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Department of Health Care Policy & Financing

Network Adequacy Quarterly Report Template

Managed Care Entity: *Rocky Mountain Health Plans*

Line of Business: *RAE*

Contract Number: *19-107507A6*

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Report Submitted by: *Kendra Peters*

Report Submitted on: *7/30/2021*

Report due by *07/30/2021*, covering the MCE's network from *04/01/2021 – 06/30/2021*, FY*20-21* Q*4*

—Final Copy: June 2021 Release—

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1. Instructions for Using the Network Adequacy Quarterly Report Template

This document contains the June 2021 release of a standardized template for use by all Colorado Medicaid or CHP+ Managed Care Entities (MCEs) for quarterly Network Adequacy (NA) reporting to the Colorado Department of Health Care Policy and Financing (HCPF). Each MCE should generate one quarterly NA report for each applicable line of business (i.e., CHP+ MCO, Medicaid MCO, and RAE); the report shall contain template elements applicable to the line of business. Network categories required for quarterly reporting are defined in the CO Network Adequacy Crosswalk Definitions (June 2021 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 2020-21 Q4	July 2021	June 30, 2021
FY 2021-22 Q1	October 2021	September 30, 2021
FY 2021-22 Q2	January 2022	December 31, 2021
FY 2021-22 Q3	April 2022	March 31, 2022

Definitions

- "MS Word template" refers to the *CO Network Adequacy_Quarterly Report Word Template_F1_0621* document.
- "MS Word MCE Data Requirements" refers to the *CO Network Adequacy_MCE_DataRequirements_F1_0621* 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

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

- To count members, include each unique member enrolled with the MCE and line of business as of the last day of the measurement period (e.g., June 30, 2021, for the quarterly report due to the Department on July 30, 2021).
- 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, 2021, for the quarterly report due to the Department on July 30, 2021).
  - Define unique individual practitioners using Medicaid ID; a practitioner serving multiple locations should only be counted once for the count of practitioners and ratio calculations.

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

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

Requirement	Previous Quarter		Current Quarter	
	Number	Percent	Number	Percent
Sample	*0*	*0.0%*	*0*	*0.0%*
CHP+ MCO, Medicaid MCO, RAE				
Total members	174,358	N/A	176,326	N/A
Total primary care practitioners (i.e., PROVCAT codes beginning with "PV" or "PG")	638	N/A	640	N/A
Primary care practitioners accepting new members	623	97.65%	625	97.66%
Primary care practitioners offering after-hours appointments	47	7.37%	48	7.50%
New primary care practitioners contracted during the quarter	6	0.94%	4	0.63%
Primary care practitioners that closed or left the MCE's network during the quarter	6	0.94%	2	0.31%

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

Describe any barriers that affect the MCE's ability to maintain a sufficient network in number and type of primary care practitioners to assure that all covered services will be accessible to members without unreasonable delay. **If utilized, describe the impact telehealth services had in overcoming these barriers. Describe the methods used to monitoring the availability and usage of telehealth services.**
CHP+ MCO, Medicaid MCO, RAE
Rocky Mountain Health Plans (RMHP) provides an inclusive network of Primary Care Medical Providers (PCMPs) in the Regional Accountable Entity (RAE) service area, with approximately 200 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 and Tier 4 practices that meet minimum participation requirements. 39.2% of all practice sites are currently participating at Tier 1 or Tier 2. RMHP continues to offer RAE Members access to CirrusMD for RMHP (previously known as EasyCare/CareNow). CirrusMD for RMHP is a free, text based platform which allows Members to visit with a provider if they have a medical question or are not sure if they should go to the urgent care or emergency room, or if they need to talk to someone quickly and cannot wait for an appointment.

