MCE shall report in writing to the Department, all changes or deficiencies in MCE Networks related to access to care.

#### **Table 4–Network Changes: Discussion**

If the MCE experienced 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, describe the change and state whether the MCE notified the Department, in writing, within five (5) business days of the change.

Note: If the MCE experienced 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 during the quarter prior to the measurement period, the MCE's response should include a description of the actions taken by the MCE during the current measurement period to address the deficiency.

CHP+ MCO, Medicaid MCO, RAE

N/A

#### 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 recredentialing from the MCE?

**CHP+ MCO** 

N/A



### **Inadequate Network Policies**

<u>Supporting contract reference:</u> 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**

<u>Supporting contract reference:</u> The MCE shall ensure its network is sufficient so that services are provided to members on a timely basis.

#### 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

Previously, RMHP Provider Network Management (PNM) staff distributed Appointment Wait Time Surveys to a sample of Members throughout all lines of business who received services from primary care practitioners, high-volume specialists, high-impact specialists, and prescribing as well as non – prescribing behavioral healthcare practitioners on a quarterly basis. The purpose of these surveys was to determine if appointment availability was sufficient for Members based on performance standards defined by the Division of Insurance (DOI), Colorado Department of Health Care Policy and Financing (HCPF), as well as the National Committee for Quality Assurance (NCQA). Due to selecting a new vendor to administer surveys on our behalf, surveys were not administered in Q4FY22-23, however we believe that the new process outlined below will result in greater visibility into appointment timeliness and overall access to care.

Cotivity, our new survey vendor, will go live on August 4, 2023. They will conduct a significantly larger survey than was done under our prior process. Cotivity will use the entire universe of Member claims activity whereas we previously used a small sample. They anticipate a 20% response rate to their survey questions.

Surveys for Q3FY22-23 will be included in the August 4<sup>th</sup> inaugural survey with Q4 following shortly thereafter. Cotivity will then move to a monthly survey cadence. The surveys will be conducted in both English and Spanish by staff who have health care translation certification. A \$10 gift card will be provided to each Member who completes the survey.

The survey process that we previously had in place was much less sophisticated and representative, given the sample sizes and return rates. While we regret that we had a brief pause in the survey process, we will collect data for the delayed quarters and have a much better process in place moving forward.

#### 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

As noted above in Table 9, the Member survey process we currently utilize applies to all priority provider groups and lines of business, including behavioral health services.



### 5. Time and Distance Standards

#### **Health Care Network Time and Distance Standards**

<u>Supporting contract reference:</u> 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 in its contracted counties, including region-specific contracted counties for RAEs' behavioral health networks. 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 compliance with minimum time and distance requirements for members residing inside the MCE's contracted counties. For statewide behavioral health time and distance requirements, MCEs are required to report compliance with minimum time and distance requirements 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 for each associated network category (PROVCAT code). If a practitioner provides primary care for adult and pediatric members at a specific location, count the practitioner once under the Adult Primary Care Practitioner PROVCAT code, once under the Pediatric Primary Care Practitioner PROVCAT code. For example, a primary care nurse practitioner (NP) that serves adult and pediatric members can be categorized with the PV063, PV064, and PV065 PROVCAT codes. That practitioner will then be counted for the minimum network standards for pediatric primary care practitioner (NP) (PV064 and PV065); adult primary care practitioner (NP) (PV063 and PV064); and family practitioner (NP) (PV064).



#### 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 <u>contracted urban</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted urban</u> Colorado counties where the MCE does not meet the time/distance requirements.

#### CHP+ MCO, Medicaid MCO, RAE

RMHP's service area counties are all designated as *rural* or *frontier*, however; RMHP has Region 1 attributed Members residing in some urban counties such as in the Denver Metro area. RMHP contracts with numerous providers in those areas although they may not cover all services. RMHP enters into single case agreements with providers in these areas when needed.

The table below shows membership access by county by network category for the urban analysis.

County	County Class	Provider Network Category	% with Access
Adams	Urban	General Behavioral Health	99.60%
Arapahoe	Urban	General Behavioral Health	99.70%
Boulder	Urban	General Behavioral Health	100.00%
Broomfield	Urban	General Behavioral Health	100.00%
Clear Creek	Urban	General Behavioral Health	100.00%
Denver	Urban	General Behavioral Health	100.00%
Douglas	Urban	General Behavioral Health	100.00%
El Paso	Urban	General Behavioral Health	100.00%
Elbert	Urban	General Behavioral Health	100.00%
Gilpin	Urban	General Behavioral Health	100.00%
Jefferson	Urban	General Behavioral Health	100.00%
Pueblo	Urban	General Behavioral Health	100.00%
Teller	Urban	General Behavioral Health	100.00%
Weld	Urban	General Behavioral Health	99.70%
Adams	Urban	General Psychiatrists and other Psychiatric Prescribers	99.50%
Arapahoe	Urban	General Psychiatrists and other Psychiatric Prescribers	99.40%
Boulder	Urban	General Psychiatrists and other Psychiatric Prescribers	100.00%
Broomfield	Urban	General Psychiatrists and other Psychiatric Prescribers	100.00%



List the specific <u>contracted urban</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted urban</u> Colorado counties where the MCE does not meet the time/distance requirements.

Clear Creek	Urban	General Psychiatrists and other Psychiatric Prescribers	100.00%
Denver	Urban	General Psychiatrists and other Psychiatric Prescribers	100.00%
Douglas	Urban	General Psychiatrists and other Psychiatric Prescribers	100.00%
El Paso	Urban	General Psychiatrists and other Psychiatric Prescribers	98.90%
Elbert	Urban	General Psychiatrists and other Psychiatric Prescribers	100.00%
Gilpin	Urban	General Psychiatrists and other Psychiatric Prescribers	100.00%
Jefferson	Urban	General Psychiatrists and other Psychiatric Prescribers	100.00%
Pueblo	Urban	General Psychiatrists and other Psychiatric Prescribers	100.00%
Teller	Urban	General Psychiatrists and other Psychiatric Prescribers	100.00%
Weld	Urban	General Psychiatrists and other Psychiatric Prescribers	99.70%
Adams	Urban	General SUD Treatment Practitioner	99.50%
Arapahoe	Urban	General SUD Treatment Practitioner	99.40%
Boulder	Urban	General SUD Treatment Practitioner	100.00%
Broomfield	Urban	General SUD Treatment Practitioner	100.00%
Clear Creek	Urban	General SUD Treatment Practitioner	100.00%
Denver	Urban	General SUD Treatment Practitioner	100.00%
Douglas	Urban	General SUD Treatment Practitioner	100.00%
El Paso	Urban	General SUD Treatment Practitioner	100.00%
Elbert	Urban	General SUD Treatment Practitioner	100.00%
Gilpin	Urban	General SUD Treatment Practitioner	100.00%
Jefferson	Urban	General SUD Treatment Practitioner	100.00%
Pueblo	Urban	General SUD Treatment Practitioner	100.00%
Teller	Urban	General SUD Treatment Practitioner	100.00%
Weld	Urban	General SUD Treatment Practitioner	99.70%
Adams	Urban	Pediatric Behavioral Health	99.80%



List the specific <u>contracted urban</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted urban</u> Colorado counties where the MCE does not meet the time/distance requirements.

	,		1
Arapahoe	Urban	Pediatric Behavioral Health	98.50%
Boulder	Urban	Pediatric Behavioral Health	100.00%
Broomfield	Urban	Pediatric Behavioral Health	100.00%
Clear Creek	Urban	Pediatric Behavioral Health	100.00%
Denver	Urban	Pediatric Behavioral Health	100.00%
Douglas	Urban	Pediatric Behavioral Health	100.00%
El Paso	Urban	Pediatric Behavioral Health	100.00%
Elbert	Urban	Pediatric Behavioral Health	100.00%
Gilpin	Urban	Pediatric Behavioral Health	100.00%
Jefferson	Urban	Pediatric Behavioral Health	100.00%
Pueblo	Urban	Pediatric Behavioral Health	98.80%
Teller	Urban	Pediatric Behavioral Health	100.00%
Weld	Urban	Pediatric Behavioral Health	99.80%
Adams	Urban	Pediatric Psychiatrists and other Psychiatric Prescribers	99.80%
Arapahoe	Urban	Pediatric Psychiatrists and other Psychiatric Prescribers	97.80%
Boulder	Urban	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Broomfield	Urban	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Clear Creek	Urban	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Denver	Urban	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Douglas	Urban	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
El Paso	Urban	Pediatric Psychiatrists and other Psychiatric Prescribers	99.70%
Elbert	Urban	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Gilpin	Urban	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Jefferson	Urban	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Pueblo	Urban	Pediatric Psychiatrists and other Psychiatric Prescribers	98.80%



List the specific <u>contracted urban</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted urban</u> Colorado counties where the MCE does not meet the time/distance requirements.

Teller	Urban	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Weld	Urban	Pediatric Psychiatrists and other Psychiatric Prescribers	99.80%
Adams	Urban	Pediatric SUD Treatment Practitioner	99.80%
Arapahoe	Urban	Pediatric SUD Treatment Practitioner	97.80%
Boulder	Urban	Pediatric SUD Treatment Practitioner	100.00%
Broomfield	Urban	Pediatric SUD Treatment Practitioner	100.00%
Clear Creek	Urban	Pediatric SUD Treatment Practitioner	100.00%
Denver	Urban	Pediatric SUD Treatment Practitioner	100.00%
Douglas	Urban	Pediatric SUD Treatment Practitioner	100.00%
El Paso	Urban	Pediatric SUD Treatment Practitioner	100.00%
Elbert	Urban	Pediatric SUD Treatment Practitioner	100.00%
Gilpin	Urban	Pediatric SUD Treatment Practitioner	100.00%
Jefferson	Urban	Pediatric SUD Treatment Practitioner	100.00%
Pueblo	Urban	Pediatric SUD Treatment Practitioner	98.80%
Teller	Urban	Pediatric SUD Treatment Practitioner	100.00%
Weld	Urban	Pediatric SUD Treatment Practitioner	99.80%
Adams	Urban	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	98.70%
Arapahoe	Urban	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	98.20%
Boulder	Urban	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	97.00%
Broomfield	Urban	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	100.00%
Clear Creek	Urban	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	2.50%



List the specific <u>contracted urban</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted urban</u> Colorado counties where the MCE does not meet the time/distance requirements.