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

Requirement	Previous Quarter		Current Quarter	
	Number	Percent	Number	Percent
Sample	*0*	*0.0%*	*0*	*0.0%*
CHP+ MCO, Medicaid MCO, RAE				
Total members	174,358	N/A	176,326	N/A
Total behavioral health practitioners (i.e., PROVCAT codes beginning with "BV" or "BG")	3,626	N/A	3,619	N/A
Behavioral health practitioners accepting new members	3,618	99.78%	3,611	99.78%
Behavioral health practitioners offering after-hours appointments	225	6.21%	222	6.13%
New behavioral health practitioners contracted during the quarter	35	0.97%	14	0.39%

Requirement	Previous Quarter		Current Quarter	
	Number	Percent	Number	Percent
Behavioral health practitioners that closed or left the MCE's network during the quarter	11	0.30%	21	0.58%

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

Requirement	Previous Quarter	Current Quarter
	Number	Number
Sample	*0*	*0*
RAE		
Total SUD treatment facilities offering American Society of Addiction Medicine (ASAM) Level 3.1 services	3	14
Total beds in SUD treatment facilities offering ASAM Level 3.1 services	86	181
Total SUD treatment facilities offering ASAM Level 3.3 services	0	1
Total beds in SUD treatment facilities offering ASAM Level 3.3 services	0	0
Total SUD treatment facilities offering ASAM Level 3.5 services	3	15
Total beds in SUD treatment facilities offering ASAM Level 3.5 services	51	168
Total SUD treatment facilities offering ASAM Level 3.7 services	1	8
Total beds in SUD treatment facilities offering ASAM Level 3.7 services	17	74
Total SUD treatment facilities offering ASAM Level 3.2 WM (Withdrawal Management)	3	17
Total beds in SUD treatment facilities offering ASAM Level 3.2 WM services	133	361
Total SUD treatment facilities offering ASAM Level 3.7 WM services	6	13
Total beds in SUD treatment facilities offering ASAM Level 3.7 WM services	175	227

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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 an inclusive network of behavioral health providers to our RAE Membership, and continues to expand the network to ensure that behavioral health benefits are easily obtainable to Members. RMHP is always open to expanding the network by enrolling new SUD providers as they meet our credentialing and contract requirements. While RMHP continues to provide a robust behavioral health network – with time and distance standards being met for the majority of the Network Categories in the Region 1 counties – there are some barriers to overcome in select *rural* and *frontier* counties. RMHP tracks provider shortages in the region through federally designated Health Professional Shortage Area (HPSA) maps. All 22 counties in the RAE service area are designated as geographic HPSAs for mental health. With the extension of the Public Health Emergency (PHE), a large number of behavioral health providers continued to use telemedicine. RMHP sends quarterly Provider Attributes surveys to primary care providers, specialists, and behavioral health providers to collect important demographic information that is used in our provider directories. For the reporting period, RMHP received a total of 188 survey responses across all provider types. 160 of the survey responses received (85%) indicated that the provider offers telehealth appointments. 81% of the survey responses were from Behavioral Health Providers. RMHP received 92,629 behavioral health claims with dates of service April 1, 2021 through June 30, 2021 and of those, 38,178 or 41.22% were behavioral health telehealth services, which is a slight decrease from Quarter 3 in which 48.76% of behavioral health claims were for telehealth services. RMHP continues efforts to expand the network and to add to existing contracts to meet the needs of the expanded behavioral health benefit that includes residential and inpatient services for substance use disorders (SUD). RMHP will continue to enroll newly identified SUD providers as they meet credentialing and contracting requirements. In Quarter 4 we added an ASAM Level 3.3 provider to the network. Our Provider Contracting and Utilization Management teams work together on single case agreements for admissions when needed.

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
One of the main barriers to incorporating the ASAM levels of care into the network has been that many entities were – or still are – in the process of licensing with the Office of Behavioral Health (OBH) and/or enrolling with Health First Colorado. RMHP is unable to contract with facilities that are not licensed through OBH or enrolled with Health First Colorado.