Denver	Urban	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	100.00%
Douglas	Urban	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	99.40%
El Paso	Urban	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	96.40%
Elbert	Urban	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	45.00%
Gilpin	Urban	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	69.60%
Jefferson	Urban	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	98.90%
Pueblo	Urban	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Teller	Urban	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	3.30%
Weld	Urban	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	95.50%
Adams	Urban	SUD Treatment Facilities-ASAM 3.1	98.50%
Arapahoe	Urban	SUD Treatment Facilities-ASAM 3.1	98.30%
Boulder	Urban	SUD Treatment Facilities-ASAM 3.1	94.90%
Broomfield	Urban	SUD Treatment Facilities-ASAM 3.1	100.00%
Clear Creek	Urban	SUD Treatment Facilities-ASAM 3.1	49.60%
Denver	Urban	SUD Treatment Facilities-ASAM 3.1	100.00%
Douglas	Urban	SUD Treatment Facilities-ASAM 3.1	98.20%
El Paso	Urban	SUD Treatment Facilities-ASAM 3.1	0.00%
Elbert	Urban	SUD Treatment Facilities-ASAM 3.1	22.50%
Gilpin	Urban	SUD Treatment Facilities-ASAM 3.1	100.00%



List the specific <u>contracted urban</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted urban</u> Colorado counties where the MCE does not meet the time/distance requirements.

	<u> </u>		
Jefferson	Urban	SUD Treatment Facilities-ASAM 3.1	100.00%
Pueblo	Urban	SUD Treatment Facilities-ASAM 3.1	0.00%
Teller	Urban	SUD Treatment Facilities-ASAM 3.1	0.00%
Weld	Urban	SUD Treatment Facilities-ASAM 3.1	99.60%
Adams	Urban	SUD Treatment Facilities-ASAM 3.2 WM	99.60%
Arapahoe	Urban	SUD Treatment Facilities-ASAM 3.2 WM	98.90%
Boulder	Urban	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Broomfield	Urban	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Clear Creek	Urban	SUD Treatment Facilities-ASAM 3.2 WM	42.00%
Denver	Urban	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Douglas	Urban	SUD Treatment Facilities-ASAM 3.2 WM	99.40%
El Paso	Urban	SUD Treatment Facilities-ASAM 3.2 WM	97.50%
Elbert	Urban	SUD Treatment Facilities-ASAM 3.2 WM	45.00%
Gilpin	Urban	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Jefferson	Urban	SUD Treatment Facilities-ASAM 3.2 WM	98.90%
Pueblo	Urban	SUD Treatment Facilities-ASAM 3.2 WM	97.50%
Teller	Urban	SUD Treatment Facilities-ASAM 3.2 WM	90.00%
Weld	Urban	SUD Treatment Facilities-ASAM 3.2 WM	99.60%
Adams	Urban	SUD Treatment Facilities-ASAM 3.3	0.00%
Arapahoe	Urban	SUD Treatment Facilities-ASAM 3.3	0.00%
Boulder	Urban	SUD Treatment Facilities-ASAM 3.3	31.30%
Broomfield	Urban	SUD Treatment Facilities-ASAM 3.3	0.00%
Clear Creek	Urban	SUD Treatment Facilities-ASAM 3.3	0.00%
Denver	Urban	SUD Treatment Facilities-ASAM 3.3	0.00%
Douglas	Urban	SUD Treatment Facilities-ASAM 3.3	0.00%



List the specific <u>contracted urban</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted urban</u> Colorado counties where the MCE does not meet the time/distance requirements.

El Paso	Urban	SUD Treatment Facilities-ASAM 3.3	0.00%
Elbert	Urban	SUD Treatment Facilities-ASAM 3.3	0.00%
Gilpin	Urban	SUD Treatment Facilities-ASAM 3.3	0.00%
Jefferson	Urban	SUD Treatment Facilities-ASAM 3.3	0.00%
Pueblo	Urban	SUD Treatment Facilities-ASAM 3.3	0.00%
Teller	Urban	SUD Treatment Facilities-ASAM 3.3	0.00%
Weld	Urban	SUD Treatment Facilities-ASAM 3.3	78.00%
Adams	Urban	SUD Treatment Facilities-ASAM 3.5	99.60%
Arapahoe	Urban	SUD Treatment Facilities-ASAM 3.5	98.90%
Boulder	Urban	SUD Treatment Facilities-ASAM 3.5	95.30%
Broomfield	Urban	SUD Treatment Facilities-ASAM 3.5	100.00%
Clear Creek	Urban	SUD Treatment Facilities-ASAM 3.5	49.60%
Denver	Urban	SUD Treatment Facilities-ASAM 3.5	100.00%
Douglas	Urban	SUD Treatment Facilities-ASAM 3.5	99.70%
El Paso	Urban	SUD Treatment Facilities-ASAM 3.5	4.30%
Elbert	Urban	SUD Treatment Facilities-ASAM 3.5	70.00%
Gilpin	Urban	SUD Treatment Facilities-ASAM 3.5	100.00%
Jefferson	Urban	SUD Treatment Facilities-ASAM 3.5	100.00%
Pueblo	Urban	SUD Treatment Facilities-ASAM 3.5	98.70%
Teller	Urban	SUD Treatment Facilities-ASAM 3.5	0.00%
Weld	Urban	SUD Treatment Facilities-ASAM 3.5	99.60%
Adams	Urban	SUD Treatment Facilities-ASAM 3.7	99.60%
Arapahoe	Urban	SUD Treatment Facilities-ASAM 3.7	98.70%
Boulder	Urban	SUD Treatment Facilities-ASAM 3.7	75.60%
Broomfield	Urban	SUD Treatment Facilities-ASAM 3.7	100.00%



List the specific <u>contracted urban</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted urban</u> Colorado counties where the MCE does not meet the time/distance requirements.

<u> </u>			
Clear Creek	Urban	SUD Treatment Facilities-ASAM 3.7	26.10%
Denver	Urban	SUD Treatment Facilities-ASAM 3.7	100.00%
Douglas	Urban	SUD Treatment Facilities-ASAM 3.7	100.00%
El Paso	Urban	SUD Treatment Facilities-ASAM 3.7	3.50%
Elbert	Urban	SUD Treatment Facilities-ASAM 3.7	70.00%
Gilpin	Urban	SUD Treatment Facilities-ASAM 3.7	8.70%
Jefferson	Urban	SUD Treatment Facilities-ASAM 3.7	100.00%
Pueblo	Urban	SUD Treatment Facilities-ASAM 3.7	98.70%
Teller	Urban	SUD Treatment Facilities-ASAM 3.7	0.00%
Weld	Urban	SUD Treatment Facilities-ASAM 3.7	98.40%
Adams	Urban	SUD Treatment Facilities-ASAM 3.7 WM	99.60%
Arapahoe	Urban	SUD Treatment Facilities-ASAM 3.7 WM	98.90%
Boulder	Urban	SUD Treatment Facilities-ASAM 3.7 WM	100.00%
Broomfield	Urban	SUD Treatment Facilities-ASAM 3.7 WM	100.00%
Clear Creek	Urban	SUD Treatment Facilities-ASAM 3.7 WM	42.00%
Denver	Urban	SUD Treatment Facilities-ASAM 3.7 WM	100.00%
Douglas	Urban	SUD Treatment Facilities-ASAM 3.7 WM	100.00%
El Paso	Urban	SUD Treatment Facilities-ASAM 3.7 WM	99.20%
Elbert	Urban	SUD Treatment Facilities-ASAM 3.7 WM	85.00%
Gilpin	Urban	SUD Treatment Facilities-ASAM 3.7 WM	100.00%
Jefferson	Urban	SUD Treatment Facilities-ASAM 3.7 WM	99.50%
Pueblo	Urban	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Teller	Urban	SUD Treatment Facilities-ASAM 3.7 WM	93.30%
Weld	Urban	SUD Treatment Facilities-ASAM 3.7 WM	98.90%



#### 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 <u>contracted rural</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted rural</u> Colorado counties where the MCE does not meet the time/distance requirements.

#### CHP+ MCO, Medicaid MCO, RAE

Time/distance deficiencies in one or more network categories exist in several counties, which is a function of provider availability in rural and frontier areas. This is approximately 47.7% unmet for the network category/county/urbanicity combination. For example, SUD treatment facilities and psychiatric hospitals are limited, despite the inclusion of all active practices and facilities in our networks for the entire geography of Region 1. The grid below shows membership access by county by network category.

RMHP's Care Coordination team assists Members who need a particular service that may not be available in their community. Care Coordinators work with participating providers in nearby communities to facilitate appointment scheduling and transportation.

RMHP continues to offer RAE, PRIME and CHP+ Members access to CirrusMD for RMHP. This is a free, text-based platform which allows Members to connect with providers 24/7 if they have a health question or if they are not sure if they should go to an urgent care or emergency room.

The table below shows membership access by county by network category for the rural analysis.

County	County Class	Provider Network Category	% with Access
Archuleta	Rural	Adult Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Delta	Rural	Adult Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Eagle	Rural	Adult Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Garfield	Rural	Adult Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Grand	Rural	Adult Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
La Plata	Rural	Adult Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Larimer	Rural	Adult Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Mesa	Rural	Adult Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Montezuma	Rural	Adult Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Montrose	Rural	Adult Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Ouray	Rural	Adult Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Pitkin	Rural	Adult Primary Care Practitioner (MD, DO, NP, CNS)	100.00%



List the specific <u>contracted rural</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted rural</u> Colorado counties where the MCE does not meet the time/distance requirements.

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Routt	Rural	Adult Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Summit	Rural	Adult Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Archuleta	Rural	Adult Primary Care Practitioner (PA)	100.00%
Delta	Rural	Adult Primary Care Practitioner (PA)	100.00%
Eagle	Rural	Adult Primary Care Practitioner (PA)	100.00%
Garfield	Rural	Adult Primary Care Practitioner (PA)	100.00%
Grand	Rural	Adult Primary Care Practitioner (PA)	100.00%
La Plata	Rural	Adult Primary Care Practitioner (PA)	100.00%
Larimer	Rural	Adult Primary Care Practitioner (PA)	99.90%
Mesa	Rural	Adult Primary Care Practitioner (PA)	100.00%
Montezuma	Rural	Adult Primary Care Practitioner (PA)	100.00%
Montrose	Rural	Adult Primary Care Practitioner (PA)	100.00%
Ouray	Rural	Adult Primary Care Practitioner (PA)	100.00%
Pitkin	Rural	Adult Primary Care Practitioner (PA)	100.00%
Routt	Rural	Adult Primary Care Practitioner (PA)	100.00%
Summit	Rural	Adult Primary Care Practitioner (PA)	100.00%
Archuleta	Rural	Family Practitioner (MD, DO, NP, CNS)	100.00%
Delta	Rural	Family Practitioner (MD, DO, NP, CNS)	100.00%
Eagle	Rural	Family Practitioner (MD, DO, NP, CNS)	100.00%
Garfield	Rural	Family Practitioner (MD, DO, NP, CNS)	100.00%
Grand	Rural	Family Practitioner (MD, DO, NP, CNS)	100.00%
La Plata	Rural	Family Practitioner (MD, DO, NP, CNS)	100.00%
Larimer	Rural	Family Practitioner (MD, DO, NP, CNS)	100.00%
Mesa	Rural	Family Practitioner (MD, DO, NP, CNS)	100.00%
Montezuma	Rural	Family Practitioner (MD, DO, NP, CNS)	100.00%



List the specific <u>contracted rural</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted rural</u> Colorado counties where the MCE does not meet the time/distance requirements.

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Montrose	Rural	Family Practitioner (MD, DO, NP, CNS)	100.00%
Ouray	Rural	Family Practitioner (MD, DO, NP, CNS)	100.00%
Pitkin	Rural	Family Practitioner (MD, DO, NP, CNS)	100.00%
Routt	Rural	Family Practitioner (MD, DO, NP, CNS)	100.00%
Summit	Rural	Family Practitioner (MD, DO, NP, CNS)	100.00%
Archuleta	Rural	Family Practitioner (PA)	100.00%
Delta	Rural	Family Practitioner (PA)	100.00%
Eagle	Rural	Family Practitioner (PA)	100.00%
Garfield	Rural	Family Practitioner (PA)	100.00%
Grand	Rural	Family Practitioner (PA)	100.00%
La Plata	Rural	Family Practitioner (PA)	100.00%
Larimer	Rural	Family Practitioner (PA)	99.90%
Mesa	Rural	Family Practitioner (PA)	100.00%
Montezuma	Rural	Family Practitioner (PA)	100.00%
Montrose	Rural	Family Practitioner (PA)	100.00%
Ouray	Rural	Family Practitioner (PA)	100.00%
Pitkin	Rural	Family Practitioner (PA)	100.00%
Routt	Rural	Family Practitioner (PA)	100.00%
Summit	Rural	Family Practitioner (PA)	100.00%
Alamosa	Rural	General Behavioral Health	100.00%
Archuleta	Rural	General Behavioral Health	100.00%
Chaffee	Rural	General Behavioral Health	100.00%
Conejos	Rural	General Behavioral Health	100.00%
Crowley	Rural	General Behavioral Health	100.00%
Delta	Rural	General Behavioral Health	100.00%



List the specific <u>contracted rural</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted rural</u> Colorado counties where the MCE does not meet the time/distance requirements.

	•		
Eagle	Rural	General Behavioral Health	100.00%
Fremont	Rural	General Behavioral Health	100.00%
Garfield	Rural	General Behavioral Health	100.00%
Grand	Rural	General Behavioral Health	100.00%
La Plata	Rural	General Behavioral Health	100.00%
Lake	Rural	General Behavioral Health	100.00%
Larimer	Rural	General Behavioral Health	100.00%
Logan	Rural	General Behavioral Health	100.00%
Mesa	Rural	General Behavioral Health	100.00%
Montezuma	Rural	General Behavioral Health	100.00%
Montrose	Rural	General Behavioral Health	100.00%
Morgan	Rural	General Behavioral Health	100.00%
Otero	Rural	General Behavioral Health	100.00%
Ouray	Rural	General Behavioral Health	100.00%
Park	Rural	General Behavioral Health	100.00%
Phillips	Rural	General Behavioral Health	100.00%
Pitkin	Rural	General Behavioral Health	100.00%
Prowers	Rural	General Behavioral Health	100.00%
Rio Grande	Rural	General Behavioral Health	100.00%
Routt	Rural	General Behavioral Health	100.00%
Summit	Rural	General Behavioral Health	100.00%
Alamosa	Rural	General Psychiatrists and other Psychiatric Prescribers	95.50%
Archuleta	Rural	General Psychiatrists and other Psychiatric Prescribers	100.00%
Chaffee	Rural	General Psychiatrists and other Psychiatric Prescribers	100.00%
Conejos	Rural	General Psychiatrists and other Psychiatric Prescribers	8.30%



List the specific <u>contracted rural</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted rural</u> Colorado counties where the MCE does not meet the time/distance requirements.

Crowley	Rural	General Psychiatrists and other Psychiatric Prescribers	100.00%
Delta	Rural	General Psychiatrists and other Psychiatric Prescribers	100.00%
Eagle	Rural	General Psychiatrists and other Psychiatric Prescribers	100.00%
Fremont	Rural	General Psychiatrists and other Psychiatric Prescribers	100.00%
Garfield	Rural	General Psychiatrists and other Psychiatric Prescribers	100.00%
Grand	Rural	General Psychiatrists and other Psychiatric Prescribers	100.00%
La Plata	Rural	General Psychiatrists and other Psychiatric Prescribers	100.00%
Lake	Rural	General Psychiatrists and other Psychiatric Prescribers	100.00%
Larimer	Rural	General Psychiatrists and other Psychiatric Prescribers	100.00%
Logan	Rural	General Psychiatrists and other Psychiatric Prescribers	100.00%
Mesa	Rural	General Psychiatrists and other Psychiatric Prescribers	100.00%
Montezuma	Rural	General Psychiatrists and other Psychiatric Prescribers	100.00%
Montrose	Rural	General Psychiatrists and other Psychiatric Prescribers	100.00%
Morgan	Rural	General Psychiatrists and other Psychiatric Prescribers	100.00%
Otero	Rural	General Psychiatrists and other Psychiatric Prescribers	100.00%
Ouray	Rural	General Psychiatrists and other Psychiatric Prescribers	100.00%
Park	Rural	General Psychiatrists and other Psychiatric Prescribers	100.00%
Phillips	Rural	General Psychiatrists and other Psychiatric Prescribers	100.00%
Pitkin	Rural	General Psychiatrists and other Psychiatric Prescribers	100.00%
Prowers	Rural	General Psychiatrists and other Psychiatric Prescribers	100.00%
Rio Grande	Rural	General Psychiatrists and other Psychiatric Prescribers	76.90%
Routt	Rural	General Psychiatrists and other Psychiatric Prescribers	100.00%
Summit	Rural	General Psychiatrists and other Psychiatric Prescribers	100.00%
Alamosa	Rural	General SUD Treatment Practitioner	100.00%
Archuleta	Rural	General SUD Treatment Practitioner	100.00%



List the specific <u>contracted rural</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted rural</u> Colorado counties where the MCE does not meet the time/distance requirements.

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Chaffee	Rural	General SUD Treatment Practitioner	100.00%
Conejos	Rural	General SUD Treatment Practitioner	100.00%
Crowley	Rural	General SUD Treatment Practitioner	100.00%
Delta	Rural	General SUD Treatment Practitioner	100.00%
Eagle	Rural	General SUD Treatment Practitioner	100.00%
Fremont	Rural	General SUD Treatment Practitioner	100.00%
Garfield	Rural	General SUD Treatment Practitioner	100.00%
Grand	Rural	General SUD Treatment Practitioner	100.00%
La Plata	Rural	General SUD Treatment Practitioner	100.00%
Lake	Rural	General SUD Treatment Practitioner	100.00%
Larimer	Rural	General SUD Treatment Practitioner	100.00%
Logan	Rural	General SUD Treatment Practitioner	100.00%
Mesa	Rural	General SUD Treatment Practitioner	100.00%
Montezuma	Rural	General SUD Treatment Practitioner	100.00%
Montrose	Rural	General SUD Treatment Practitioner	100.00%
Morgan	Rural	General SUD Treatment Practitioner	100.00%
Otero	Rural	General SUD Treatment Practitioner	100.00%
Ouray	Rural	General SUD Treatment Practitioner	100.00%
Park	Rural	General SUD Treatment Practitioner	100.00%
Phillips	Rural	General SUD Treatment Practitioner	100.00%
Pitkin	Rural	General SUD Treatment Practitioner	100.00%
Prowers	Rural	General SUD Treatment Practitioner	100.00%
Rio Grande	Rural	General SUD Treatment Practitioner	100.00%
Routt	Rural	General SUD Treatment Practitioner	100.00%
Summit	Rural	General SUD Treatment Practitioner	100.00%



List the specific <u>contracted rural</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted rural</u> Colorado counties where the MCE does not meet the time/distance requirements.