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

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

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

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

3. Network Changes and Deficiencies

Network Changes

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

Table 4-Network Changes: Discussion

If the MCE experienced a positive or negative change in its network related to quality of care, competence, or professional conduct, describe the change and state whether the MCE notified the Department, in writing, within ten (10) business days of the change. **Note: If the MCE experienced a deficiency in the quarter prior to the measurement period, the MCE's response should include a description of the actions taken by the MCE to address the deficiency.**
CHP+ MCO, Medicaid MCO, RAE
There have been no significant changes of this nature since our last reporting.

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

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

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Inadequate Network Policies

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

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

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

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

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

Table 8-CHP+ MCO Provider Network Changes: Discussion

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

Appointment Timeliness Standards

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

Table 9-Physical Health Appointment Timeliness Standards

Describe the method(s) used by the MCE to monitor its contract's timeliness requirements for members' access to physical health services. Describe findings specific to the current reporting period.
CHP+ MCO, Medicaid MCO, RAE
RMHP recently switched from conducting Member Appointment Availability Surveys annually to quarterly. The first quarterly surveys were sent at the end of February 2021 to a sample size of RAE Members who received services from primary care physicians from October 1, 2020 through December 31, 2020. To obtain a valid statistical sample of surveys to send, claims data extraction reports were requested to determine the total number of Members who saw primary care physicians, then duplicate names and deceased Members were removed before completing final counts. Sample sizes were calculated with a margin of error and confidence level percentage. Surveys were then sent to Members, along with a return envelope in the hopes of simplifying response participation. Another data source that RMHP uses to inform network management is Member complaints. RMHP evaluates our Member complaint reporting to determine if there are reported access and availability issues. RMHP will continue to monitor appointment timeliness, among other access to care complaints.

Table 10-Behavioral Health Appointment Timeliness Standards

Describe the method(s) used by the MCE to monitor its contract's timeliness requirements for members' access to behavioral health services. Describe findings specific to the current reporting period.
CHP+ MCO, RAE
RMHP's Provider Network Management (PNM) staff distributes Appointment Availability Surveys to an adequate sample size of Members throughout all lines of business who received services from behavioral health providers (Prescribing: Psychiatry and Child and Adolescent Psychiatry; Non-Prescribing: Marriage and Family Therapy, LCSW/LPC/LMFT, and PhD/Psy/EdD) during the previous quarter. The purpose of the surveys is to ensure appointment availability is sufficient for Members when seeking care from certain types of providers and to evaluate RMHP's performance against standards defined by the Division of Insurance (DOI),

the Colorado Department of Health Care Policy and Financing (HCPF), as well as the National Committee for Quality Assurance (NCQA).

To achieve a valid statistical sample of Members to send surveys to, claims data extraction reports were requested to first determine the total number of Members who saw specific provider types. All duplicates and deceased Members were excluded from the total numbers. Once total numbers were determined, sample sizes were calculated with a margin of error of 5% and a confidence level of 95%. In February 2021, a total of 1,778 surveys were sent to randomly selected Members from the data extraction reports. Survey response data was analyzed by survey type and line of business.

RMHP experienced low response rates overall ([redacted] responses out of 448 surveys sent to RAE Members); however, this follows the trend with previous year's surveys, as the overall response rate fell below the external survey response average rate of 10-15%. Nonresponse bias impacted the validity and usability of the returned data. RMHP believes that with a better response rate, survey results can better inform network management. RMHP is evaluating another method (rather than mail) of distribution of surveys through Qualtrics, an operating system for experience management and also plans to begin distributing these surveys via email to Members in September. As requested, please see the appendix for the example of the surveys that are sent to Members.

It is a priority for RMHP to provide an extensive network of high-quality care providers that offer timely appointments to RMHP Members. RMHP will continue to monitor Member grievances related to appointment timeliness, which is a subcategory of access to care complaints.

5. Time and Distance Standards

Health Care Network Time and Distance Standards

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

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

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

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

A practitioner/practice site/entity should only be counted one time in the MCE's data submission 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, and once under the Family 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 urban counties in which the MCE does not meet the time/distance requirements. Describe the MCE's approach to ensuring access to care for members residing in urban Colorado counties where the MCE does not meet the time/distance requirements.**
CHP+ MCO, Medicaid MCO, RAE
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 and Weld County. RMHP contracts with numerous providers in those areas although they may not cover all services. When this happens RMHP enters into single case agreements with providers in these areas when needed.

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

Present detailed time/distance results for members residing in Colorado's rural counties using the accompanying MS Excel workbook template. **List the specific rural counties in which the MCE does not meet the time/distance requirements. Describe the MCE's approach to ensuring access to care for members residing in rural Colorado counties where the MCE does not meet the time/distance requirements.**
CHP+ MCO, Medicaid MCO, RAE
The following rural counties in Region 1 do not meet time/distance requirements in one or more network categories: Archuleta, Delta, Eagle, Garfield, Grand, La Plata, Larimer, Mesa, Montezuma, Montrose, Ouray, Pitkin, Routt, and Summit. RMHP's Care Coordination team assists Members who need a particular service that is not available in their community. Care Coordinators work with participating providers in nearby communities to facilitate appointment scheduling, as well as transportation. RMHP offers RAE Members access to CirrusMD for RMHP (previously known as EasyCare/CareNow). CirrusMD for RMHP is a free, text based platform which allows Members to visit with a provider if they have a medical question or are not sure if they should go to the urgent care or emergency room, or need to talk to someone quickly and cannot wait for an appointment. In counties that have deficiencies in pediatric psychiatrists, physical health providers that provide medication management for behavioral health can help to alleviate the barrier.

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

Present detailed time/distance results for members residing in Colorado's frontier counties using the accompanying MS Excel workbook template. **List the specific frontier counties in which the MCE does not meet the time/distance requirements. Describe the MCE's approach to ensuring access to care for members residing in frontier Colorado counties where the MCE does not meet the time/distance requirements.**
CHP+ MCO, Medicaid MCO, RAE
The following frontier counties in Region 1 do not meet time/distance requirements for one or more network categories: Dolores, Gunnison, Hinsdale, Jackson, Moffat, Rio Blanco, San Juan, and San Miguel. RMHP's Care Coordination team assists Members who need a particular service that is not available in their community. Care Coordinators work with participating providers in nearby communities to facilitate appointment scheduling, as well as transportation. RMHP offers RAE Members access to CirrusMD for RMHP (previously known as EasyCare/CareNow). CirrusMD for RMHP is a free, text based platform which allows Members to visit with a provider if they have a medical question or are not sure if they should go to the urgent care or emergency room, or need to talk to someone quickly and cannot wait for an appointment. In counties that have deficiencies in pediatric psychiatrists, physical health providers that provide medication management for behavioral health can help to alleviate the barrier.

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Appendix A. Single Case Agreements (SCAs)

Individual practitioners with single case agreements (SCAs) are not counted as part of the MCE's health care network and should be excluded from tabulations in the body of this MS Word report and the associated MS Excel report(s). However, the Department acknowledges the role of SCAs in mitigating potential network deficiencies and requests that the MCE use Tables A-1 and A-2 below to list individual practitioners 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*	[redacted]
Chrysalis Behavioral Health	*0000000*	*Baca*	*BF085*	*SUD Treatment Facility, ASAM Levels 3.1 and 3.3*	[redacted]
CHP+ MCO, Medicaid MCO, RAE					
Cornell Corrections of California, Inc.		Fremont	BF142	Psychiatric Residential Treatment Facilities (PRTFs)	[redacted]
Lakemary Center, Inc.		Out of State	BF142	Psychiatric Residential Treatment Facilities (PRTFs)	[redacted]
Third Way Center	29678536	Denver	BF142	Psychiatric Residential Treatment Facilities (PRTFs)	[redacted]
Robin Kleisler, LPC		Weld	BV132	Licensed Professional Counselors (LPCs)	[redacted]