	<u> </u>		1
Alamosa	Rural	Pediatric Behavioral Health	100.00%
Archuleta	Rural	Pediatric Behavioral Health	100.00%
Chaffee	Rural	Pediatric Behavioral Health	100.00%
Conejos	Rural	Pediatric Behavioral Health	100.00%
Crowley	Rural	Pediatric Behavioral Health	100.00%
Delta	Rural	Pediatric Behavioral Health	100.00%
Eagle	Rural	Pediatric Behavioral Health	100.00%
Fremont	Rural	Pediatric Behavioral Health	100.00%
Garfield	Rural	Pediatric Behavioral Health	100.00%
Grand	Rural	Pediatric Behavioral Health	100.00%
La Plata	Rural	Pediatric Behavioral Health	100.00%
Lake	Rural	Pediatric Behavioral Health	100.00%
Larimer	Rural	Pediatric Behavioral Health	100.00%
Logan	Rural	Pediatric Behavioral Health	100.00%
Mesa	Rural	Pediatric Behavioral Health	100.00%
Montezuma	Rural	Pediatric Behavioral Health	100.00%
Montrose	Rural	Pediatric Behavioral Health	100.00%
Morgan	Rural	Pediatric Behavioral Health	100.00%
Otero	Rural	Pediatric Behavioral Health	100.00%
Ouray	Rural	Pediatric Behavioral Health	100.00%
Park	Rural	Pediatric Behavioral Health	100.00%
Phillips	Rural	Pediatric Behavioral Health	100.00%
Pitkin	Rural	Pediatric Behavioral Health	100.00%
Prowers	Rural	Pediatric Behavioral Health	100.00%
Rio Grande	Rural	Pediatric Behavioral Health	100.00%



List the specific <u>contracted rural</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted rural</u> Colorado counties where the MCE does not meet the time/distance requirements.

Routt	Rural	Pediatric Behavioral Health	100.00%
Summit	Rural	Pediatric Behavioral Health	100.00%
Archuleta	Rural	Pediatric Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Delta	Rural	Pediatric Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Eagle	Rural	Pediatric Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Garfield	Rural	Pediatric Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Grand	Rural	Pediatric Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
La Plata	Rural	Pediatric Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Larimer	Rural	Pediatric Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Mesa	Rural	Pediatric Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Montezuma	Rural	Pediatric Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Montrose	Rural	Pediatric Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Ouray	Rural	Pediatric Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Pitkin	Rural	Pediatric Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Routt	Rural	Pediatric Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Summit	Rural	Pediatric Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Archuleta	Rural	Pediatric Primary Care Practitioner (PA)	100.00%
Delta	Rural	Pediatric Primary Care Practitioner (PA)	100.00%
Eagle	Rural	Pediatric Primary Care Practitioner (PA)	100.00%
Garfield	Rural	Pediatric Primary Care Practitioner (PA)	100.00%
Grand	Rural	Pediatric Primary Care Practitioner (PA)	100.00%
La Plata	Rural	Pediatric Primary Care Practitioner (PA)	100.00%
Larimer	Rural	Pediatric Primary Care Practitioner (PA)	100.00%
Mesa	Rural	Pediatric Primary Care Practitioner (PA)	100.00%
Montezuma	Rural	Pediatric Primary Care Practitioner (PA)	100.00%



List the specific <u>contracted rural</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted rural</u> Colorado counties where the MCE does not meet the time/distance requirements.

Montrose	Rural	Pediatric Primary Care Practitioner (PA)	100.00%
Ouray	Rural	Pediatric Primary Care Practitioner (PA)	100.00%
Pitkin	Rural	Pediatric Primary Care Practitioner (PA)	100.00%
Routt	Rural	Pediatric Primary Care Practitioner (PA)	100.00%
Summit	Rural	Pediatric Primary Care Practitioner (PA)	100.00%
Alamosa	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Archuleta	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Chaffee	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Conejos	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	14.30%
Crowley	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Delta	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Eagle	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Fremont	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Garfield	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Grand	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
La Plata	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Lake	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Larimer	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Logan	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Mesa	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Montezuma	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Montrose	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Morgan	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Otero	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Ouray	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%



List the specific <u>contracted rural</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted rural</u> Colorado counties where the MCE does not meet the time/distance requirements.

	•		
Park	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Phillips	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Pitkin	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Prowers	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Rio Grande	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	64.00%
Routt	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Summit	Rural	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%
Alamosa	Rural	Pediatric SUD Treatment Practitioner	100.00%
Archuleta	Rural	Pediatric SUD Treatment Practitioner	100.00%
Chaffee	Rural	Pediatric SUD Treatment Practitioner	100.00%
Conejos	Rural	Pediatric SUD Treatment Practitioner	100.00%
Crowley	Rural	Pediatric SUD Treatment Practitioner	100.00%
Delta	Rural	Pediatric SUD Treatment Practitioner	100.00%
Eagle	Rural	Pediatric SUD Treatment Practitioner	100.00%
Fremont	Rural	Pediatric SUD Treatment Practitioner	100.00%
Garfield	Rural	Pediatric SUD Treatment Practitioner	100.00%
Grand	Rural	Pediatric SUD Treatment Practitioner	100.00%
La Plata	Rural	Pediatric SUD Treatment Practitioner	100.00%
Lake	Rural	Pediatric SUD Treatment Practitioner	100.00%
Larimer	Rural	Pediatric SUD Treatment Practitioner	100.00%
Logan	Rural	Pediatric SUD Treatment Practitioner	100.00%
Mesa	Rural	Pediatric SUD Treatment Practitioner	100.00%
Montezuma	Rural	Pediatric SUD Treatment Practitioner	100.00%
Montrose	Rural	Pediatric SUD Treatment Practitioner	100.00%
Morgan	Rural	Pediatric SUD Treatment Practitioner	100.00%



List the specific <u>contracted rural</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted rural</u> Colorado counties where the MCE does not meet the time/distance requirements.

Otero	Rural	Pediatric SUD Treatment Practitioner	100.00%
Ouray	Rural	Pediatric SUD Treatment Practitioner	100.00%
Park	Rural	Pediatric SUD Treatment Practitioner	100.00%
Phillips	Rural	Pediatric SUD Treatment Practitioner	100.00%
Pitkin	Rural	Pediatric SUD Treatment Practitioner	100.00%
Prowers	Rural	Pediatric SUD Treatment Practitioner	100.00%
Rio Grande	Rural	Pediatric SUD Treatment Practitioner	100.00%
Routt	Rural	Pediatric SUD Treatment Practitioner	100.00%
Summit	Rural	Pediatric SUD Treatment Practitioner	100.00%
Alamosa	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Archuleta	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Chaffee	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Conejos	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Crowley	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Delta	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.10%
Eagle	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Fremont	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Garfield	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.10%



List the specific <u>contracted rural</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral <u>health time/distance requi</u>rements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted rural</u> Colorado counties where the MCE does not meet the time/distance requirements.

Grand	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	3.70%
La Plata	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Lake	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Larimer	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	97.30%
Logan	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Mesa	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	98.20%
Montezuma	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Montrose	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Morgan	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Otero	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Ouray	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Park	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	5.90%
Phillips	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Pitkin	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Prowers	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%



List the specific <u>contracted rural</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted rural</u> Colorado counties where the MCE does not meet the time/distance requirements.

Rio Grande	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Routt	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Summit	Rural	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Alamosa	Rural	SUD Treatment Facilities-ASAM 3.1	0.00%
Archuleta	Rural	SUD Treatment Facilities-ASAM 3.1	0.00%
Chaffee	Rural	SUD Treatment Facilities-ASAM 3.1	0.00%
Conejos	Rural	SUD Treatment Facilities-ASAM 3.1	0.00%
Crowley	Rural	SUD Treatment Facilities-ASAM 3.1	100.00%
Delta	Rural	SUD Treatment Facilities-ASAM 3.1	99.40%
Eagle	Rural	SUD Treatment Facilities-ASAM 3.1	0.00%
Fremont	Rural	SUD Treatment Facilities-ASAM 3.1	0.00%
Garfield	Rural	SUD Treatment Facilities-ASAM 3.1	46.50%
Grand	Rural	SUD Treatment Facilities-ASAM 3.1	68.50%
La Plata	Rural	SUD Treatment Facilities-ASAM 3.1	0.00%
Lake	Rural	SUD Treatment Facilities-ASAM 3.1	0.00%
Larimer	Rural	SUD Treatment Facilities-ASAM 3.1	100.00%
Logan	Rural	SUD Treatment Facilities-ASAM 3.1	0.00%
Mesa	Rural	SUD Treatment Facilities-ASAM 3.1	100.00%
Montezuma	Rural	SUD Treatment Facilities-ASAM 3.1	0.00%
Montrose	Rural	SUD Treatment Facilities-ASAM 3.1	35.10%
Morgan	Rural	SUD Treatment Facilities-ASAM 3.1	88.00%
Otero	Rural	SUD Treatment Facilities-ASAM 3.1	100.00%
Ouray	Rural	SUD Treatment Facilities-ASAM 3.1	0.00%



List the specific <u>contracted rural</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted rural</u> Colorado counties where the MCE does not meet the time/distance requirements.