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

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). In the event that RMHP becomes aware of a provider through the SCA process that is enrolled in Health First Colorado and is willing to join the network, RMHP offers to contract with the provider. RMHP also offers providers assistance with the Health First Colorado enrollment 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

Member Appointment Timeliness Survey: Behavioral Health

ROCKY MOUNTAIN HEALTH PLANS®
A UnitedHealthcare Company

Name
Address
City St Zip

At Rocky Mountain Health Plans (RMHP), we want to make sure you receive the best care possible from our specialty care providers. The short survey below can help us better understand your access to care. Please circle the answer that best fits your experience unless otherwise instructed. Then, return the survey in the enclosed postage-paid envelope.

1. **When you schedule routine non-urgent appointments with your behavioral health provider, how far out are the appointments scheduled?**
   - ☐ 1 – 3 calendar days
   - ☐ 4 - 7 calendar days
   - ☐ 8 – 14 calendar days
   - ☐ Other (please explain):

2. **When you schedule urgent care (non-life threatening) appointments with your behavioral health provider, how far out are the appointments scheduled?**
   - ☐ 0 – 12 hours
   - ☐ 13 – 24 hours
   - ☐ 25 – 48 hours
   - ☐ Not applicable
   - ☐ Other (please explain):

3. **When applicable, have you been able to obtain emergency behavioral health from your provider by:**
   - ☐ Phone within 15 minutes after initial contact to the provider
   - ☐ In person within 1 hour of initial contact to the provider
   - ☐ In person within 2 hours of initial contact to the provider
   - ☐ Unknown
   - ☐ Not applicable
   - ☐ Other (please explain):

4. **If hospitalized and instructed to follow up with your behavioral health provider after being discharged, how far out was the appointment scheduled?**
   - ☐ 1 – 3 calendar days
   - ☐ 4 – 7 calendar days
   - ☐ 8 – 10 calendar days
   - ☐ Not applicable
   - ☐ Other (please explain):

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5. **Did you/your child receive behavioral health services in 2019?**
   ☐ Yes
   ☐ No

6. **Please rate the following areas based on your satisfaction with services received from the behavioral health provider:**

   0 = Very Dissatisfied 10 = Very Satisfied

   Helping you take control of your health
   0 1 2 3 4 5 6 7 8 9 10
   Comments:

   Uses language that is easy to understand
   0 1 2 3 4 5 6 7 8 9 10
   Comments:

   Showing they care about your/your child's behavioral health needs
   0 1 2 3 4 5 6 7 8 9 10
   Comments:

   Listening to you and your concerns
   0 1 2 3 4 5 6 7 8 9 10
   Comments:

   Overall helpfulness of the information and resources you received
   0 1 2 3 4 5 6 7 8 9 10
   Comments:

   Communication between you/your child's behavioral health clinician and your/your child's primary care physician
   0 1 2 3 4 5 6 7 8 9 10
   Comments:

   Coordination of your treatment plan between your/your child's behavioral health clinician and your/your child's primary care physician
   0 1 2 3 4 5 6 7 8 9 10
   Comments:

   Amount of time it took to get an appointment with a behavioral health clinician
   0 1 2 3 4 5 6 7 8 9 10
   Comments:

   Did any of the following make it difficult to get an appointment as soon as you wanted? Mark all that apply.
   ☐ Finding a clinician who could take new patients
   ☐ Finding a clinician who could prescribe medications
   ☐ Finding a clinician in a specific location or area
   ☐ Getting an appointment on a specific day or time
   ☐ Wanting to see a specific clinician who was not available at that time
   ☐ Other (please explain):

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7. **How likely are you to recommend RMHP to a friend or colleague? (Circle one)**

0	1	2	3	4	5	6	7	8	9	10
Not likely to recommend										Extremely likely to recommend

8. **Would you like someone from RMHP to follow up with you about any comments you have included on this survey?**
   - ☐ Yes
   - ☐ No

If you have any questions, please call RMHP Customer Service at 970-243-7050 / 800-346-4643 or email customer_service@rmhp.org, Monday through Friday, 8:00 a.m. to 5:00 p.m.