Park	Rural	SUD Treatment Facilities-ASAM 3.1	13.20%
Phillips	Rural	SUD Treatment Facilities-ASAM 3.1	0.00%
Pitkin	Rural	SUD Treatment Facilities-ASAM 3.1	0.00%
Prowers	Rural	SUD Treatment Facilities-ASAM 3.1	88.90%
Rio Grande	Rural	SUD Treatment Facilities-ASAM 3.1	0.00%
Routt	Rural	SUD Treatment Facilities-ASAM 3.1	0.00%
Summit	Rural	SUD Treatment Facilities-ASAM 3.1	97.90%
Alamosa	Rural	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Archuleta	Rural	SUD Treatment Facilities-ASAM 3.2 WM	99.90%
Chaffee	Rural	SUD Treatment Facilities-ASAM 3.2 WM	47.40%
Conejos	Rural	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Crowley	Rural	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Delta	Rural	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Eagle	Rural	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Fremont	Rural	SUD Treatment Facilities-ASAM 3.2 WM	98.30%
Garfield	Rural	SUD Treatment Facilities-ASAM 3.2 WM	82.70%
Grand	Rural	SUD Treatment Facilities-ASAM 3.2 WM	76.80%
La Plata	Rural	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Lake	Rural	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Larimer	Rural	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Logan	Rural	SUD Treatment Facilities-ASAM 3.2 WM	0.00%
Mesa	Rural	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Montezuma	Rural	SUD Treatment Facilities-ASAM 3.2 WM	98.20%
Montrose	Rural	SUD Treatment Facilities-ASAM 3.2 WM	99.90%
Morgan	Rural	SUD Treatment Facilities-ASAM 3.2 WM	76.90%



List the specific <u>contracted rural</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted rural</u> Colorado counties where the MCE does not meet the time/distance requirements.

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Otero	Rural	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Ouray	Rural	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Park	Rural	SUD Treatment Facilities-ASAM 3.2 WM	97.60%
Phillips	Rural	SUD Treatment Facilities-ASAM 3.2 WM	0.00%
Pitkin	Rural	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Prowers	Rural	SUD Treatment Facilities-ASAM 3.2 WM	88.90%
Rio Grande	Rural	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Routt	Rural	SUD Treatment Facilities-ASAM 3.2 WM	0.10%
Summit	Rural	SUD Treatment Facilities-ASAM 3.2 WM	99.70%
Alamosa	Rural	SUD Treatment Facilities-ASAM 3.3	0.00%
Archuleta	Rural	SUD Treatment Facilities-ASAM 3.3	0.00%
Chaffee	Rural	SUD Treatment Facilities-ASAM 3.3	0.00%
Conejos	Rural	SUD Treatment Facilities-ASAM 3.3	0.00%
Crowley	Rural	SUD Treatment Facilities-ASAM 3.3	0.00%
Delta	Rural	SUD Treatment Facilities-ASAM 3.3	0.00%
Eagle	Rural	SUD Treatment Facilities-ASAM 3.3	0.00%
Fremont	Rural	SUD Treatment Facilities-ASAM 3.3	0.00%
Garfield	Rural	SUD Treatment Facilities-ASAM 3.3	0.00%
Grand	Rural	SUD Treatment Facilities-ASAM 3.3	11.50%
La Plata	Rural	SUD Treatment Facilities-ASAM 3.3	0.00%
Lake	Rural	SUD Treatment Facilities-ASAM 3.3	0.00%
Larimer	Rural	SUD Treatment Facilities-ASAM 3.3	100.00%
Logan	Rural	SUD Treatment Facilities-ASAM 3.3	0.00%
Mesa	Rural	SUD Treatment Facilities-ASAM 3.3	0.00%
Montezuma	Rural	SUD Treatment Facilities-ASAM 3.3	0.00%



List the specific <u>contracted rural</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted rural</u> Colorado counties where the MCE does not meet the time/distance requirements.

Montrose	Rural	SUD Treatment Facilities-ASAM 3.3	0.00%
Morgan	Rural	SUD Treatment Facilities-ASAM 3.3	1.70%
Otero	Rural	SUD Treatment Facilities-ASAM 3.3	0.00%
Ouray	Rural	SUD Treatment Facilities-ASAM 3.3	0.00%
Park	Rural	SUD Treatment Facilities-ASAM 3.3	0.00%
Phillips	Rural	SUD Treatment Facilities-ASAM 3.3	0.00%
Pitkin	Rural	SUD Treatment Facilities-ASAM 3.3	0.00%
Prowers	Rural	SUD Treatment Facilities-ASAM 3.3	0.00%
Rio Grande	Rural	SUD Treatment Facilities-ASAM 3.3	0.00%
Routt	Rural	SUD Treatment Facilities-ASAM 3.3	0.00%
Summit	Rural	SUD Treatment Facilities-ASAM 3.3	0.00%
Alamosa	Rural	SUD Treatment Facilities-ASAM 3.5	0.00%
Archuleta	Rural	SUD Treatment Facilities-ASAM 3.5	0.00%
Chaffee	Rural	SUD Treatment Facilities-ASAM 3.5	0.00%
Conejos	Rural	SUD Treatment Facilities-ASAM 3.5	0.00%
Crowley	Rural	SUD Treatment Facilities-ASAM 3.5	100.00%
Delta	Rural	SUD Treatment Facilities-ASAM 3.5	99.40%
Eagle	Rural	SUD Treatment Facilities-ASAM 3.5	0.00%
Fremont	Rural	SUD Treatment Facilities-ASAM 3.5	99.10%
Garfield	Rural	SUD Treatment Facilities-ASAM 3.5	46.50%
Grand	Rural	SUD Treatment Facilities-ASAM 3.5	69.00%
La Plata	Rural	SUD Treatment Facilities-ASAM 3.5	0.00%
Lake	Rural	SUD Treatment Facilities-ASAM 3.5	0.00%
Larimer	Rural	SUD Treatment Facilities-ASAM 3.5	100.00%
Logan	Rural	SUD Treatment Facilities-ASAM 3.5	0.00%



List the specific <u>contracted rural</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted rural</u> Colorado counties where the MCE does not meet the time/distance requirements.

Mesa	Rural	SUD Treatment Facilities-ASAM 3.5	100.00%
Montezuma	Rural	SUD Treatment Facilities-ASAM 3.5	0.00%
Montrose	Rural	SUD Treatment Facilities-ASAM 3.5	35.10%
Morgan	Rural	SUD Treatment Facilities-ASAM 3.5	77.80%
Otero	Rural	SUD Treatment Facilities-ASAM 3.5	13.50%
Ouray	Rural	SUD Treatment Facilities-ASAM 3.5	0.00%
Park	Rural	SUD Treatment Facilities-ASAM 3.5	13.20%
Phillips	Rural	SUD Treatment Facilities-ASAM 3.5	0.00%
Pitkin	Rural	SUD Treatment Facilities-ASAM 3.5	0.00%
Prowers	Rural	SUD Treatment Facilities-ASAM 3.5	0.00%
Rio Grande	Rural	SUD Treatment Facilities-ASAM 3.5	0.00%
Routt	Rural	SUD Treatment Facilities-ASAM 3.5	0.00%
Summit	Rural	SUD Treatment Facilities-ASAM 3.5	97.90%
Alamosa	Rural	SUD Treatment Facilities-ASAM 3.7	0.00%
Archuleta	Rural	SUD Treatment Facilities-ASAM 3.7	0.00%
Chaffee	Rural	SUD Treatment Facilities-ASAM 3.7	0.00%
Conejos	Rural	SUD Treatment Facilities-ASAM 3.7	0.00%
Crowley	Rural	SUD Treatment Facilities-ASAM 3.7	100.00%
Delta	Rural	SUD Treatment Facilities-ASAM 3.7	99.40%
Eagle	Rural	SUD Treatment Facilities-ASAM 3.7	0.00%
Fremont	Rural	SUD Treatment Facilities-ASAM 3.7	94.80%
Garfield	Rural	SUD Treatment Facilities-ASAM 3.7	46.50%
Grand	Rural	SUD Treatment Facilities-ASAM 3.7	43.90%
La Plata	Rural	SUD Treatment Facilities-ASAM 3.7	0.00%
Lake	Rural	SUD Treatment Facilities-ASAM 3.7	0.00%



List the specific <u>contracted rural</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted rural</u> Colorado counties where the MCE does not meet the time/distance requirements.

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Larimer	Rural	SUD Treatment Facilities-ASAM 3.7	99.90%
Logan	Rural	SUD Treatment Facilities-ASAM 3.7	0.00%
Mesa	Rural	SUD Treatment Facilities-ASAM 3.7	100.00%
Montezuma	Rural	SUD Treatment Facilities-ASAM 3.7	0.00%
Montrose	Rural	SUD Treatment Facilities-ASAM 3.7	35.10%
Morgan	Rural	SUD Treatment Facilities-ASAM 3.7	12.00%
Otero	Rural	SUD Treatment Facilities-ASAM 3.7	13.50%
Ouray	Rural	SUD Treatment Facilities-ASAM 3.7	0.00%
Park	Rural	SUD Treatment Facilities-ASAM 3.7	13.20%
Phillips	Rural	SUD Treatment Facilities-ASAM 3.7	0.00%
Pitkin	Rural	SUD Treatment Facilities-ASAM 3.7	0.00%
Prowers	Rural	SUD Treatment Facilities-ASAM 3.7	0.00%
Rio Grande	Rural	SUD Treatment Facilities-ASAM 3.7	0.00%
Routt	Rural	SUD Treatment Facilities-ASAM 3.7	0.00%
Summit	Rural	SUD Treatment Facilities-ASAM 3.7	78.70%
Alamosa	Rural	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Archuleta	Rural	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Chaffee	Rural	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Conejos	Rural	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Crowley	Rural	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Delta	Rural	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Eagle	Rural	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Fremont	Rural	SUD Treatment Facilities-ASAM 3.7 WM	98.30%
Garfield	Rural	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Grand	Rural	SUD Treatment Facilities-ASAM 3.7 WM	76.80%



List the specific <u>contracted rural</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted rural</u> Colorado counties where the MCE does not meet the time/distance requirements.

La Plata	Rural	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Lake	Rural	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Larimer	Rural	SUD Treatment Facilities-ASAM 3.7 WM	99.90%
Logan	Rural	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Mesa	Rural	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Montezuma	Rural	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Montrose	Rural	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Morgan	Rural	SUD Treatment Facilities-ASAM 3.7 WM	12.80%
Otero	Rural	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Ouray	Rural	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Park	Rural	SUD Treatment Facilities-ASAM 3.7 WM	15.90%
Phillips	Rural	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Pitkin	Rural	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Prowers	Rural	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Rio Grande	Rural	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Routt	Rural	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Summit	Rural	SUD Treatment Facilities-ASAM 3.7 WM	95.30%



#### 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 <u>contracted frontier</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted frontier</u> Colorado counties where the MCE does not meet the time/distance requirements.

#### CHP+ MCO, Medicaid MCO, RAE

Time/distance deficiencies in one or more network categories exist in numerous counties. This is approximately 41.8% unmet for the network category/county/urbanicity combination. For example, SUD treatment facilities and psychiatric hospitals are limited, despite the inclusion of all active practices and facilities in our networks for the entire geography of Region 1. In many cases this is a function of care being consolidated in one location within a county and in others cases the pattern of care is to travel to neighboring communities for care.

RMHP's Care Coordination team assists Members who need a particular service that may not be available in their community. Care Coordinators work with participating providers in nearby communities to facilitate appointment scheduling and transportation.

RMHP continues to offer RAE, PRIME and CHP+ Members access to CirrusMD for RMHP. This is a free, text-based platform which allows Members to connect with providers 24/7 if they have a health question or if they are not sure if they should go to an urgent care or emergency room.

The table below shows membership access by county by network category for the frontier analysis.

County	County Class	Provider Network Category	% with Access
Dolores	Frontier	Adult Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Gunnison	Frontier	Adult Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Hinsdale	Frontier	Adult Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Jackson	Frontier	Adult Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Moffat	Frontier	Adult Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Rio Blanco	Frontier	Adult Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
San Juan	Frontier	Adult Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
San Miguel	Frontier	Adult Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Dolores	Frontier	Adult Primary Care Practitioner (PA)	100.00%
Gunnison	Frontier	Adult Primary Care Practitioner (PA)	100.00%
Hinsdale	Frontier	Adult Primary Care Practitioner (PA)	100.00%



List the specific <u>contracted frontier</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted frontier</u> Colorado counties where the MCE does not meet the time/distance requirements.

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Jackson	Frontier	Adult Primary Care Practitioner (PA)	100.00%
Moffat	Frontier	Adult Primary Care Practitioner (PA)	96.80%
Rio Blanco	Frontier	Adult Primary Care Practitioner (PA)	100.00%
San Juan	Frontier	Adult Primary Care Practitioner (PA)	100.00%
San Miguel	Frontier	Adult Primary Care Practitioner (PA)	100.00%
Dolores	Frontier	Family Practitioner (MD, DO, NP, CNS)	100.00%
Gunnison	Frontier	Family Practitioner (MD, DO, NP, CNS)	100.00%
Hinsdale	Frontier	Family Practitioner (MD, DO, NP, CNS)	100.00%
Jackson	Frontier	Family Practitioner (MD, DO, NP, CNS)	100.00%
Moffat	Frontier	Family Practitioner (MD, DO, NP, CNS)	100.00%
Rio Blanco	Frontier	Family Practitioner (MD, DO, NP, CNS)	100.00%
San Juan	Frontier	Family Practitioner (MD, DO, NP, CNS)	100.00%
San Miguel	Frontier	Family Practitioner (MD, DO, NP, CNS)	100.00%
Dolores	Frontier	Family Practitioner (PA)	100.00%
Gunnison	Frontier	Family Practitioner (PA)	100.00%
Hinsdale	Frontier	Family Practitioner (PA)	100.00%
Jackson	Frontier	Family Practitioner (PA)	100.00%
Moffat	Frontier	Family Practitioner (PA)	97.30%
Rio Blanco	Frontier	Family Practitioner (PA)	100.00%
San Juan	Frontier	Family Practitioner (PA)	100.00%
San Miguel	Frontier	Family Practitioner (PA)	100.00%
Baca	Frontier	General Behavioral Health	100.00%
Bent	Frontier	General Behavioral Health	100.00%
Cheyenne	Frontier	General Behavioral Health	100.00%
Costilla	Frontier	General Behavioral Health	100.00%



List the specific <u>contracted frontier</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted frontier</u> Colorado counties where the MCE does not meet the time/distance requirements.

Custer	Frontier	General Behavioral Health	100.00%
Dolores	Frontier	General Behavioral Health	100.00%
Gunnison	Frontier	General Behavioral Health	100.00%
Hinsdale	Frontier	General Behavioral Health	100.00%
Huerfano	Frontier	General Behavioral Health	100.00%
Jackson	Frontier	General Behavioral Health	100.00%
Kiowa	Frontier	General Behavioral Health	100.00%
Kit Carson	Frontier	General Behavioral Health	100.00%
Las Animas	Frontier	General Behavioral Health	100.00%
Lincoln	Frontier	General Behavioral Health	100.00%
Mineral	Frontier	General Behavioral Health	100.00%
Moffat	Frontier	General Behavioral Health	100.00%
Rio Blanco	Frontier	General Behavioral Health	100.00%
Saguache	Frontier	General Behavioral Health	100.00%
San Juan	Frontier	General Behavioral Health	100.00%
San Miguel	Frontier	General Behavioral Health	100.00%
Sedgwick	Frontier	General Behavioral Health	100.00%
Washington	Frontier	General Behavioral Health	100.00%
Yuma	Frontier	General Behavioral Health	100.00%
Baca	Frontier	General Psychiatrists and other Psychiatric Prescribers	100.00%
Bent	Frontier	General Psychiatrists and other Psychiatric Prescribers	100.00%
Cheyenne	Frontier	General Psychiatrists and other Psychiatric Prescribers	100.00%
Costilla	Frontier	General Psychiatrists and other Psychiatric Prescribers	100.00%
Custer	Frontier	General Psychiatrists and other Psychiatric Prescribers	100.00%
Dolores	Frontier	General Psychiatrists and other Psychiatric Prescribers	100.00%



List the specific <u>contracted frontier</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted frontier</u> Colorado counties where the MCE does not meet the time/distance requirements.

Gunnison	Frontier	General Psychiatrists and other Psychiatric Prescribers	100.00%
Hinsdale	Frontier	General Psychiatrists and other Psychiatric Prescribers	100.00%
Huerfano	Frontier	General Psychiatrists and other Psychiatric Prescribers	100.00%
Jackson	Frontier	General Psychiatrists and other Psychiatric Prescribers	100.00%
Kiowa	Frontier	General Psychiatrists and other Psychiatric Prescribers	100.00%
Kit Carson	Frontier	General Psychiatrists and other Psychiatric Prescribers	100.00%
Las Animas	Frontier	General Psychiatrists and other Psychiatric Prescribers	100.00%
Lincoln	Frontier	General Psychiatrists and other Psychiatric Prescribers	100.00%
Mineral	Frontier	General Psychiatrists and other Psychiatric Prescribers	100.00%
Moffat	Frontier	General Psychiatrists and other Psychiatric Prescribers	99.60%
Rio Blanco	Frontier	General Psychiatrists and other Psychiatric Prescribers	100.00%
Saguache	Frontier	General Psychiatrists and other Psychiatric Prescribers	100.00%
San Juan	Frontier	General Psychiatrists and other Psychiatric Prescribers	100.00%
San Miguel	Frontier	General Psychiatrists and other Psychiatric Prescribers	100.00%
Sedgwick	Frontier	General Psychiatrists and other Psychiatric Prescribers	100.00%
Washington	Frontier	General Psychiatrists and other Psychiatric Prescribers	100.00%
Yuma	Frontier	General Psychiatrists and other Psychiatric Prescribers	100.00%
Baca	Frontier	General SUD Treatment Practitioner	100.00%
Bent	Frontier	General SUD Treatment Practitioner	100.00%
Cheyenne	Frontier	General SUD Treatment Practitioner	100.00%
Costilla	Frontier	General SUD Treatment Practitioner	100.00%
Custer	Frontier	General SUD Treatment Practitioner	100.00%
Dolores	Frontier	General SUD Treatment Practitioner	100.00%
Gunnison	Frontier	General SUD Treatment Practitioner	100.00%
Hinsdale	Frontier	General SUD Treatment Practitioner	100.00%



List the specific <u>contracted frontier</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted frontier</u> Colorado counties where the MCE does not meet the time/distance requirements.

	<u></u>		
Huerfano	Frontier	General SUD Treatment Practitioner	100.00%
Jackson	Frontier	General SUD Treatment Practitioner	100.00%
Kiowa	Frontier	General SUD Treatment Practitioner	100.00%
Kit Carson	Frontier	General SUD Treatment Practitioner	100.00%
Las Animas	Frontier	General SUD Treatment Practitioner	100.00%
Lincoln	Frontier	General SUD Treatment Practitioner	100.00%
Mineral	Frontier	General SUD Treatment Practitioner	100.00%
Moffat	Frontier	General SUD Treatment Practitioner	100.00%
Rio Blanco	Frontier	General SUD Treatment Practitioner	100.00%
Saguache	Frontier	General SUD Treatment Practitioner	100.00%
San Juan	Frontier	General SUD Treatment Practitioner	100.00%
San Miguel	Frontier	General SUD Treatment Practitioner	100.00%
Sedgwick	Frontier	General SUD Treatment Practitioner	100.00%
Washington	Frontier	General SUD Treatment Practitioner	100.00%
Yuma	Frontier	General SUD Treatment Practitioner	100.00%
Bent	Frontier	Pediatric Behavioral Health	100.00%
Cheyenne	Frontier	Pediatric Behavioral Health	100.00%
Costilla	Frontier	Pediatric Behavioral Health	100.00%
Custer	Frontier	Pediatric Behavioral Health	100.00%
Dolores	Frontier	Pediatric Behavioral Health	100.00%
Gunnison	Frontier	Pediatric Behavioral Health	100.00%
Hinsdale	Frontier	Pediatric Behavioral Health	100.00%
Huerfano	Frontier	Pediatric Behavioral Health	100.00%
Jackson	Frontier	Pediatric Behavioral Health	100.00%
Kiowa	Frontier	Pediatric Behavioral Health	100.00%



List the specific <u>contracted frontier</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted frontier</u> Colorado counties where the MCE does not meet the time/distance requirements.