Medicare Members, please call our Customer Service at 888-282-1420 (TTY dial 711), 8 a.m. through 8 p.m. October 1 – March 31, Monday – Sunday and April 1 – September 30, Monday – Friday.

If you are Deaf, hard of hearing or have a speech disability, dial 711 for Relay Colorado or use our Live Chat on rmhp.org. Para asistencia en espanol llame al 800-346-4643.

Thank you for completing this survey.

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Member Appointment Timeliness Survey: Primary Care

ROCKY MOUNTAIN HEALTH PLANS
A UnitedHealthcare Company

Name
Address
City St Zip

At Rocky Mountain Health Plans (RMHP), we want to make sure you receive the best care possible from our primary care providers. The short survey below can help us better understand your access to care. Please select the answer that best fits your experience, unless otherwise instructed. Then, return the survey in the enclosed envelope.

1. **When you schedule regular and routine appointments with your primary care physician, how far out are the appointments scheduled?**
   - ☐ 1 – 7 calendar days
   - ☐ 8 – 19 calendar days
   - ☐ 20 – 30 calendar days
   - ☐ Other (please explain):

2. **When you schedule preventive or well visit appointments with your primary care physician, how far out are the appointments scheduled?**
   - ☐ 1 – 14 calendar days
   - ☐ 15 - 21 calendar days
   - ☐ 22 – 30 calendar days
   - ☐ Other (please explain):

3. **When you schedule urgent care (non-life threatening) appointments with your primary care physician, how far out are the appointments scheduled?**
   - ☐ 0 – 12 hours
   - ☐ 13 – 24 hours
   - ☐ 25 – 48 hours
   - ☐ Not applicable
   - ☐ Other (please explain):

4. **Does your primary care physician offer after-hours care?**
   - ☐ Yes: A medical office/clinic is available after normal business hours
   - ☐ Yes: Office phone number is answered 24 hours a day / 7 days a week
   - ☐ No
   - ☐ Unknown

Please see the other side for additional questions.

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5. **Have you been able to obtain emergent care through an emergency room 24 hours a day, 7 days a week?**
   - ☐ Yes
   - ☐ No
   - ☐ Unknown
   - ☐ Not applicable
   - ☐ Other (please explain):

6. **If hospitalized and instructed to follow up with your primary care physician after being discharged, how far out was the appointment scheduled?**
   - ☐ 1 – 3 calendar days
   - ☐ 4 – 7 calendar days
   - ☐ 8 – 10 calendar days
   - ☐ Not applicable
   - ☐ Other (please explain):

7. **How likely are you to recommend RMHP to a friend or colleague? (Circle one)**

   0 1 2 3 4 5 6 7 8 9 10

   Not likely to recommend Extremely likely to recommend

8. **Would you like someone from RMHP to follow up with you about any comments you have included on this survey?**
   - ☐ Yes
   - ☐ No

If you have any questions, please call RMHP Customer Service at 970-243-7050 / 800-346-4643 or email customer_service@rmhp.org, Monday through Friday, 8:00 a.m. to 5:00 p.m.

Medicare Members, please call our Customer Service at 888-282-1420 (TTY dial 711), 8 a.m. through 8 p.m. October 1 – March 31, Monday – Sunday and April 1 – September 30, Monday – Friday.

If you are Deaf, hard of hearing or have a speech disability, dial 711 for Relay Colorado or use our Live Chat on rmhp.org. Para asistencia en espanol llame al 800-346-4643.

Thank you for completing this survey.

H2582_PNM_PCP Appointment Availability_12312020_NS-C 964-PCP

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.