		D. U. J. D. L. J. W. J.	100.000/
Las Animas	Frontier	Pediatric Behavioral Health	100.00%
Lincoln	Frontier	Pediatric Behavioral Health	100.00%
Mineral	Frontier	Pediatric Behavioral Health	100.00%
Moffat	Frontier	Pediatric Behavioral Health	100.00%
Rio Blanco	Frontier	Pediatric Behavioral Health	100.00%
Saguache	Frontier	Pediatric Behavioral Health	100.00%
San Juan	Frontier	Pediatric Behavioral Health	100.00%
San Miguel	Frontier	Pediatric Behavioral Health	100.00%
Sedgwick	Frontier	Pediatric Behavioral Health	100.00%
Washington	Frontier	Pediatric Behavioral Health	100.00%
Yuma	Frontier	Pediatric Behavioral Health	100.00%
Dolores	Frontier	Pediatric Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Gunnison	Frontier	Pediatric Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Hinsdale	Frontier	Pediatric Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Jackson	Frontier	Pediatric Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Moffat	Frontier	Pediatric Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Rio Blanco	Frontier	Pediatric Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
San Juan	Frontier	Pediatric Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
San Miguel	Frontier	Pediatric Primary Care Practitioner (MD, DO, NP, CNS)	100.00%
Dolores	Frontier	Pediatric Primary Care Practitioner (PA)	100.00%
Gunnison	Frontier	Pediatric Primary Care Practitioner (PA)	100.00%
Hinsdale	Frontier	Pediatric Primary Care Practitioner (PA)	100.00%
Jackson	Frontier	Pediatric Primary Care Practitioner (PA)	100.00%
Moffat	Frontier	Pediatric Primary Care Practitioner (PA)	98.00%
Rio Blanco	Frontier	Pediatric Primary Care Practitioner (PA)	100.00%



List the specific <u>contracted frontier</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted frontier</u> Colorado counties where the MCE does not meet the time/distance requirements.

San Juan	Frontier	Pediatric Primary Care Practitioner (PA)	100.00%	
San Miguel	Frontier	Pediatric Primary Care Practitioner (PA)	100.00%	
Bent	Frontier	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%	
Cheyenne	Frontier	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%	
Costilla	Frontier	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%	
Custer	Frontier	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%	
Dolores	Frontier	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%	
Gunnison	Frontier	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%	
Hinsdale	Frontier	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%	
Huerfano	Frontier	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%	
Jackson	Frontier	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%	
Kiowa	Frontier	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%	
Las Animas	Frontier	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%	
Lincoln	Frontier	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%	
Mineral	Frontier	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%	
Moffat	Frontier	Pediatric Psychiatrists and other Psychiatric Prescribers	99.90%	
Rio Blanco	Frontier	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%	
Saguache	Frontier	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%	
San Juan	Frontier	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%	
San Miguel	Frontier	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%	
Sedgwick	Frontier	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%	
Washington	Frontier	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%	
Yuma	Frontier	Pediatric Psychiatrists and other Psychiatric Prescribers	100.00%	
Bent	Frontier	Pediatric SUD Treatment Practitioner	100.00%	
Cheyenne	Frontier	Pediatric SUD Treatment Practitioner	100.00%	



List the specific <u>contracted frontier</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted frontier</u> Colorado counties where the MCE does not meet the time/distance requirements.

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Costilla	Frontier	Pediatric SUD Treatment Practitioner	100.00%
Custer	Frontier	Pediatric SUD Treatment Practitioner	100.00%
Dolores	Frontier	Pediatric SUD Treatment Practitioner	100.00%
Gunnison	Frontier	Pediatric SUD Treatment Practitioner	100.00%
Hinsdale	Frontier	Pediatric SUD Treatment Practitioner	100.00%
Huerfano	Frontier	Pediatric SUD Treatment Practitioner	100.00%
Jackson	Frontier	Pediatric SUD Treatment Practitioner	100.00%
Kiowa	Frontier	Pediatric SUD Treatment Practitioner	100.00%
Las Animas	Frontier	Pediatric SUD Treatment Practitioner	100.00%
Lincoln	Frontier	Pediatric SUD Treatment Practitioner	100.00%
Mineral	Frontier	Pediatric SUD Treatment Practitioner	100.00%
Moffat	Frontier	Pediatric SUD Treatment Practitioner	100.00%
Rio Blanco	Frontier	Pediatric SUD Treatment Practitioner	100.00%
Saguache	Frontier	Pediatric SUD Treatment Practitioner	100.00%
San Juan	Frontier	Pediatric SUD Treatment Practitioner	100.00%
San Miguel	Frontier	Pediatric SUD Treatment Practitioner	100.00%
Sedgwick	Frontier	Pediatric SUD Treatment Practitioner	100.00%
Washington	Frontier	Pediatric SUD Treatment Practitioner	100.00%
Yuma	Frontier	Pediatric SUD Treatment Practitioner	100.00%
Baca	Frontier	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Bent	Frontier	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Cheyenne	Frontier	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%



List the specific <u>contracted frontier</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted frontier</u> Colorado counties where the MCE does not meet the time/distance requirements.

Costilla	Frontier	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Custer	Frontier	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Dolores	Frontier	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Gunnison	Frontier	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	1.70%
Hinsdale	Frontier	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Huerfano	Frontier	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Jackson	Frontier	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	4.20%
Kiowa	Frontier	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Kit Carson	Frontier	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Las Animas	Frontier	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Lincoln	Frontier	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	33.30%
Mineral	Frontier	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Moffat	Frontier	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Rio Blanco	Frontier	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.50%
Saguache	Frontier	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%



List the specific <u>contracted frontier</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted frontier</u> Colorado counties where the MCE does not meet the time/distance requirements.

San Juan	Frontier	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
San Miguel	Frontier	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Sedgwick	Frontier	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Washington	Frontier	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Yuma	Frontier	Psychiatric Hospitals, or Psychiatric Units in Acute Care Hospitals	0.00%
Baca	Frontier	SUD Treatment Facilities-ASAM 3.1	100.00%
Bent	Frontier	SUD Treatment Facilities-ASAM 3.1	100.00%
Cheyenne	Frontier	SUD Treatment Facilities-ASAM 3.1	100.00%
Costilla	Frontier	SUD Treatment Facilities-ASAM 3.1	0.00%
Custer	Frontier	SUD Treatment Facilities-ASAM 3.1	0.00%
Dolores	Frontier	SUD Treatment Facilities-ASAM 3.1	1.60%
Gunnison	Frontier	SUD Treatment Facilities-ASAM 3.1	27.30%
Hinsdale	Frontier	SUD Treatment Facilities-ASAM 3.1	0.00%
Huerfano	Frontier	SUD Treatment Facilities-ASAM 3.1	83.30%
Jackson	Frontier	SUD Treatment Facilities-ASAM 3.1	100.00%
Kiowa	Frontier	SUD Treatment Facilities-ASAM 3.1	100.00%
Kit Carson	Frontier	SUD Treatment Facilities-ASAM 3.1	0.00%
Las Animas	Frontier	SUD Treatment Facilities-ASAM 3.1	86.70%
Lincoln	Frontier	SUD Treatment Facilities-ASAM 3.1	100.00%
Mineral	Frontier	SUD Treatment Facilities-ASAM 3.1	0.00%
Moffat	Frontier	SUD Treatment Facilities-ASAM 3.1	2.80%



List the specific <u>contracted frontier</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted frontier</u> Colorado counties where the MCE does not meet the time/distance requirements.

Rio Blanco	Frontier	SUD Treatment Facilities-ASAM 3.1	99.90%
Saguache	Frontier	SUD Treatment Facilities-ASAM 3.1	0.00%
San Juan	Frontier	SUD Treatment Facilities-ASAM 3.1	0.00%
San Miguel	Frontier	SUD Treatment Facilities-ASAM 3.1	96.10%
Sedgwick	Frontier	SUD Treatment Facilities-ASAM 3.1	0.00%
Washington	Frontier	SUD Treatment Facilities-ASAM 3.1	76.20%
Yuma	Frontier	SUD Treatment Facilities-ASAM 3.1	0.00%
Baca	Frontier	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Bent	Frontier	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Cheyenne	Frontier	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Costilla	Frontier	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Custer	Frontier	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Dolores	Frontier	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Gunnison	Frontier	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Hinsdale	Frontier	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Huerfano	Frontier	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Jackson	Frontier	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Kiowa	Frontier	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Kit Carson	Frontier	SUD Treatment Facilities-ASAM 3.2 WM	0.00%
Las Animas	Frontier	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Lincoln	Frontier	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Mineral	Frontier	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Moffat	Frontier	SUD Treatment Facilities-ASAM 3.2 WM	2.90%
Rio Blanco	Frontier	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Saguache	Frontier	SUD Treatment Facilities-ASAM 3.2 WM	100.00%



List the specific <u>contracted frontier</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted frontier</u> Colorado counties where the MCE does not meet the time/distance requirements.

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San Juan	Frontier	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
San Miguel	Frontier	SUD Treatment Facilities-ASAM 3.2 WM	100.00%
Sedgwick	Frontier	SUD Treatment Facilities-ASAM 3.2 WM	0.00%
Washington	Frontier	SUD Treatment Facilities-ASAM 3.2 WM	76.20%
Yuma	Frontier	SUD Treatment Facilities-ASAM 3.2 WM	0.00%
Baca	Frontier	SUD Treatment Facilities-ASAM 3.3	0.00%
Bent	Frontier	SUD Treatment Facilities-ASAM 3.3	0.00%
Cheyenne	Frontier	SUD Treatment Facilities-ASAM 3.3	0.00%
Costilla	Frontier	SUD Treatment Facilities-ASAM 3.3	0.00%
Custer	Frontier	SUD Treatment Facilities-ASAM 3.3	0.00%
Dolores	Frontier	SUD Treatment Facilities-ASAM 3.3	0.00%
Gunnison	Frontier	SUD Treatment Facilities-ASAM 3.3	0.00%
Hinsdale	Frontier	SUD Treatment Facilities-ASAM 3.3	0.00%
Huerfano	Frontier	SUD Treatment Facilities-ASAM 3.3	0.00%
Jackson	Frontier	SUD Treatment Facilities-ASAM 3.3	100.00%
Kiowa	Frontier	SUD Treatment Facilities-ASAM 3.3	0.00%
Kit Carson	Frontier	SUD Treatment Facilities-ASAM 3.3	0.00%
Las Animas	Frontier	SUD Treatment Facilities-ASAM 3.3	0.00%
Lincoln	Frontier	SUD Treatment Facilities-ASAM 3.3	0.00%
Mineral	Frontier	SUD Treatment Facilities-ASAM 3.3	0.00%
Moffat	Frontier	SUD Treatment Facilities-ASAM 3.3	0.00%
Rio Blanco	Frontier	SUD Treatment Facilities-ASAM 3.3	0.00%
Saguache	Frontier	SUD Treatment Facilities-ASAM 3.3	0.00%
San Juan	Frontier	SUD Treatment Facilities-ASAM 3.3	0.00%
San Miguel	Frontier	SUD Treatment Facilities-ASAM 3.3	0.00%



List the specific <u>contracted frontier</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted frontier</u> Colorado counties where the MCE does not meet the time/distance requirements.

Sedgwick	Frontier	SUD Treatment Facilities-ASAM 3.3	0.00%
Washington	Frontier	SUD Treatment Facilities-ASAM 3.3	4.80%
Yuma	Frontier	SUD Treatment Facilities-ASAM 3.3	0.00%
Baca	Frontier	SUD Treatment Facilities-ASAM 3.5	0.00%
Bent	Frontier	SUD Treatment Facilities-ASAM 3.5	88.00%
Cheyenne	Frontier	SUD Treatment Facilities-ASAM 3.5	0.00%
Costilla	Frontier	SUD Treatment Facilities-ASAM 3.5	80.00%
Custer	Frontier	SUD Treatment Facilities-ASAM 3.5	100.00%
Dolores	Frontier	SUD Treatment Facilities-ASAM 3.5	1.60%
Gunnison	Frontier	SUD Treatment Facilities-ASAM 3.5	27.30%
Hinsdale	Frontier	SUD Treatment Facilities-ASAM 3.5	0.00%
Huerfano	Frontier	SUD Treatment Facilities-ASAM 3.5	100.00%
Jackson	Frontier	SUD Treatment Facilities-ASAM 3.5	100.00%
Kiowa	Frontier	SUD Treatment Facilities-ASAM 3.5	0.00%
Kit Carson	Frontier	SUD Treatment Facilities-ASAM 3.5	0.00%
Las Animas	Frontier	SUD Treatment Facilities-ASAM 3.5	100.00%
Lincoln	Frontier	SUD Treatment Facilities-ASAM 3.5	100.00%
Mineral	Frontier	SUD Treatment Facilities-ASAM 3.5	0.00%
Moffat	Frontier	SUD Treatment Facilities-ASAM 3.5	2.80%
Rio Blanco	Frontier	SUD Treatment Facilities-ASAM 3.5	99.90%
Saguache	Frontier	SUD Treatment Facilities-ASAM 3.5	65.20%
San Juan	Frontier	SUD Treatment Facilities-ASAM 3.5	0.00%
San Miguel	Frontier	SUD Treatment Facilities-ASAM 3.5	96.10%
Sedgwick	Frontier	SUD Treatment Facilities-ASAM 3.5	0.00%
Washington	Frontier	SUD Treatment Facilities-ASAM 3.5	76.20%



List the specific <u>contracted frontier</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted frontier</u> Colorado counties where the MCE does not meet the time/distance requirements.

Yuma	Frontier	SUD Treatment Facilities-ASAM 3.5	0.00%
Baca	Frontier	SUD Treatment Facilities-ASAM 3.7	0.00%
Bent	Frontier	SUD Treatment Facilities-ASAM 3.7	88.00%
Cheyenne	Frontier	SUD Treatment Facilities-ASAM 3.7	0.00%
Costilla	Frontier	SUD Treatment Facilities-ASAM 3.7	80.00%
Custer	Frontier	SUD Treatment Facilities-ASAM 3.7	100.00%
Dolores	Frontier	SUD Treatment Facilities-ASAM 3.7	1.60%
Gunnison	Frontier	SUD Treatment Facilities-ASAM 3.7	27.30%
Hinsdale	Frontier	SUD Treatment Facilities-ASAM 3.7	0.00%
Huerfano	Frontier	SUD Treatment Facilities-ASAM 3.7	100.00%
Jackson	Frontier	SUD Treatment Facilities-ASAM 3.7	100.00%
Kiowa	Frontier	SUD Treatment Facilities-ASAM 3.7	0.00%
Kit Carson	Frontier	SUD Treatment Facilities-ASAM 3.7	0.00%
Las Animas	Frontier	SUD Treatment Facilities-ASAM 3.7	100.00%
Lincoln	Frontier	SUD Treatment Facilities-ASAM 3.7	100.00%
Mineral	Frontier	SUD Treatment Facilities-ASAM 3.7	0.00%
Moffat	Frontier	SUD Treatment Facilities-ASAM 3.7	2.80%
Rio Blanco	Frontier	SUD Treatment Facilities-ASAM 3.7	99.90%
Saguache	Frontier	SUD Treatment Facilities-ASAM 3.7	65.20%
San Juan	Frontier	SUD Treatment Facilities-ASAM 3.7	0.00%
San Miguel	Frontier	SUD Treatment Facilities-ASAM 3.7	96.10%
Sedgwick	Frontier	SUD Treatment Facilities-ASAM 3.7	0.00%
Washington	Frontier	SUD Treatment Facilities-ASAM 3.7	14.30%
Yuma	Frontier	SUD Treatment Facilities-ASAM 3.7	0.00%
Baca	Frontier	SUD Treatment Facilities-ASAM 3.7 WM	0.00%



List the specific <u>contracted frontier</u> counties in which the MCE does not meet the time/distance requirements. Each RAE should limit this discussion to counties within its RAE region for both physical and behavioral health time/distance requirements.

Describe the MCE's approach to ensuring access to care for members residing in its <u>contracted frontier</u> Colorado counties where the MCE does not meet the time/distance requirements.

Bent	Frontier	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Cheyenne	Frontier	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Costilla	Frontier	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Custer	Frontier	SUD Treatment Facilities-ASAM 3.7 WM	100.00%
Dolores	Frontier	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Gunnison	Frontier	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Hinsdale	Frontier	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Huerfano	Frontier	SUD Treatment Facilities-ASAM 3.7 WM	77.80%
Jackson	Frontier	SUD Treatment Facilities-ASAM 3.7 WM	100.00%
Kiowa	Frontier	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Kit Carson	Frontier	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Las Animas	Frontier	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Lincoln	Frontier	SUD Treatment Facilities-ASAM 3.7 WM	100.00%
Mineral	Frontier	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Moffat	Frontier	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Rio Blanco	Frontier	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Saguache	Frontier	SUD Treatment Facilities-ASAM 3.7 WM	52.20%
San Juan	Frontier	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
San Miguel	Frontier	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Sedgwick	Frontier	SUD Treatment Facilities-ASAM 3.7 WM	0.00%
Washington	Frontier	SUD Treatment Facilities-ASAM 3.7 WM	14.30%
Yuma	Frontier	SUD Treatment Facilities-ASAM 3.7 WM	0.00%



# **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 or SUD treatment facilities with SCAs and describe the MCE's use of SCAs.

Table A-1-Practitioners and SUD Treatment Facilities with SCAs: Data

SCA Practitioners or SUD Treatment Facilities	Medicaid ID	County Name	HCPF Network Category Code(s)	HCPF Network Category Description (include ASAM levels for SUD treatment facilities)	Number of Members Served by SCA
Franklin Q. Smith	0000000	Denver	PV050	Adult Only Primary Care	
Chrysalis Behavioral Health	0000000	Васа	BF085	SUD Treatment Facility, ASAM Levels 3.1 and 3.3	
CHP+ MCO, Medicaid MCO, RAE					
Denver Childrens Home	9000203686 NPI- 1407513658	Denver	BF142	Psychiatric Residential Treatment Facilities (PRTFs)	
Tribe Recovery Services	9000215562 NPI- 1972218329	Arapahoe	BF085	Substance Use Disorder Clinic - IOP	
KVC Hospitals (out of state)	NPI – 1316269368, 9000210133	Other – Kansas	BF142	Psychiatric Residential Treatment Facilities Inpatient	
Curawest LLC (out of state)	9000203097 NPI- 1821670076	Denver	BF085	Substance Use Disorder Clinic or Substance Use Rehab Facility - Inpatient	



#### 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

RMHP uses SCAs for specific Member needs such as specialized care (in or outside the region) or special circumstance (e.g., hardships around transportation or travel or an existing relationship with a provider who is not in the network).

If RMHP becomes aware of a provider through the SCA process that is registered with interChange and is willing to join the network, RMHP offers to contract with the provider and help 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.